

# AmeriEstate Estate Plan / Revocable Living Trust Fact Finder

<b>TRUST NAME:</b>	<b>IS THERE AN EXISTING TRUST?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Your property and most financial accounts will be held in this name. Example: <i>The Jones Family Trust</i> or <i>The John and Mary Jones Living Trust</i> .	
<b>DO YOU WISH TO UPGRADE TO MEDI-CAL &amp; PUBLIC BENEFITS FRIENDLY VERSION?</b>	<input type="checkbox"/> Yes ( add \$100 to price) <input type="checkbox"/> No

CLIENT PERSONAL INFORMATION				
Client #1 Name: (How should your name appear in documents?)			Client #2 Name: (How should your name appear in documents?)	
Address				Home Phone
City	State	Zip	County	Work Phone
State and County where you will be signing your documents			Cell 1	Cell 2
Mailing address if different than residence:				Best time to call
				email address:

CLIENT #1		CLIENT #2	
Year of Birth	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Birth	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Previously Divorced <input type="checkbox"/> Divorce or Separation pending		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Previously Divorced <input type="checkbox"/> Divorce or Separation pending	

CHILDREN & BENEFICIARIES				
Please identify all children, living and deceased. Using the "Parent Codes" below, identify whether the children were Natural Born or Adopted.				
Full Name	Year of Birth	Parent Code <small>Check all that Apply</small>	Distribution of Estate by %	
		<b>B</b> <b>C1</b> <b>C2</b> <b>AC1</b> <b>AC2</b> <b>DC</b> <b>DN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<b>B</b> <b>C1</b> <b>C2</b> <b>AC1</b> <b>AC2</b> <b>DC</b> <b>DN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<b>B</b> <b>C1</b> <b>C2</b> <b>AC1</b> <b>AC2</b> <b>DC</b> <b>DN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<b>B</b> <b>C1</b> <b>C2</b> <b>AC1</b> <b>AC2</b> <b>DC</b> <b>DN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<b>B</b> <b>C1</b> <b>C2</b> <b>AC1</b> <b>AC2</b> <b>DC</b> <b>DN</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Parent Codes: **B** = Natural Child of Both Clients ♦ **C1** = Natural Child of Client #1 ♦ **C2** = Natural Child of Client #2 ♦ **AC1** = Adopted by Client #1  
**AC2** = Adopted by Client #2 ♦ **DC**= Deceased with Children ♦ **DN**= Deceased with No Children

**Are any of your Children or Named Beneficiaries Handicapped or receiving SSI benefits?**  Yes  No

ADDITIONAL BENEFICIARIES (Please list Full Name & relationship)	PERCENTAGE OF ESTATE
Beneficiaries share will be held in Trust for Health, Education, Maintenance and Support until the age of 25 unless otherwise specified here:	

**GIFTS PRIOR TO DISTRIBUTION**

After you die but before the distribution of your estate into percentages, please list any special gifts you wish to make to Individuals, Churches, or Charities. Please use this section for gifts of **a) Real Estate, b) Cash, or c) Items Valued at Greater than \$10,000.**

Name of Individual or Org.	Gift Description	Relationship

**CONTINGENT BENEFICIARIES**

*In the event a named Beneficiary predeceases the distribution of his/her share of my/our Estate, I/We want that individual's share distributed as follows:*

- Equally among the Children of the Deceased Beneficiary, but if none then to Surviving Beneficiaries equally
- Equally among the Surviving Beneficiaries named above
- 100% to the Spouse of the Deceased Beneficiary
- Other:

**TAX PLANNING PROVISIONS**

In order to help determine the type of Trust necessary to provide you the most advantageous Tax Savings Protection, please indicate the approximate NET value of your Estate (Include; Real Estate, Savings, Investments, Retirement Plans, Personal Property, Life Insurance & Collectables)

- Less than \$500,000       Between \$500,000 and \$2,000,000       Greater than \$2,000,000

**ORIGINAL TRUSTEE(S)**

Generally you and your spouse (if married) serve as the Original Trustee(s). If so, check both the *Client #1 to Serve* and *Client #2 to Serve* boxes. If you do not wish to manage your trust initially, select the box for *Individual Named Below* and provide the individual's name in the space provided.

- Client #1 to serve as an Original Trustee      and /or       Client #2 to serve as an Original Trustee

- Individual(s) Named Below: *(If other than the original client#1 and/or client #2)*

Name	Relationship
Name	Relationship

SUCCESSOR TRUSTEE(S)	EXECUTOR(S)	
These are the people who will manage your trust owned assets/property if you and your spouse are both incapacitated or after you both die. Select an individual or individuals in whom you have great trust. Professional Trustees are also an option.	A Pour-Over Will is provided as part of your Trust Portfolio. Generally list the same individuals named as Successor Trustee. <u>EXCEPT</u> , usually name your spouse as 1 <sup>st</sup> Executor (if married)	
	Executor for Client #1	Executor for Client #2
1.	1. <input type="checkbox"/> Client #2, or	1. <input type="checkbox"/> Client #1, or
2.	2.	2.
3.	3.	3.
<input type="checkbox"/> The Successor Trustees are to serve in order listed <input type="checkbox"/> The Successor Trustees are to serve together <input type="checkbox"/> Other:	<input type="checkbox"/> Client # 1 & # 2 to serve as Sole Primary Executor <input type="checkbox"/> Alternate Executors to serve in order listed <input type="checkbox"/> Alternate Executors to serve together	

**DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT**

In the event you become incapacitated, the person (s) you nominate as "Attorney in Fact" act on your behalf in managing your assets which have not been put into your Trust. Generally if married, your spouse is named as your primary Agent.

<b>Power of Attorney – Client #1</b>		<b>Power of Attorney – Client #2</b>	
1. <input type="checkbox"/> Client #2 or <input type="checkbox"/> _____		1. <input type="checkbox"/> Client #1 or <input type="checkbox"/> _____	
2.		2.	
3.		3.	
<input type="checkbox"/> The alternate agents nominated are to serve in order listed		<input type="checkbox"/> The alternate agents nominated are to serve in order listed	
<input type="checkbox"/> The alternate agents nominated are to serve together		<input type="checkbox"/> The alternate agents nominated are to serve together	

**ADVANCE HEALTH CARE DIRECTIVE**

The person or persons you nominate as "Attorney in Fact" can act on your behalf in making Health Care Decisions for you if you are incapacitated. Generally if married, your spouse is named as your primary Agent.

<b>Power of Attorney – Client #1 ( to serve in order only)</b>		<b>Power of Attorney – Client #2 (to serve in order only)</b>	
1. <input type="checkbox"/> Client #2 or <input type="checkbox"/> _____		1. <input type="checkbox"/> Client #1 or <input type="checkbox"/> _____	
2.		2.	
3.		3.	

**GUARDIAN FOR MINOR OR HANDICAPPED CHILDREN:**

If you are the parent or legal guardian of a minor child or other individual, list your choice for Guardian should you, or both you and your spouse (*if married*) die or become incapacitated.

Name of Child/Individual	Guardian Appointee	First Alternate

**REAL ESTATE AND OTHER DEED TRANSFERS**

I/We understand the importance of transferring our assets, including Real Estate, into my/our Living Trust. I/We accept full responsibility for transferring financial assets to my/our Living Trust. I/We further agree to provide a list of Real Estate and copies of the **latest recorded** Grant Deeds/Quitclaim Deeds or Warranty Deeds and the corresponding property tax bills for proper transference into my/our Living Trust. I/We accept any and all tax and/or civil liability that may be incurred as a result of omitting these assets/properties from the protection of this Living Trust

<b>Total number of Real Estate Deeds to be Transferred and Recorded</b> * AmeriEstate does not process Timeshare, New York or Hawaii Deeds, but may provide an attorney referral for same	
<b>Is your Primary Residence encumbered by a Reverse Mortgage?</b> If yes special language must be added	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Assignments:</b> e.g. Affidavit of Death of Spouse or Joint Tenant; Beneficiary under Deed of Trust; Ownership of Closely Held Corporation, LLC or Sole Proprietorship; Royalties; Intellectual Property, Other Business Interests	
<b>Homestead Declaration:</b> Shall AmeriEstate prepare and record a Homestead Declaration to Protect up to \$150,000 in your homes equity from creditors? ( <i>California Clients only – Add \$95 including Recording Fees</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No

Real Estate Address	County	Parcel #, if known
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

<b>If more room is needed for additional properties, please indicate and attach separate page. As a service to our clients, AmeriEstate may obtain copies of currently recorded Deeds for \$25 each.</b>	<b>Notes:</b>
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**SEPARATE PROPERTY INFORMATION**

**Is there any separate property (Real Estate, Bank Accounts, Stocks, etc.) that you wish to REMAIN separate property when funded into your Trust that will not become community or marital co-owned property?**

**No**  
 **YES** If Yes, who is to retain certain separate property Assets?  **Client #1**  **Client #2**

**If you checked YES above, please include a brief description of specific separate property below:**

<i>Description of Separate Property (ie.. specific account or property)</i>	<i>Whose separate property is it? (ie.. Client #1's or Client # 2's)</i>	<i>How was the separate property Originally acquired?</i>

**ADDITIONAL INFORMATION AND/OR QUESTIONS FOR ATTORNEY**

Is this a rush?  YES  NO  One week rush \$ 300 extra  Two week rush \$ 200 extra

**I/We have read the information on this application and confirm that it is true and correct.**

Client #1 Signature	Date	Client #2 Signature	Date
Representative Signature		Printed Name	

***This Section for Attorney Use Only:*** Attorneys Initials \_\_\_\_\_

Legal Consultations completed on (date) \_\_\_\_\_ with  Client #1 and/or  Client #2

**DOCUMENTS TO BE PREPARED:**

<b>Revocable Living Trust Portfolio</b>	<b>Will Portfolio</b>	<b>DPA's Only</b>	<b>Other:</b>
<input type="checkbox"/> A-Trust for Client #1	<input type="checkbox"/> Client # 1	<input type="checkbox"/> Asset Mgt Client #1	
<input type="checkbox"/> A-Marital Trust	<input type="checkbox"/> Client # 2	<input type="checkbox"/> Health Care Client #1	
<input type="checkbox"/> A-B Trust		<input type="checkbox"/> Asset Mgt Clt #2	
<input type="checkbox"/> A-B-C Trust		<input type="checkbox"/> Health Care Client #2	
<input type="checkbox"/> A-A /A-Marital Trust			
<input type="checkbox"/> A-A /A-B Trust			

Include provisions for MEDI-CAL / PUBLIC ASSISTANCE Planning?  YES  NO