

FREQUENTLY ASKED QUESTIONS

Q: Is there a charge for an initial meeting?

A: We do not charge to sit down with you and find out about your family, your unique situation, what you own, and what you want to accomplish. At the end of your meeting, you will have learned a lot, you will have a general estate plan design, and we will put in writing the investment required. At that point, it is up to you whether you want to continue.

Q: How long will the initial meeting last?

A: Typically from 1 to 1½ hours. Please make sure you have at least that amount of time to devote to our meeting.

Q: What should I bring to the initial meeting?

A: We are committing our time and resources to meet with you at no charge. In return, here are the three things we need for your first meeting: 1) Your worksheet, completed to the best of your ability; 2) Your prior will and trust, if any; and 3) Each party necessary to make a decision (including both spouses, if married).

Q: What is the process to determine what's right for me?

A: Designing your plan is like planning a vacation. Together, we look at your options; and consider what you absolutely need and what you really ought to add. Once we have determined your 'itinerary,' we will quote you the precise investment needed to make it happen. At that point, it is up to you whether you want to continue.

Q: What are your fees?

A: You can't price a vacation until you know where you are going, and we cannot tell you in advance what your investment will be. But, we think it fair that you know the 'ball park' before you come in. So what we *can* tell you is that it is very unusual for a family to spend more than \$4500 for a comprehensive plan, including a revocable trust which can prevent probate, and protect you if you can't care for yourself (or your loved ones) during your lifetime. Most often, the investment is significantly less, in the \$2500 (single person) to \$3500 (married couple) range. Our goal is a fee arrangement, which we commit to in advance, that will have no surprises or disappointments for either of us.

Q: What do I get for my money? Why not use the internet?

A: While you likely think of estate plans as a list of documents, that is really the least of what we are providing. You are choosing a counselor who will design a plan that you must live with after your incapacity, and your beneficiaries must live with after you are gone. *Your loved ones will depend on what we do now, and they will depend on it during difficult times. This is your opportunity to get it right.*

That said, of course you want something concrete to show for your investment. Our comprehensive set of documents include your trust and various assignments of property into your trust, your will, a certificate of trust, financial powers of attorney, and health care documents including a HIPAA release, health care directive, and living will. You'll receive electronic versions of your signed documents and you won't pay any separate notary fees. There is no charge for your post-signing questions, and you can contact us for a free update consult as often as you like. Finally, those who need to implement your plan will need guidance. We do not charge to meet with your successor trustee to review their responsibilities after your signing if you would like, *and* after they begin to serve.

Q: What happens next?

A: At our first appointment, we set a signing appointment, about 4 weeks out. We start to work on your plan, using email and phone calls if we have questions during the drafting stage. Then, we send you a summary of your trust which is usually about 8-10 pages, plus various other documents, all of which we ask you to carefully review to make sure your wishes are being met. If you would like to review the entire trust, we are happy to send that to you before your signing appointment. Then, you come back in and review and sign the final documents. This final appointment takes one to two hours. You will meet with Eloise, not a staff member. You will leave the appointment with your original binder, and we will send your electronic copy to you and to anyone else you choose.

Confidential Estate Planning Worksheet

SECTION 1: GENERAL INFORMATION

PARTY 1: Last Name: First Name: Middle Name:

Other Names used:

Full Name on Driver's License: Spell out your preferred Signature:

Telephone: (Home): () - (Work): () - (Cell): () -

Date of Birth: E-Mail:

Business/Employer/Occupation (former, if retired):

Previously Married/RDP: Yes No

US citizen? Yes No If no, what nationality:

PARTY 2: Last Name: First Name: Middle Name:

Other Names used:

Full Name on Driver's License: Preferred Signature:

Telephone: (Home): () - (Work): () - (Cell): () -

Date of Birth: E-Mail:

Business/Employer/Occupation (former, if retired):

Previously Married/RDP: Yes No

US citizen? Yes No If no, what nationality:

What is your primary residence?

Address: City:

State: CA Zip:

When did you start living in this residence?

Other Information

Financial Advisor name and phone #

Accountant name and phone #

1. Do you have an existing will? Yes No
2. Have you ever executed a revocable or irrevocable trust? Yes No
3. If married or RDP's:
Date of marriage &/or RDP: _____ Do you have a pre/post marital agreement? Yes No

SECTION 2: CHILDREN

1. Do you have any children? Yes No
If yes, please complete the table below. If no, please skip to the next section.

Full Name of Child	Gender	Date of Birth	Parent: Ours/Party 1/Party 2

2. Do you plan on having any more children (including adopted children)? Yes No
3. Are any of these children deceased? If yes, name of child:
If yes, please list the name(s) of any grandchildren by this child:
4. Do you have any grandchildren? If yes, how many? _____ Range of Ages: _____

Guardians

If you have a child/children that are under the age of 18, please select a first and second alternate guardian for your children in the event that your partner is unable to act as their guardian.

Name of Guardian	Relationship	Location
First:		
Second:		

SECTION 3: OTHER FAMILY INFORMATION

1. Do you have any relatives (other than children) that depend on you for all or part of their financial support? Yes No
If yes, name:
2. Do you wish to disinherit any children or family members? Yes No
If yes, name:

SECTION 4: BENEFICIARY INFORMATION

The beneficiaries of your estate are the people (or charities) who will inherit your assets upon your death. Here, you will determine who will be named as a beneficiary, and what part of the estate they will receive.

Please fill in the table or select the checkbox below:

I would like to distribute my entire estate to the survivor.

After the death of survivor, assets should be distributed to:

The entire estate to the children equally OR The estate as designated below:

Name of Beneficiary	Relationship	Share of estate or specific gift	If specific gift, please list the gift.

Other Beneficiary Information

1. If the named beneficiary dies before you, do you want their share of the estate to pass on to their child(ren)? Yes No
2. Are you concerned, in general, about beneficiaries squandering their inheritance? Yes No
3. Do you think any of your beneficiaries have special problems with spouses/partners, drugs, alcohol or handling money? Yes No
4. Do you want to make sure that property is protected from predators, creditors, spouses, divorce, etc? Yes No

- 5. Do you want assets passing to your beneficiaries to be held in trust until specific ages, or held for education or other purposes? Yes No
- 6. Do any of your beneficiaries have special needs? Yes No
(This includes any learning disabilities, special educational, medical or physical needs)
If yes, please explain:
- 7. Would you like to include pets in your estate planning? Yes No

Contingent Beneficiaries

The contingent beneficiaries are the people or entities that will receive your assets in the unlikely case where there are no other named beneficiaries. In this instance, who would you want to receive your assets?

To heirs at law

To Named Individuals or Charities: Please list:

Name	Relationship	Share

Please list any additional information you could not fit elsewhere, or any concerns (not already mentioned) regarding the distribution of your estate, then continue on to the next page.

SECTION 5: ASSETS

This section will be used to determine the types of assets that you hold and the total value of your estate. This information is important in determining how to structure your estate so that it receives favorable tax treatment and to help guide you in transferring assets to a trust or in naming beneficiaries.

Type of Asset	Owner (Party 1, Party 2, Joint)	Estimated Value
REAL ESTATE: List each property Use a separate page if you need more space. (Fair market value <u>less</u> loans)		\$
		\$
CASH ASSETS (Cash accounts, CD's, notes due to you)		\$
BUSINESS INTERESTS (Identify sole proprietorships, partnerships, closely held corporations, etc.)		\$
INVESTMENTS (NOT RETIREMENT) (Stocks, bonds, mutual funds, stock options)		\$
RETIREMENT PLANS: List each Party separately (IRAs, 401Ks, etc.)		\$
		\$
VEHICLES (Autos, RVs, boats)		\$
PERSONAL PROPERTY (Please separately list unusually valuable items such as jewelry, furniture, antiques, art, etc.)		\$
	TOTAL:	\$

Life Insurance and Annuities

Insured/Annuitant:	Value	Term/Permanent?	Current Beneficiary

Other Asset Related Questions

- Are you currently a beneficiary of a trust? Yes No
- Do you expect to inherit any substantial assets (\$1,000,000+)? Yes No
- Have you ever filed a Federal Gift Tax Return? Yes No
- Do you currently hold any assets in joint tenancy with another person? Yes No

Please list other assets you own or questions::

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SECTION 6: FINANCIAL DECISIONS (Trustees, Executors, Powers of Attorney)

Please designate someone to handle your financial decisions if are incapacitated, and/or pass away. This list will be used to determine who will be your successor trustees (if applicable), power of attorney agents, and executors, and will be discussed further at your consultation.

First Choice: [Other Party will make decisions] or, if not, then
Second Choice:
Third Choice:

SECTION 7: HEALTH CARE DECISIONS

Please describe your wishes upon incapacity or death, and determine who will have access to your medical records, and be designated as your agent upon incapacity or death.

Health Care Agent

Please select agents in the event that you cannot make your own healthcare decisions.

Decisions for Party 1	Decisions for Party 2
First Choice: [Other Party] or	First Choice: [Other Party] or
Second Choice:	Second Choice:
Third Choice:	Third Choice:

Are there any other people that you want to make sure have access to your health care information:

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Other Health Care Decisions

- Upon death, do you wish to make organ donations? Yes No
 If yes, for what purpose? Transplant only Research only Any purpose
- Do you have health care questions you would like to discuss? Yes No