

AmeriEstate Legal Plan | Estate / Revocable Living Trust Fact Finder

TRUST NAME:	IS THERE AN EXISTING TRUST?	<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> .			

CLIENT PERSONAL INFORMATION					
Client #1 Name: (How does your name appear on drivers license/other ID?)			Client #2 Name: (How does your name appear on drivers license/other ID?)		
Physical Address				Do you Own or Rent? <input type="checkbox"/> OWN <input type="checkbox"/> RENT	Home Phone
City	State	Zip	County	Work Phone	
Mailing address if different than residence:				Cell 1	Cell 2
County and State where you will be signing your documents				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"/> Partner- If yes, are you a <i>Registered</i> Domestic Partner? [] <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"/> Partner- If yes, are you a <i>Registered</i> Domestic Partner? [] <input type="checkbox"/> Divorce or Separation pending	

CLIENT #1		CLIENT #2	
<input type="checkbox"/> Can sign individually		<input type="checkbox"/> Can sign individually	
<input type="checkbox"/> Can only sign with a Mark (such as "x")		<input type="checkbox"/> Can only sign with a Mark (such as "x")	
<input type="checkbox"/> An Agent under a Power of Attorney will sign		<input type="checkbox"/> An Agent under a Power of Attorney will sign	
List name of Agent:		List name of Agent:	

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	M/F	Birth Year	Parent Code <small>Check all that Apply</small>				Distribute Estate by %		
			B	C1	C2	AC1	AC2	DC	DN
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			B	C1	C2	AC1	AC2	DC	DN
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			B	C1	C2	AC1	AC2	DC	DN
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			B	C1	C2	AC1	AC2	DC	DN
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			B	C1	C2	AC1	AC2	DC	DN
			<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

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:	

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 descendants 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:

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

PROVISIONS RELATED TO PERSONS UNDER DISABILITY OR IN NEED OF PUBLIC BENEFITS ASSISTANCE

Are YOU receiving public assistance such as SSI or Medicaid/Medi-Cal? Yes No

Do YOU anticipate any near-term need for home health care or long-term-care services? Yes No

Are any of your Children or Named Beneficiaries Disabled or receiving SSI or Medicaid/Medi-Cal benefits? Yes No
 If Yes, please list name and type of benefits being received:

Notes:

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

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 st 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.
4.	4.	4.
<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.

Power of Attorney – Client #1		Power of Attorney – Client #2	
1. <input type="checkbox"/> Client #2 or <input type="checkbox"/> _____		1. <input type="checkbox"/> Client #1 or <input type="checkbox"/> _____	
2.		2.	
3.		3.	
4.		4.	
<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 (In Order) 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.

Power of Attorney – Client #1 (to serve in order only)		Power of Attorney –Client #2 (to serve in order only)	
1. <input type="checkbox"/> Client #2 or <input type="checkbox"/> _____		1. <input type="checkbox"/> Client #1 or <input type="checkbox"/> _____	
2.		2.	
3.		3.	
4.		4.	

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 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.

Total number of Real Estate Deeds to be Transferred and Recorded		
Total Assignments: 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		
Real Estate Address	County	Parcel #, if known
1.		
2.		
3.		
4.		
5.		
6.		
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.		Notes:

DESCRIPTION OF BUSINESS ENTITY(IES)

Type <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop. State Formed:	Name of Business:
Shareholder/Member/Owner Name(s):	

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?

<input type="checkbox"/> No	Pre-Nup / Post Nup in place	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	If Yes, who is to retain certain separate property Assets?	<input type="checkbox"/> Client #1	<input type="checkbox"/> 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>

TAX PLANNING PROVISIONS

What is the approximate NET value of your Estate (Include; Real Estate, Savings, Investments, Retirement Plans, Personal Property, Life Insurance & Collectables)

Less than \$1,000,000 Between \$1,000,000 and \$5,000,000 Greater than \$5,000,000

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:

Revocable Living Trust Portfolio	Will Portfolio	DPA's Only	Other:
<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			

- During the course of my interview(s), I have discussed the client's primary goals and objectives, discussed the assets comprising the estate and status and needs of the client's family members and any other intended beneficiaries. In discussing these matters, I have evaluated the suitable options available and have discussed the pros and cons of each option.
- My recommendation is that an estate plan as described as hereinabove be prepared for the above-mentioned client.