ESTATE PLANNING – ADMINISTRATIVE REVIEW

Date of Interview:		Representative:	
Client #1:		Client #2:	

]

PART 1:

1 Do you currently have a Revocable Living Trust? . . . . ☐ Yes ☐ No
If YES, please go directly to PART 2. If NO, complete PART 1 only and sign on page 2

2. Have you created a Last Will & Testament? . . . . ☐ Yes ☐ No
If YES, what year was it signed? ________________

3. Do you have a Durable Power of Attorney for Financial Affairs? . . . . . ☐ Yes ☐ No
If YES, <u>was it executed prior to 2004 ?</u> (*the date of the most recent law change. e.g. HIPAA*) . . ☐ Yes ☐ No

4. Do you have an Advance Health Care Directive? . . . . ☐ Yes ☐ No
If YES, <u>was it executed prior to 2004 ?</u> (*the date of the most recent law change. e.g. HIPAA*) . . ☐ Yes ☐ No

5. Do you own your own home or any other Real Estate? . . . . . . ☐ Yes ☐ No

6. Without a Living Trust, in CA, Probate will be required on estates with real estate valued at more than $20,000,or a gross estate value in excess of $100,000. Does either of these apply to you? . . . ☐ Yes ☐ No

7. Are you interested in creating an estate plan for your family's long term security? . . . ☐ Yes ☐ No

PART 2: Administrative Review of <u>Existing</u> Living Trust *(complete only if applicable)*

Trust Name: ____ **Date of Trust:** _______________

Trustee Name(s) (If Different from Client) ________________________________ ______________________________________

1. Are any of the Original Trustee(s) deceased? . . . . ☐ Yes ☐ No
If Yes, have you recorded an Affidavit of Death of Original Trustee for your real estate title? . ☐ Yes ☐ No
Have you completed the division of your assets into your 'A/B' sections of your trust (If required?). ☐ Yes ☐ No
If you have not completed the above, would you like review or assistance with these procedures? . ☐ Yes ☐ No

2. Were Pour-Over Wills prepared to accompany your Trust? . . . . ☐ Yes ☐ No
If yes, were they correctly signed and witnessed? . . . . . . ☐ Yes ☐ No

3. Durable Power of Attorney for Asset Management? . . . . . . ☐ Yes ☐ No
When was it signed/notarized?_______________ Does it have an expiration date?_______________

4. Advance Health Care Directive (*formerly called Durable Power of Attorney for Healthcare*)? . . ☐ Yes ☐
No
When was it signed/witnessed?_______________ Does it have an expiration date?_______________

6. If your Trust & Powers of Attorney were established prior to 2004:
Have they been updated to conform to the Health Insurance Accountability and Portability Act (HIPAA)? ☐ Yes ☐ No

7. Does your existing Trust contain an up to date schedule of assets? . . . . . ☐ Yes ☐ No

8. Has all your real estate been transferred into the name of your trust? . . . . . ☐ Yes ☐ No
Have you received recorded copies back from the County Recorder? . . . . ☐ Yes ☐ No

9. Except for Tax Qualified and/or Retirement Accounts (with specified beneficiary designations), have all your financial accounts been transferred into the name of your Trust? . . . . . ☐ Yes ☐ No

10. Have you been the beneficiary of any real property or moneys since you established your Trust? . ☐ Yes ☐ No
If yes, have they been transferred into the name of your Trust? . . . . ☐ Yes ☐ No

11. Have you had any serious illnesses since your Trust was established? . . . . ☐ Yes ☐ No
If yes did you become incapacitated or confined to a Nursing Home for any period of time? . ☐ Yes ☐ No

12. Are you or any of your intended heirs currently receiving public assistance such as Medi-Caid/Medi-Cal, SSI or other assistance for persons with disabilities? . . . . ☐ Yes ☐ No
If yes, list name(s) & relationship to you: ____

13. Have you ever amended your Trust? . . . . ☐ Yes ☐ No
Are you confident that these corrections represent your current wishes correctly?. . . ☐ Yes ☐ No
Do you currently want to amend your Trust?. . . . . . . ☐ Yes ☐ No

14. Do you wish to have your Trust reviewed by one of our Provider Estate Planning Attorneys? . . ☐ Yes ☐ No
If yes, please submit a copy of your Trust/Estate Planning Documents for the attorney's review.
After the attorney has reviewed your documents, he/she will call you for a consultation and answer any legal questions that you may have, and make recommendations as appropriate.

If you currently wish to amend your trust or update any of your ancillary documents, please indicate the areas you wish to amend below. Use additional pages as needed.

SUCCESSOR TRUSTEES

1. ______________________________
2. ______________________________
3. ______________________________

EXECUTORS

1. ______________________________
2. ______________________________
3. ______________________________

BENEFICIARIES	PERCENT SHARE	CONTINGENT BENEFICIARY *(who inherits in place of any beneficiary who predeceases you)*			
1.		☐ Children	☐ Surviving Benes	☐ Other:	
2.		☐ Children	☐ Surviving Benes	☐ Other:	
3.		☐ Children	☐ Surviving Benes	☐ Other:	
4.		☐ Children	☐ Surviving Benes	☐ Other:	

<u>POWER OF ATTORNEY FOR ASSET MANAGEMENT</u>

1. ______________________________
2. ______________________________
3. ______________________________

<u>POWER OF ATTORNEY FOR HEALTH CARE DECISIONS</u>

1. ______________________________
2. ______________________________
3. ______________________________

<u>MISCELLANEOUS</u> (i.e. Gifts, Special Instructions, Deed re-titling, HIPAA Update, Change in family status, etc.

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Disclaimer: The undersigned acknowledges that the Representative named below is not an attorney and has not given me/us any legal advice. The purpose of this questionnaire is to assist AmeriEstate's Provider Attorneys in reviewing the current Estate Planning of the client and any legal documents that have been submitted by us (the client) for this purpose. This information, along with discussions between the client and AmeriEstate's Provider Attorney will form the basis for the review, consultation and recommendations concerning preparation of any Trust or other legal documents for the client. Additional services may be provided at additional cost subject to consent and approval by the client. The undersigned also acknowledges that any estate planning documents prepared are done so as a function of client's membership in the AmeriEstate Legal Plan.

______________________	______________________	________
Client Name (Print)	Signature	Date
______________________	______________________	________
Client Name (Print)	Signature	Date
______________________	______________________	________
Representative Name (Print)	Signature	Date

DOCUMENTS SUBMITTED FOR ATTORNEY REVIEW

- ☐ Original Living Trust document
- ☐ Original Amendment to Trust
- ☐ Original Durable Power of Attorney for Asset Management
- ☐ Original Durable Power of Attorney for Health Care
- ☐ Conformed Real Estate Deeds: #__________
- ☐ Copy of Living Trust document
- ☐ Copy of Amendment to Trust
- ☐ Copy of Durable Power of Attorney Asset Management
- ☐ Copy of Durable Power of Attorney for Health Care
- ☐ Copy(s) of Conformed Real Estate Deeds: #__________
- ☐ Other documents received (please specify): ______________________________

Date Submitted:_______________ Client Initials:_______________ Representative Initials:_______________

<u>Please ship any documents completed for client to:</u> **[ ] Client [ ] Representative Listed Above [ ] Other: ______________**