

ESTATE PLANNING QUESTIONNAIRE

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- Printed June 21, 2021 -
(If this is over 1 year old, please ask for a newer form.)

Filled in by: _____ on _____ (Date).
Signature and printed name

Signature and printed name on _____ (Date).

If anyone assisted you in the preparation of this Questionnaire, please state their name(s):

_____.

Please Note: You are not expected to be able to answer every question in this Questionnaire without a face-to-face consultation with Phillip H. Darling. Answer the questions as best you can, and questions that you are not able to answer will be discussed with Phillip H. Darling.

ESTATE PLANNING DOCUMENTS INCLUDE THE FOLLOWING:

1. Trust
2. Will
3. Power of Attorney
4. Advance Health Care Directive

YOUR GOALS:

- What are the reasons that you want to have Estate Planning documents prepared for yourself?
 - *Mark each applicable reason...*
 - It is about time I had them prepared.
 - I am ill, and I need to get my affairs in order quickly.
 - I read an article that discussed why I need Estate Planning documents.
 - A friend or family-member recently had to deal with an issue, and they commented about how Estate Planning documents made handling the issue much easier.
 - A friend or family-member recently had to deal with an issue in which there were no Estate Planning documents, and handling the issue was challenging, expensive, or time-consuming (but probably wouldn't have been if there were Estate Planning documents).
 - A friend or family-member, who had no Estate Planning documents, became incompetent as a result of a injury or sudden illness, and, therefore, could no longer sign any Estate Planning documents.
 - I am concerned that a family-member will create issues if I am incapacitated or deceased, and I want to make it as difficult as possible for them to successfully do so.
 - I am concerned that a spouse of a family-member will create issues if I am incapacitated or deceased, and I want to make it as difficult as possible for them to successfully do so.
 - A spouse of a family-member could urge, cajole, influence, etc. the family-member to say or do things that the family-member wouldn't do on their own.
 - A spouse of a family-member could be the family-member's attorney in fact under a Power of Attorney, which could give that spouse the legal power to act on behalf of the incapacitated family-member.
 - Other: _____

- Which of the following best describes your goals:
 - ___ I want to avoid probate.
 - ___ Why? _____
 - ___ I am about to go to the hospital for a procedure.
 - ___ I am about to go on a trip.
 - ___ I am planning for my incapacity.
 - Please describe what is going on: _____

 - ___ I want to make things easier for my heirs and beneficiaries after my death.
 - ___ I want to disinherit someone.
 - ___ I want to make sure that someone is specially taken care of after my death.
 - ___ I want certain people to inherit my estate, but I want to impose restrictions on how quickly they receive their inheritance.
 - ___ Age requirement for distribution.
 - ___ Education requirement for distribution.
 - ___ Drug testing requirement for distribution.
 - ___ Other: _____

 - ___ I want certain persons to use my property for a period of time (e.g. the person's lifetime), after which I want the property to go to someone else.
 - *Example:* Allowing one person to live in a house you own for the rest of their life, and when that person dies, some other person(s) are given the house outright.
 - ___ A beneficiary has “special needs” and I need to set up provisions to make funds available to them without affecting their eligibility for governmental benefits.
 - ___ Other: _____

EXISTING ESTATE PLANNING DOCUMENTS:

- Do you have a Trust? *(circle)* YES – NO
 - Was it established by you and a prior spouse? YES - NO
 - Did that prior spouse die while you were still married? YES – NO
 - Did that Trust specifically address that spouse's death? YES – NO
 - Were any sub-trusts created because of that spouse's death? YES – NO
- Do you have a Will? YES - NO
- Do you have a Durable Power of Attorney for finances? YES - NO
- Do you have a Durable Power of Attorney for health care? YES - NO
 - Was it executed prior to 1992? YES - NO
- Do you have a Advance Health Care Directive? YES - NO
- For each of the documents listed above that you have:
 - Do you have the original of each document in your possession? YES - NO
 - Do you know where the original of each document is? YES - NO
 - Do you have a copy of each document? YES - NO
 - Is the copy a copy of the **signed** original? YES - NO
 - Is the copy a copy of an **unsigned** original? YES - NO
- Are all of your assets held in your name as Trustee? YES - NO
 - Except for assets that cannot be held in a Trust (e.g. IRAs, 401Ks, etc.)
 - If not, what assets are currently held just in your name? (List on separate paper)
- Is your Trust a beneficiary of your:
 - IRAs. YES - NO
 - 401ks. YES - NO
 - Other retirement (e.g. pensions, etc.). YES - NO
 - Life insurance. YES - NO
 - Any other account. YES - NO

PERSONAL INFORMATION- Single Person, or First Spouse <i>(For married couples, one of you will be the "first" spouse and the other will be the "second" spouse.)</i>	
	Mr., Mrs., Ms., Miss, Dr., Jr.
What is your complete, legal name?	
State the name you want used in your documents (for your signature)	
Home: Street Address	
Home: City/State/Zip	
Home: Phone/pager	
Home: Fax No.	
Home: Email	
Employer	
Work: Street Address	
Work: City/State/Zip	
Work: Phone/pager	
Work: Fax	
Work: Email	
Restrictions on contacting you at work?	
Date of birth	
Citizenship	<input type="checkbox"/> USA <input type="checkbox"/> Other: _____ If you are not a US citizen, do you plan on becoming a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

PERSONAL INFORMATION- Second Spouse	
	Mr., Mrs., Ms., Miss, Dr., Jr.
What is your complete, legal name?	
State the name you want used in your documents (for your signature)	
Home: Street Address	
Home: City/State/Zip	
Home: Phone/pager	
Home: Fax No.	
Home: Email	
Employer	
Work: Street Address	
Work: City/State/Zip	
Work: Phone/pager	
Work: Fax	
Work: Email	
Restrictions on contacting you at work?	
Date of birth	
Citizenship	<input type="checkbox"/> USA <input type="checkbox"/> Other: _____ If you are not a US citizen, do you plan on becoming a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

PRIOR MARRIAGES- Single/Individual Person, or First Spouse

Are you currently married? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you part of a registered domestic partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any previous marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Names of your prior spouse(s)	If the marriage was terminated by dissolution, give date of final judgment. If the marriage was terminated by death, give the date of death.		
	Date(s) of dissolution	Date(s) of death of deceased spouse(s)	Any obligation from any former marriage?:*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:			

PRIOR MARRIAGES- Second Spouse

Any previous marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Names of your prior spouse(s)	If the marriage was terminated by dissolution, give date of final judgment. If the marriage was terminated by death, give the date of death.		
	Date(s) of dissolution	Date(s) of death of deceased spouse(s)	Any obligation from any former marriage?:*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:			

Are you involved in divorce proceedings, or are you now legally separated from your spouse? Yes No

There may be restrictions on your ability to set up an estate plan. (FC 2040)

Do you have a pre-marital or post-marital property agreement? Yes No
 - Also known as pre-nuptial or post-nuptial agreement.
 - Please provide a copy. (FC 1611, et seq.)

If your current marriage is “blended” (meaning that when you married, at least one of you had at least one child that is not the child of both of you, e.g. from a previous relationship or marriage), do you want to treat such children of each of you as if they are the children of both of you? Yes No

_____.

_____.

YOUR CHILDREN

Number of living children: _____ Number of deceased children: _____	Please list both living and deceased children below. NOTE: Step-children are NOT your children. If you want step-children to inherit after your death, you need to specifically identify them. DO NOT list step-children on this page. ALSO: Make sure that you provide the complete, legal name of each child.
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	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Current, Legal, Full Name					
Date of birth					
US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Male/female	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Natural or adopted?	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted
Of current marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Not, name of other parent					
Child's residence address & phone number					
Living or Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If Deceased, any surviving issue?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any special needs?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*List Surviving Issue, or Explain Special Needs					

SECOND SPOUSE'S CHILDREN

Number of living children: _____ Number of deceased children: _____	Please list both living and deceased children below. NOTE: Step-children are NOT your children. If you want step-children to inherit after your death, you need to specifically identify them. DO NOT list step-children on this page. ALSO: Make sure that you provide the complete, legal name of each child.
--	--

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Current, Legal, Full Name					
Date of birth					
US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Male/female	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Natural or adopted?	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted
Of current marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Not, name of other parent					
Child's residence address & phone number					
Living or Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
If Deceased, any surviving issue? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any special needs?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*List Surviving Issue, or Explain Special Needs					

ESTABLISHED PLANS- Wills, Trusts, Life Insurance		
	YOU	SECOND SPOUSE
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State the date of it		
Do you have any codicils?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State the date of each codicil		
Do you already have any Trust(s)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State the date of each trust		
Has any trust been amended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State the date(s) of each amendment		
Do you have any life insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State whether it is term or whole life, and the amount of the policy		
For each policy of life insurance, state who the owner of the policy is		
For each policy of life insurance, state the names of the beneficiaries (<i>if you do not know who the beneficiaries are, you should look this up!</i>)		

IMPORTANT:

If you have a Will or a Trust and you want the terms of it to be used in new documents being prepared for you, please provide a copy of the documents.

If you already have a Trust, and you create a new Trust, there could be a conflict between the terms of multiple Trusts. Also, if you already have a Trust, do you have the power to revoke it or transfer assets from that Trust to a new Trust?

If you already have a Trust, we need to discuss what will happen if you create a new Trust, as opposed to amending the existing Trust.

GIFTS

In the last three years, have you or your spouse made any gifts in excess of \$15,000.00 to any one person (not including charities or governmental entities) in any one year? Yes No

If you have given more than this amount, you could be liable for gift taxes on the amount exceeding this amount. (For 2021, the Gift Tax Exemption is \$15,000.00 per person, per year)

Also, loss of step-up-basis for gifts made during lifetime.

NAME OF EACH DONEE	AMOUNT OF GIFT	DATE OF GIFT

STRAINED RELATIONSHIPS

For your heirs:

Are there any persons that you DO NOT want to have appointed as trustee, executor, guardian, or appointed pursuant to a durable power of attorney? Yes No

If so, please list them below... And, indicate if you want to also disinherit them.

You can also list additional persons below specifically to disinherit them.

NAME	RELATIONSHIP TO YOU OR YOUR SPOUSE	DO YOU SPECIFICALLY WANT TO DISINHERIT THIS PERSON?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

NO CONTEST CLAUSE

Your Will(s) and Trust will contain a basic No Contest clause.

Do you want the No Contest clause to be made broader (applies to more actions) or to apply to a specific person, or persons? Yes No

Explain: _____

FAMILY TREE

Please draw a family tree, or family trees, to identify each person with whom you have a strained relationship or who you wish to disinherit:

YOUR SELECTION OF PERSONS OF TRUST
Trustees, Executors, Guardians, etc.

State the names of the persons that you would like to have serve you, should you die or become incapacitated. For married persons, you will each be the initial selection for the other of you, unless you advise me otherwise. The following choices will only apply if your spouse cannot act. You can choose more or less than three successors. **NOTE:** You do not have to have three choices, and you are not limited to three choices (that's all there is room for on this page)- Add additional choices on separate page.

	NAME- THE COMPLETE LEGAL NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP TO YOU OR YOUR SPOUSE-
TRUSTEE OF YOUR TRUST			
Choice #1			
Choice #2			
Choice #3			
EXECUTOR OF YOUR WILL			
Choice #1			
Choice #2			
Choice #3			
DURABLE POWER OF ATTORNEY AGENT (a.k.a. Attorney in Fact)			
Choice #1			
Choice #2			
Choice #3			
ADVANCE HEALTH CARE DIRECTIVE AGENT			
Choice #1			
Choice #2			
Choice #3			
GUARDIAN(S) FOR MINOR CHILDREN (If any)			
Choice #1			
Choice #2			
Choice #3			
If necessary, add another page with additional appointments on it. ON THE NEXT PAGE- For spouses, if you have different choices, for any of the above (except trustees), fill in the different choices.			

SECOND SPOUSE'S SELECTION OF PERSONS OF TRUST
Trustees, Executors, Guardians, etc.
 (If different from the selections on the previous page)

State the names of the persons that you would like to have serve you, should you die or become incapacitated. For married persons, you will be the initial selection for each of you, unless you advise me otherwise. The following choices will only apply if your spouse cannot act. **NOTE:** You do not have to have three choices, and you are not limited to three choices (that's all there is room for on this page)- Add additional choices on a separate page.

	NAME- THE COMPLETE LEGAL NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP TO YOU OR YOUR SPOUSE- DETAILED
<p><i>THERE IS ONLY ONE TRUST, SO THERE WILL ONLY BE ONE SET OF TRUSTEES- DO NOT ADD DIFFERENT TRUSTEE NAMES HERE.</i></p>			

EXECUTOR OF YOUR WILL			
Choice #1			
Choice #2			
Choice #3			

DURABLE POWER OF ATTORNEY AGENT (a.k.a. Attorney in Fact)			
Choice #1			
Choice #2			
Choice #3			

ADVANCE HEALTH CARE DIRECTIVE AGENT			
Choice #1			
Choice #2			
Choice #3			

GUARDIAN(S) FOR MINOR CHILDREN (If any)			
Choice #1			
Choice #2			
Choice #3			

COMPENSATION OF PERSONS OF TRUST

- Do you want your trustees or agents compensated? Yes No
- "Reasonable" compensation? Yes No
 - Other amount? _____

WAIVER OF TRUSTEE AND EXECUTOR BOND REQUIREMENT

Do you want to waive the bond requirement for the successor trustees or the executor of your will(s)?

A. A bond is a form of insurance to replace assets that may be mismanaged or stolen by the trustee or executor (the estate's personal representative). The cost of the bond is paid from the assets of the estate.

B. If bond is not required and obtained, and the trust or estate suffers loss because the trustee or personal representative fails to properly perform the duties of the office, the loss or some part of it may not be recoverable from the trustee or the personal representative.

Waive Require

GIFT GIVING AUTHORITY

While you are living and competent, you can make whatever gifts you want to make.

If you become incapacitated, gifts cannot be made on your behalf unless you specifically authorize them in your Trust and/or Durable Power of Attorney. Gift giving can be a useful tool for reducing an estate to avoid estate taxes, and it can be important for removing assets from an estate for MediCal eligibility purposes. Unless you specifically request it, your Trust and Durable Power of Attorney will NOT include any gift giving powers .

GENERAL GIFT-GIVING: Give the power to make gifts up to the maximum amount that will not trigger gift taxes (for 2021: \$15,000.00 per person, per year) if you are no longer competent (this gift-giving power has nothing to do with institutionalization gift-giving)? Yes No

- Specify class of donees:
 - trust beneficiaries, children, issue, other _____
- Maximum annual amount per person: \$ _____
- Maximum annual amount for all general gifts to all persons: \$ _____

INSTITUTIONALIZATION GIFT-GIVING: If you are institutionalized and are no longer competent, you can give your agent the power to make *unlimited* gifts of your property in order to accelerate your eligibility for MediCal benefits. This type of gift-giving program, if handled properly, can result in the transfer of a large portion of your estate to persons that you specify rather than using your estate assets for medical care, while at the same time, establishing your eligibility for MediCal or other governmental benefits (an Elder Law attorney will set up the gift-giving program):

Include provision? Yes No I/we need to discuss this further

Specify permissible donees? Yes No Trust beneficiaries (recommended)
Other: _____

DISTRIBUTION OF YOUR ESTATE- Beneficiaries, Conditions, etc.

Identify specific beneficiaries who are to receive specific gifts (e.g. cash, personal items, etc.), and any conditions for receipt (e.g. they must survive you; if they die before you, do you want their children, if any, to receive their gift?).

Examples of general instructions:

- 1) *Divide assets into as many shares as you have living children at the time of your death.*
- 2) *After you and your spouse die, everything shall be held in trust for the benefit of your children, with discretionary distributions for education and health. Then at ages 25, 30, and 35, they receive one-third of their respective shares.*
- 3) *The trustee may be required to impose drug testing as a condition for receiving trust property.*
- 4) *After you and your spouse die, everything is to be held in trust for the benefit of your children until each either graduates from college or reaches 25 years of age, at which time they each receive a proportionate share of the trust estate.*

Do you want your children to receive equal shares of your assets? Yes No
 - Immediate? Yes No
 - At what age, or range of ages? _____

If a child of yours dies before you and that deceased child leaves issue of their own surviving, do you want those issue to inherit the deceased child's share? Yes No
 - Immediate? Yes No
 - At what age, or range of ages? _____

Do you want to give a trustee the power to extend an age requirement for any reason? Yes No
 For example, if the trustee is aware that a beneficiary is using drugs, has a great deal of debt, is involved in a divorce, etc. The extension should not be more than about 10 years.

If the value of the assets in the trust for a young person falls below a certain amount, do you want to give the trustee the power to terminate the trust early and distribute the assets to the young person BEFORE the specified age if the trustee determines it is "uneconomical" to continue? Yes No

If any beneficiary is **NOT** a US citizen, please identify each such beneficiary. Note: The non-taxable gift amount to a *non-US Citizen* is limited to \$159,000.00 (for 2021).

Please specify how you want your estate and trust assets to be distributed (include specific gifts to specific persons... add pages if necessary), **on whose death** (i.e. first spouse or second spouse), and if any beneficiary has "special needs" (e.g. receives SSI, Medi-Cal, etc. based on a disability) state whether that beneficiary's eligibility for governmental benefits will be affected by receiving an inheritance:

MISCELLANEOUS

Does any heir or named beneficiary have any form of substance abuse or other issue? Yes No
- Is this an issue that you want to address in your Trust or Will? Yes No

Is any heir of yours an inmate (i.e. in prison) or likely to be an inmate? Yes No

Is any beneficiary of yours a caretaker of you (i.e. Providing medical assistance with such things as medication, meals, housekeeping, etc. if you are a dependent adult), or related by blood or marriage to a caretaker of you? Yes No

(Note: If you designate a caretaker as a beneficiary, an independent review by another attorney will be necessary.)

Do you have any genetic material (e.g. semen, ova, other DNA) held in storage? Yes No
- If so, have you specified what you want done with it after your death (e.g. posthumous conception)?

Did you set up a charitable remainder trust and then remarry? Yes No

Do you own shares in a close corporation (i.e. a corporation with only a small number of shareholders)? Yes No

If so, state the name of the corporation, the number of shares that you own, and the percentage ownership that the shares represents.

Do you own real property in more than one state? Yes No

If so, some states may impose an estate tax (in addition to the federal estate tax), such that property in some states may be subject to a state-imposed estate tax while property in other states will not (e.g. California has no state-imposed estate tax). If you make specific gifts of these properties, state-imposed estate taxes may adversely affect some of these gifts. (*NOTE: estate tax and death tax are all the same, for purposes of this Questionnaire. Some states impose a "inheritance" tax which is paid by the beneficiary who receives an inheritance; California does NOT have a inheritance tax.*)

Partnership, Corporate, or LLC interests- These need to be added to your trust, if possible.
Do the governing documents (e.g. bylaws, agreement, operating agreement etc.) permit transfer of your ownership interest to a Trust? Yes No

FOR MARRIED COUPLES:➡

ALLOCATION BETWEEN SURVIVOR'S AND BYPASS TRUSTS

The following is for trust terms concerning how trust assets may be handled after the first spouse dies.

When the first of two spouses dies, at least one subtrust will be created. If your estate is larger than the applicable exclusion amount (\$11.7 million in 2021; but in 2026, it will go back down to \$5.5 million), additional subtrusts may be created.

Assets may be divided between these multiple subtrusts when one of you passes away.

The main reason for creating subtrusts is to eliminate (up to a point) or reduce post-death estate taxes. Another reason involves “blended” families, where spouses have re-married, and one or both of them have children from a prior marriage.

The “default” method is to transfer the surviving spouse’s one-half interest in community property and all of the survivor’s separate property to the Survivor’s Trust. The deceased spouse’s (the first of you to pass away) one-half interest in community property and all separate property of the deceased spouse is transferred to the Bypass Trust.

I have found that many married couples do not prefer this “default” method of division. An alternative is to give the trustee the authority to transfer some or all of the deceased spouse’s assets to the Survivor’s Trust, until the value of the assets in the Survivor’s Trust equals the applicable exclusion amount (what one person can leave to another person without incurring estate taxes). For spouses’ combined estates that are worth less than twice the applicable exclusion amount, this allows for transfers of more assets to the Survivor’s Trust, which will be under the complete control of the surviving spouse.

Default division: Yes No We need to discuss this further.

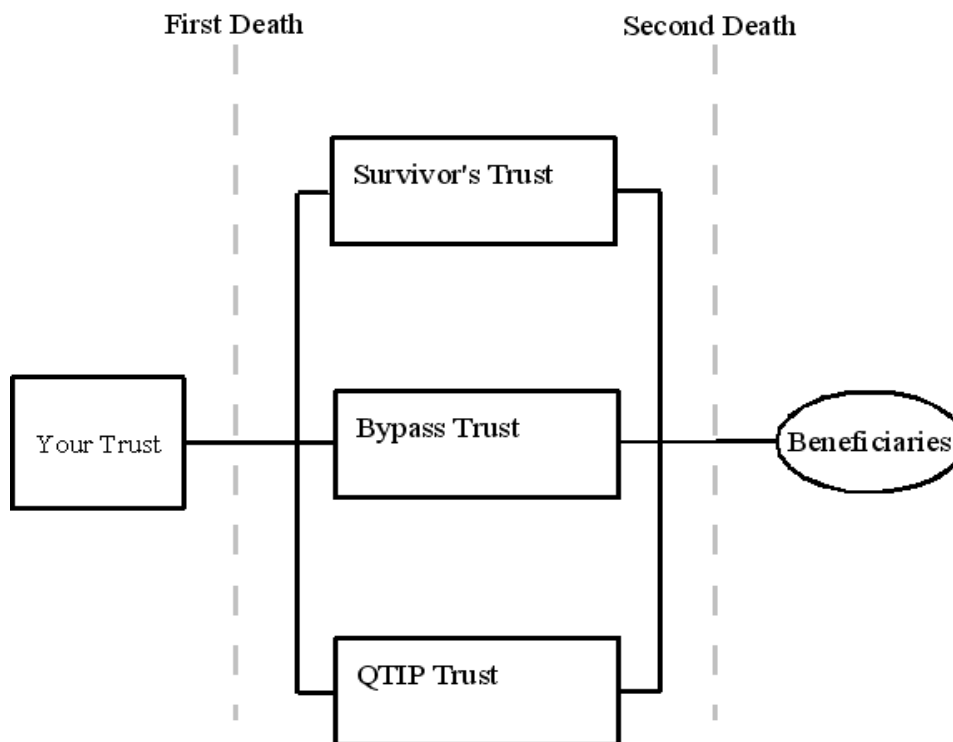
5-OR-5 POWER

If you are setting up a trust, new trusts will be created when one of you passes away. Some of these newly created trusts will be irrevocable. If you choose, you can give the surviving spouse the right to collect 5% of the value of the trust or \$5000 per year from the irrevocable trust(s). This is called a 5-or-5 Power. You can set up other payment methods as well.

Do you wish to include a 5-or-5 Power in your trust? Yes No
Do you want to use a different payment method? Yes No

(Note: The 5-or-5 Power will only be effective from November 15 through December 31 of each year, and it shall only apply to the Bypass (non-marital) and QTIP (marital) Trusts.)

FOR MARRIED COUPLES: ↗



Do you want the survivor of you to have the power to appoint successor trustees different from those you have chosen above? Yes No

- Do you want to give this power, but limit the pool of persons that the survivor of you can appoint from? Yes No

Do you want to give the survivor of you the power to change the beneficiaries of the Bypass and QTIP trusts (this would be a testamentary power of appointment)? Yes No

- Do you want to give this power, but limit the pool of persons that the survivor of you can appoint from? Yes No

ALL PERSONS: ↗

Do you want to give your agent under your Durable Power of Attorney the power to amend or revoke your trust? Yes No

- Require court approval of amendment or revocation? Yes No

Do you want to give your agent under your Durable Power of Attorney the power to replace a successor trustee that you appointed? Yes No

If you have a business, farm, or ranch, do you want to give your trustee the power to continue the business, farm, or ranch after you pass away? No business, farm, ranch
 Yes- Business Yes- Farm Yes – Ranch

GENERAL DESCRIPTION OF YOUR ASSETS

(Use additional sheets if necessary; include pension plans, 401(k)'s, etc.)

The primary purpose of this section is to see if you have an estate tax issue. If the value of all of your assets exceeds, or is expected to exceed, the applicable exclusion amount of \$11.7 million (in 2021; but in 2026, it will go back down to \$5.5 million) then you may have an estate tax issue.

NOTE: If the value of your combined non-trust estate exceeds \$156,000, probate will probably be required by law.

ITEM	VALUE	DEBT	OWNERSHIP (Community, joint, or separate/owner's name)
What is the approximate <i>gross</i> value of your entire estate? (NOTE: If we have already discussed this, you do not need to fill out the rest of this form.)	\$ _____		
Married couples: 1) What is the total value of the jointly owned assets in your combined estate?	\$ _____		
2) What is the total value of each of your separately owned assets?	H: \$ _____ W: \$ _____		
IRA (traditional), 401K, 403(b), other	\$ _____		
S-Corporation shares?			
Special stock (IRS Section 303, 2030A)?			

REAL PROPERTY

Please provide copies of each deed (Grant or Quitclaim or Court Order) for each parcel of real property that you own. Include partial interests and out-of-state property. Please identify each parcel in the following table:

<i>ADDRESS</i>	<i>ASSESSOR'S PARCEL NUMBER</i>

FOR MARRIED COUPLES:

If you both own property that is community property and separate property, please provide a list of what is community and what is separate- and who's it is:

<i>COMMUNITY (CP) OR SEPARATE (SP)</i>	<i>PROPERTY DESCRIPTION</i>	<i>OWNER OF THE SEPARATE PROPERTY</i>
	<input type="checkbox"/> As far as we know it is all community property.	
<input type="checkbox"/> CP <input type="checkbox"/> SP		<input type="checkbox"/> H <input type="checkbox"/> W
<input type="checkbox"/> CP <input type="checkbox"/> SP		<input type="checkbox"/> H <input type="checkbox"/> W
<input type="checkbox"/> CP <input type="checkbox"/> SP		<input type="checkbox"/> H <input type="checkbox"/> W
<input type="checkbox"/> CP <input type="checkbox"/> SP		<input type="checkbox"/> H <input type="checkbox"/> W
<input type="checkbox"/> CP <input type="checkbox"/> SP		<input type="checkbox"/> H <input type="checkbox"/> W
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<input type="checkbox"/> CP <input type="checkbox"/> SP		<input type="checkbox"/> H <input type="checkbox"/> W
<input type="checkbox"/> CP <input type="checkbox"/> SP		<input type="checkbox"/> H <input type="checkbox"/> W
<input type="checkbox"/> CP <input type="checkbox"/> SP		<input type="checkbox"/> H <input type="checkbox"/> W

ADVANCE HEALTH CARE DIRECTIVE

Your Advance Health Care Directive will contain the following instruction:

END-OF-LIFE DECISIONS. I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life and my death is likely to occur within several months, or if I require life support as the result of an irreversible condition, even if that life support might prolong my life for a sustained period. Therefore, I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. By "an irreversible coma," I mean a coma from which the treating physicians have reasonably concluded I will never regain consciousness. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life.

Do you want to add new or different terms? Yes No
(If you and your spouse have different choices, please initial your responses)

Examples: (If you want any of these terms, circle each one that you want added to your Health Care Directive)

- 1) I DO NOT want to go on living being permanently dependent on life support machines.
- 2) I DO NOT want to go on living if I will never regain consciousness, or if it is very unlikely that I will ever regain consciousness.
- 3) I DO NOT want medical treatment to keep me alive if I will not be able to care for myself in matters of bathing and continence.
- 4) I DO NOT want medical treatment to keep me alive if I will never be able to leave the hospital.
- 5) I DO NOT want medical treatment to keep me alive if I will never be able to meaningfully communicate with others.
- 6) I DO NOT want medical treatment which will only prolong a life of pain.

ORGAN DONATION

(If you and your spouse have different choices, please initial your responses)

Agent has authority to make anatomical gifts: Yes No

- Limitations: human transplant only
 medical/scientific/educational purposes
 any reasonable purpose
 other _____

Unless you specifically state otherwise, the provision will include the following statement:
“Unless I specifically authorize it, my [semen, ova] and DNA shall NOT be used for posthumous conception or conception if I am in a coma or vegetative state.”

AUTOPSY

Agent has authority to authorize an autopsy: Yes No

PRIMARY PHYSICIAN

Do you want to designate a primary physician?: Yes No

Name: _____

Alternate(s): _____

Give your agent authority to designate a primary physician? Yes No

RELIGIOUS PREFERENCE

Do you want your religious faith specified in your Health Care Directive? Yes No

If you select “No,” the Directive will be entirely neutral concerning your religious beliefs.

If you select “Yes,” your agent will be required to respect your faith if the agent brings a religious leader to be with you or if your agent takes you to religious functions. This would primarily apply if you appear to have some awareness of your surroundings or if your agent is uncertain if you have such awareness.

If you select “Yes,” please identify your faith, and whether you have preference for a particular place of worship and religious leader (e.g. pastor, minister, rabbi etc.):

Religion: _____
Place of Worship, etc: _____

DISPOSITION OF YOUR REMAINS

Please describe in detail how you want your remains to be handled and what kind of memorial service you want.

Examples:

- *I request that my remains be cremated, buried at sea, dispersed from an airplane (only permitted at sea), etc.*
- *I request that my remains be interred next to my parents in the Uptown Cemetery, in Uptown, Kansas*
- *I request that my remains be buried at Forest Lawn Memorial Park, Block C, Lot 75, Space 2 (if you have already purchased a plot)*
- *I request that my remains be made available for medical research -or- for educational purposes*
- *I leave the disposition of my remains to the discretion of my agent (or other specific person that you name)*

YOU	SECOND SPOUSE
Give your agent full discretion re disposition of my remains? <input type="checkbox"/> Yes	Give your agent full discretion re disposition of my remains? <input type="checkbox"/> Yes
<input type="checkbox"/> Burial	<input type="checkbox"/> Burial
<input type="checkbox"/> Cremation <input type="checkbox"/> Final disposition of ashes? <input type="checkbox"/> Agent's discretion <input type="checkbox"/> Other:	<input type="checkbox"/> Cremation <input type="checkbox"/> Final disposition of ashes? <input type="checkbox"/> Agent's discretion <input type="checkbox"/> Other:

MEMORIAL SERVICE

Examples:

- *I request that a memorial service be held at the [CHURCH NAME] Church, located at 12345 Main Street, Anytown, Anystate, and that my remains be interred at the Greenlawn Cemetery in Anytown, Anystate.*
- *I request that my memorial service be a [specify denomination] service [at a specific church, by a specific pastor/rabbi/etc.]*
- *I give my agent full discretion regarding memorial services.*

YOU	SECOND SPOUSE
Give your agent full discretion re a memorial service? <input type="checkbox"/> Yes	Give your agent full discretion re a memorial service? <input type="checkbox"/> Yes