LIVING TRUST INFORMATION QUESTIONNAIRE Married Couple

YOUR INFORMATION

Spouse 1/ Husband Name**	Name as it appears on your driver license, ID card or passport: US Citizen YN		For Office Use Only			
Spouse 2/ Wife Name**	Name as it appears on your driver license, ID card or passport: US Citizen YN		Years M	Married:		
Street Address					A/B:	Yes / No
City, State, Zip					Sep. Pr	op: Yes / No
Telephone	Home		Work/Cell		Nom. C	Guard: Yes / No
Email Address					Ref. By	:
Spouse 1/Husband	Date of Birth:	Spouse 2/	Wife Date of B	irth:		
Spouse1/Husband (Occupation:	Spouse 2/	Wife Occupation	on:	Chase:	Yes/No
If yes, please be pre	isting trust? Yes_ epared to bring it to yo MATION es and address inform	ur consultati			В	1H 2W
Child's Street Addr	ress			Gender F		
City, State, Zip				11121		
Child's Telephone						
					В	1H 2W
Child Name				Date of Birth		
Child's Street Addr	ress			Gender M F		
City, State, Zip						
Child's Telephone						

^{**}A valid (not expired) government issued photo ID will be required for notarizing your documents (e.g. driver's license, passport, or senior ID card). If you do not have a valid ID, please let us know.

Child Name	Date of Birth	For	Office Only	
Child's Street Address	Gender M F	В	1H	2W
City, State, Zip		D	111	2 **
Child's Telephone				
Child Name	Date of Birth			
Child's Street Address	Gender M F	В	1H	2W
City, State, Zip				
Child's Telephone				
Child Name	Date of Birth	В	1H	2W
Child's Street Address	Gender M F			
City, State, Zip				
Child's Telephone				
If you have more children	n, you may copy this page and continue listing your children.			

Please list deceased children, if any, and whether they were survived by their own children:

Name	Date of Birth	Date of Death	Number of deceased child's children

Have you had any other children not listed above, ever, in your life? Yes___ No___

CHOICE OF TRUSTEES/EXECUTORS

You will be the initial trustees of your trust. If one of you passes away, the surviving spouse will be the sole trustee. The successor and/or alternate trustees you name below will only become trustee(s) if neither of you are able. For successor trustee choices, it is usually best to select named beneficiaries, family members, or long-time close friends. You should list at least two choices for successor trustee in case your first choice is unavailable for some reason. The people you name here will have no power, control, or authority over you or your financial affairs while you are alive and have sufficient capacity to handle your own affairs. *Please list legal first names, not nicknames*.

Successor Trustee Choice #1 There is no need to repeat an address if you have already listed it before.

Name	Gender M F	For Office Use Only
Street Address	111_1	Olly
City, State, Zip		
Telephone		
Alternate Successor Trustee Choice #2		
Name	Gender M F	
Street Address		
City, State, Zip		
Telephone		
Alternate Successor Trustee Choice #3 (C	Optional)	
Name	Gender M F	
Street Address	*:=	
City, State, Zip		
Telephone		
them. The guardian designation may be the Guardian Choice #1 <i>There is no need to r</i>	MINOR CHILDREN of guardian designates who you want to have phe same as the trustee designation but does not have repeat an address if you have already listed it before	ve to be. fore.
Name		Gender M F
Address		
Telephone		
Guardian Choice #2		
Name		Gender M F
Address		
Telephone		

BENEFICIARIES

Beneficiaries are those people to whom you wish to pass your estate upon your death. It is important to know that beneficiaries can be changed anytime you like by amending your living trust. You may specify a set percentage of your estate to each beneficiary or you may choose to let your estate pass to your beneficiaries in equal shares. If you choose to specify percentages, please be sure the total equals 100%. If you check the "equal share" box you do not need to fill in the percentages. If you will be naming more beneficiaries, please make additional copies of this page.

Beneficiaries (Check here _____ if all beneficiaries are to receive equal shares) There is no need to repeat an address if you have already listed it before.

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Name		Gender M F	For Office Use Only
Street Address		Age	I/N: I L
City, State, Zip			Α
Telephone			Rel
Share			TC:
Name		Gender M F	I/N: I L
Street Address		Age	A
City, State, Zip			Rel
Telephone			ikei
Share			
Name		Gender M F	I/N: I L
Street Address		Age	
City, State, Zip			A
Telephone			Rel
Share			
Name		Gender M F	
Street Address	·	Age	I/N: I L
City, State, Zip			A
Telephone			Rel
Share			

Are any of the named beneficiaries currently receiving need-based government assistance (e.g. SSI, Medi-Cal)? Yes ____ No ___

POWER OF ATTORNEY CHOICES

There are two types of powers of attorney commonly used in estate planning. The first is a Durable Power of Attorney for assets and business affairs. Its purpose is to authorize someone to handle your day-to-day business affairs should you become incapacitated. The second is an Advance Health Care Directive (also know as a Durable Power of Attorney for health decisions). Both are designed to be "springing" powers of attorney – meaning that they only become valid if you become incapacitated or unable to handle your own affairs. Your spouse will automatically be your first choice. The selections you list below are only in case your spouse is unavailable or unable to act. Each spouse's choices can be different, if desired. There is no need to repeat an address if you have already listed it before. Please list legal first names, not nicknames.

Power of Attorney for Financial Affairs Choice #1 (if spouse is not available)

	Spouse 1/Husband's Choices	Spouse 2/Wife's Choices	
Name			For Office Use Only
Street Address			- 3
City, State, Zip			
Telephone			
Power of Attorn	ney for Financial Affairs Choice #.	? (alternate)	
Name	ley for Financial Affairs Choice #.		
Street Address			
City, State, Zip			
Telephone			
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Hoolth Care Do	wer of Attorney Choice #1 (if spot	use is not available)	
Name	wer of Attorney Choice #1 (if spot	use is not available)	
Street Address			
City, State, Zip			
Telephone			
Haalth Cara Pa	wer of Attorney Choice #2 (altern	ata)	
Name	wer of Attorney Choice #2 (aftern		
Street Address			
City, State, Zip			
Telephone			

SCHEDULE OF ASSETS

As an attachment to your Living Trust you need to make a list of your assets you intend to place in the trust. The schedule of assets should sufficiently identify the asset, but should not state values. For example, on bank accounts you would list the name of the bank and the account number, but you would not list how much money is in the account. If there is not enough space, please attach additional pages.

Note: Retirement accounts such as IRAs and 401ks do not have to be listed here. They are handled differently for tax reasons. The attorney will discuss this with you during your appointment.

Real Estate Owned:	
Address, City, State	
Address, City, State	
Bank Accounts:	
Bank name:	Account Number(s)
Bank name:	Account Number(s)
Bank name:	Account Number(s)
Investment Accounts or Other Securities:	
Institution name:	Account Number(s)
Institution name:	Account Number(s)
Institution name:	Account Number(s)
Do you estimate your total estate to be in excess of \$ Do you have retirement accounts such as an IRAs or Do you have life insurance or other pay-on-death pol	a 401(k)s? Yes No icies? Yes No
Do you have an interest in a corporation, LLC or sole Are you owed money based on a promissory note or	
Do you have any 529/college savings accounts which Do you have any mineral rights?	
Do you have any assets outside of the United States?	

LEGAL FEES AND INFORMATION

We try to have a "No Surprise" policy concerning legal fees. This means it is important to us that you should know up front what your legal services will cost. Your quoted price is what you should expect to pay; however, there are some special circumstances that require additional attorney work. With that said, here are some things that can cost extra if any of these specific conditions apply in your situation:

Additional Provisions and /or Other Attorney Work	Standard Rate	Qualified Discount Rate
<u>Tax Bypass trust provisions</u> . Commonly referred to as A-B provisions. Usually recommended for estates exceeding the individual estate tax exemption (currently in excess of \$13 million).	\$500	\$400
Assignment of business interests. Necessary when a client owns a corporation, limited liability company, partnership, or other business entity.	\$125	\$100
<u>Drafting and recording of specialty deeds (concurrent with trust signing)</u> . Occasionally clients need to remove a name on a property or otherwise clear title before transferring into their trust. Includes the drafting of the deed, the drafting and filing of the required Preliminary Change Ownership Report, all Notary fees, and sending everything to the county via certified mail or attorney messenger service. County recording fees are <u>not</u> included.	\$200 plus recording fees*	\$160 plus recording fees*
Drafting and recording of deeds for additional properties (concurrent with trust signing) . Many of our clients own more than one property. The full estate plan package includes the transfer of one property. The fee quoted here is for each additional property transferred and includes the drafting of the deed, the drafting and filing of the required Preliminary Change Ownership Report, all Notary fees, and sending everything to the county via certified mail or attorney messenger service. County recording fees are <u>not</u> included.	\$200 plus recording fees*	\$160 plus recording fees*
Drafting and recording out-of-state deeds (concurrent with trust signing). We can prepare deeds for a few states other than California. Property owned out-of-state can and should be transferred to your Living Trust. Out-of-state deeds generally require more time and paperwork. The fee quoted here is for each out of state property transferred and includes the drafting of the deed, the drafting and filing of all supporting forms, all Notary fees, and sending everything to the county via certified mail. Recording fees are not included.	\$250 plus recording fees*	\$200 plus recording fees*
Attorney Hourly Rate. Our office strives to set flat rates on legal services so that clients will always know exactly what to expect regarding fees. In those unusual situations where a client requests work for which no flat rate has been established and cannot be estimated, our hourly rate will apply.	\$500	\$400

Our office also provides legal services in the areas of Probate (when necessary) and Trust Settlement.

*Recording fees are generally \$30. However, for Nevada it is \$40. Also, for any California properties which are not your primary residence, as of January 1, 2018, there is an additional \$77 state mandated SB2 - Building Homes and Jobs Act fee *per deed*.



Our office does take credit cards; however, there will be a 2.5% convenience fee added to the total.