Estate Planning – Preparation Form

Thank you for taking the time to plan for the future of your love ones, the transfer of your property and assets, and creating a living trust and will that will accomplish your desires.

I am pleased to assist you in protecting all you have earned and to make sure it passes to your beneficiaries as a blessing.

ESTATE PLANNING QUESTIONNAIRE

Please take some time to become familiar with the terms of estate planning at your leisure. <u>https://www.investopedia.com/terms/t/trust.asp</u> Prepare for our meeting by supplying this information ahead of time:

Name of Living Trust

What is the name you are considering for your trust? You can be creative. Commonly, a trust is simply the names of the trustors with the 'family'. <u>The John and Sally Smith Family Living Trust 2021</u>

Purpose of Living Trust

What is the purpose of this trust? Common answers include: to avoid Probate and court involvement; Pass my property to heirs without fees and taxation; Provide for children and grandchildren in the future.

Do you want the ability to change this trust? _____ Or, is it irrevocable and set in stone? _____

About You and Your Family - Hover over field with cursor for tips in each field.

Tell me about You as the Trustor / Settlor of your living trust or of your Will.

Your Legal Name:	Spouse:
Address/Domicile:	
Phone:	Email:
Social Security:	
Spouse Social Security:	Date of Birth:
Are you a U.S. Citizen?	If not, country of Citizenship:
Spouse Phone	
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Is Spouse a U.S. Citizen?	If not, country of Citizenship:
Do you currently have a will?	Do you have a living trust? Amendments?
Prior Marriages:	
Name of Former Spouse:	
Marriage Ended In: Death	Divorce, Year
County:	
Child 1 Full Legal Name:	Date of Birth:
Address:	
Phone:	Email:
Gender:	Child of Prior Marriage?, Which Spouse?
Was this child Adopted:	_
Child 2 Full Legal Name:	Date of Birth:
Address:	
Phone:	Email:
Gender:	Child of Prior Marriage?, Which Spouse?
Was this child Adopted:	_
Child 3 Full Legal Name:	Date of Birth:
Address:	
Phone:	Email:
Gender:	Child of Prior Marriage?, Which Spouse?
Was this child Adopted:	
Child 4 Full Legal Name:	Date of Birth:
Address:	
Phone:	
Gender:	Child of Prior Marriage?, Which Spouse?
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Was this child Adopted: _____

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Management of Your Estate (Executor / Trustee)

Who will manage your estate right now? (common answer is Myself, My spouse and I) This is known as the current Trustee.

Choose who will manage your esta	ate after your death? (Successor Trustee)	
Spouse:		
Successor Trustee #1		
Name:	Relationship:	
Address:		
Phone:		
Successor Trustee #2		
Name:	Relationship:	
Address:		
Do you want the persons named a	above to serve as co-trustees?	
Note: I do not recommend co-trus	stees.	

Guardians of Minor Children

A guardian is a responsible adult who will raise and care for your children if something happens to both parents. Choose the person you want as guardian; you do not have to choose his/her spouse as an alternate if you prefer another person.

Same as Executors / Trustees Above? _____

Guardian #1	
Name:	Relationship:
Address:	
Guardian #2	
Name:	Relationship:
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Address:		
Distribution of Your E	state	
Beneficiaries		
Whom do you want to rece	ive your estate after your death?	?
To your children in equal sh	ares?	At Age:
Note: For any child under th	ne age specified above, trust fun	ds would only be available to the child for
health, education, maintena	ance, and support at the discreti	on of your trustee. Any funds remaining
when the child reaches that	age will be distributed outright.	. The minimum age is 18; we recommend
age 25.		
Primary Beneficiaries (if not	to your children in equal shares	5)
It is usually easiest to indica		
Name:	Relation	ship:
Amount/Percentage:	% or fixed amount \$	·
Name:	Relation	ship:
Amount/Percentage:	% or fixed amount \$	·
Name:	Relation	ship:
Amount/Percentage:	% or fixed amount \$	·
Notes:		
Special Gifts		
	pecific items to anyone?	
These can be personal prop	erty (e.g. your ring to your daug	hter), real property (e.g. your house to
your brother), or cash gifts.	Most families choose not to be	this specific in their giving. If yes, fill out
below section.		
Name:	Relation	ship:
Amount \$ [Description of Gift:	
Contact Info:		

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Name:	Relationship:	
Amount \$ Description of	Gift:	
Contact Info:		
Disinheritance		
Do you wish to specifically disinherit some	eone?	
Please indicate names and relationships of	of those you wish to disinherit along with the reasons for your	
Name:	Relationship:	
Reason:		
Name:	Relationship:	
Reason:		
Name:	Relationship:	
Reason:		

Durable Power of Attorney (Financial)

A durable power of attorney is a document that gives another person (your "Agent") the power to make certain financial and property decisions for you if you are unable to do so because of incapacity. In order of preference, please list your desired Agents. We recommend that you have *at least one* alternate.

HUSBAND (if not applicable, then enter "n/a")

Spouse:	
Alternate Person #1 - Name:	Relationship:
Address:	
	_ Email:
Alternate Person #2 - Name:	Relationship:
Address:	
Telephone:	_ Email:
When do you want the power to be effective?	Now? Only On Your Incapacity
Single: we recommend choosing "only on your i	incapacity;" Married: we recommend choosing "Now"
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WIFE (if not applicable, then enter "n/a")		
Spouse:		
Alternate Person #1 - Name:		Relationship:
Address:		
Telephone:		
Alternate Person #2 - Name:		Relationship:
Address:		
Telephone:	Email:	
When do you want the power to be effective? Now? Only On Your Incapacity		
Single: we recommend choosing "only on your incapacity;" Married: we recommend choosing "Now"		

Advance Health Care Directive

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Burial Cremation Desired Location:			
Would you like to direct how to dispose of your remains?			
Single: we recommend choosing "only on your incapacity;	" Married: we recommend choosing "Now"		
When do you want the power to be effective? Now?	Only On Your Incapacity		
Telephone: Email:			
Address:			
 Alternate Person #2 - Name:	_ Relationship:		
Telephone: Email:			
Address:			
Alternate Person #1 - Name:	_ Relationship:		
Spouse:			
HUSBAND			
preference, please list your desired Agents. We recommend that you have at least one alternate.			
certain health care decisions for you if you are unable to o	do so because of incapacity. In order of		
An advance directive is a document that gives another pe	rson (your "Agent") the power to make		

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By default, I include a provision that explains that you do	not want your life to be artificially prolonged
(e.g., by feeding tube, life support, etc.) beyond natural li	mits.
Do you want this provision?	
Do you want to donate your organs?	
Do you have any special wishes regarding life support, fur	neral, etc.?
WIFE	
Spouse:	
Alternate Person #1 - Name:	_ Relationship:
Address:	
Telephone: Email:	
Alternate Person #2 - Name:	_ Relationship:
Address:	
Telephone: Email:	
When do you want the power to be effective? Now?	Only On Your Incapacity
Single: we recommend choosing "only on your incapacity;	" Married: we recommend choosing "Now"
Would you like to direct how to dispose of your remains?	
Burial Cremation Desired Location	::
By default, I include a provision that explains that you do	not want your life to be artificially
prolonged (e.g., by feeding tube, life support, etc.) beyon	d natural limits.
Do you want this provision?	
Do you want to donate your organs?	
Do you have any special wishes regarding life support, fur	neral, etc.?

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Asset Information

Real Estate Addresses

1.	
2.	
3.	

Business Interests (Corporation, LLC, Partnership, Etc.)

1.	
2.	
3.	
-	

Please Bring Copies of the Following Documents

(If you have them. If you do not have them or they do not apply to you, it's not a problem):

- Your current Will, Trust, Power of Attorney, or Advance Directive
- Business or Partnership agreements (Corporate / LLC Articles)
- Any prenuptial agreement or other property agreement to which you are a party.

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