

SOURCE DOCUMENTS Joint Revocable Living Trust / or Restated Trust

- ❖ The full preparation of the Joint Revocable Living Trust includes one trust transfer deed \$700

- ❖ Included in the Joint Revocable Living Trust
 - Trust with the current probate avoidance codes
 - Certificate of Trust (for financial institutions)
 - Declaration of Trust
 - Assignment of Personal Property
 - Pour Over Will and Testaments
 - Durable Power of Attorney for Financial Affairs
 - Power of Attorney for Health Care Directive
 - HIPAA Waiver

- ❖ Additional Documents:
 - Trust Transfer Deed / Preliminary Change of Ownership (property transfer to Trust) \$120 ea.
 - Business Assignment (Incorporations / LLC's / Partnerships / DBA's) \$ 75 ea.
 - Affidavit of Death \$120 ea.
 - Pet Trust \$ 50
 - Special Need Trust \$300

Filing Fees, Notary Public and Courier are separate and not included.

JOINT LIVING TRUST - QUESTIONNAIRE

NAMING OF YOUR TRUST: (ie: "The Jack & Jill Family Trust", "The Smith's Living Trust")

THE _____ LIVING TRUST FAMILY TRUST

SETTLOR'S / TRUSTEE'S INFORMATION: *You and your spouse will be the Settlor's/Trustee's while you are alive.*

HUSBAND'S NAME _____ SS#(OPTIONAL) _____

ADDR: _____ CITY _____ ZIP _____

WIFE'S NAME _____ SS#(OPTIONAL) _____

FAMILY MAIN HOME NUMBER _____

IS HUSBAND A USA CITIZEN? YES NO IS WIFE A USA CITIZEN? YES NO

If either one of you are not US citizens, Source Documents can only assist you with the Joint "A" Trust as long as you independently determine you are not concerned with any possible estate tax consequences. Please be advised by an attorney or an Estate Planner if you are not sure.

- **What is a Joint "A" Trust?:** Assets are held in trust during the Trustees' joint lives. After one Trustee dies, assets remain in trust for the surviving Trustee, with the surviving Trustee having full control over the assets and an option to create a "B" Trust (with limited control) for tax purposes. Assets are distributed to the beneficiaries after the surviving Trustee dies.
- **What is a Joint "AB" Trust?:** Assets are held in trust during the Trustees' joint lives. After one Trustee dies, assets are divided into an "A" trust, with the surviving Trustee having full control over those assets, and a "B" trust, with the surviving Trustee having limited control. Assets are distributed to the beneficiaries after the surviving Trustee dies.

Will this be a Joint "A" Trust? _____ OR Will this be a Joint "AB" Trust? _____

CHILDREN INFORMATION: *List children of all relationships; please include the relationship to each child to husband as well as name the guardian and an alternate guardian if child is a minor that you wish to appoint for your children in the event of you and your spouse die.*

CHILD'S NAME & DATE OF BIRTH	Relationship to HUSBAND	Minor?	If a Minor, indicate who you wish to be the Guardians in the event of parents death.
DATE OF BIRTH_____	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-CHILD <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> WIFE'S CHILD <input type="checkbox"/> HUSBAND'S CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY GUARDIAN: _____ PH _____ ALTERNATE GUARDIAN: _____ PH _____
DATE OF BIRTH_____	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-CHILD <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> WIFE'S CHILD <input type="checkbox"/> HUSBAND'S CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY GUARDIAN: _____ PH _____ ALTERNATE GUARDIAN: _____ PH _____
DATE OF BIRTH_____	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-CHILD <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> WIFE'S CHILD <input type="checkbox"/> HUSBAND'S CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY GUARDIAN: _____ PH _____ ALTERNATE GUARDIAN: _____ PH _____
DATE OF BIRTH_____	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-CHILD <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> WIFE'S CHILD <input type="checkbox"/> HUSBAND'S CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY GUARDIAN: _____ PH _____ ALTERNATE GUARDIAN: _____ PH _____
DATE OF BIRTH_____	<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-CHILD <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> WIFE'S CHILD <input type="checkbox"/> HUSBAND'S CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY GUARDIAN: _____ PH _____ ALTERNATE GUARDIAN: _____ PH _____

1. Will all the children be treated the same way regarding the estate division?

Yes No

(if no, pls ask for step children questionnaire for distribution).

2. Do you have any IMMEDIATE relative that you wish to intentionally disinherit? Yes No

If Yes, who? _____ Relationship _____ M or F
and all their heirs? Yes No

SUCCESSOR TRUSTEE: *A successor trustee is the person who will handle the estate upon the death of you and your spouse. Choose people you trust to manage your trust and your wishes. You should always list more than one in the event they are unable to serve.*

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____

- The above will work individually in the order? Yes No **OR**
 ➤ The above will work all together as co-successor trustees? Yes No
 ➤ If they will work as co-successor trustees; can only one of the co-successor trustees sign after they agree? Yes No

BENEFICIARY INFORMATION: *Only list the individuals you wish to divide a percentage of the residue of your estate. You will have the option to list additional gift distribution outside of your beneficiaries such as a lump sum of money or a large specific item on next page.*

If any minor should inherit, *including your alternate beneficiary's*, at what age would they get their share in full?

18 21 25 30 other _____ (The Trustee will manage in a trust for minors until age set above).

Full Name	Relationship to Wife	%	If the beneficiary shall die before we die, then their % share shall go as following checked:
1.			<input type="checkbox"/> Goes to their children, or future children. <input type="checkbox"/> Goes back into residue of the Trust. <input type="checkbox"/> or to: _____

2.			<input type="checkbox"/> Goes to their children, or future children. <input type="checkbox"/> Goes back into residue of the Trust. <input type="checkbox"/> or to: _____
3.			<input type="checkbox"/> Goes to their children, or future children. <input type="checkbox"/> Goes back into residue of the Trust. <input type="checkbox"/> or to: _____
4.			<input type="checkbox"/> Goes to their children, or future children. <input type="checkbox"/> Goes back into residue of the Trust. <input type="checkbox"/> or to: _____
5.			<input type="checkbox"/> Goes to their children, or future children. <input type="checkbox"/> Goes back into residue of the Trust. <input type="checkbox"/> or to: _____

GIFT DISTRIBUTION: *These gift are to be distributed BEFORE the residue estate is divided above, it can be a sum of money or a specific gift such as jewelry, or even a piece of real property.*

NO GIFTS TO GIVE AND LIST.

Person or Organization Receiving Gift	Phone Number	Dollar Amount or Property Address	If this beneficiary shall die before we die, then the share shall go to:
1.			<input type="checkbox"/> Go to their children <input type="checkbox"/> Go back into residue of the Trust <input type="checkbox"/> or to: _____
2.			<input type="checkbox"/> Go to their children <input type="checkbox"/> Go back into residue of the Trust <input type="checkbox"/> or to: _____
3.			<input type="checkbox"/> Go to their children <input type="checkbox"/> Go back into residue of the Trust <input type="checkbox"/> or to: _____
4.			<input type="checkbox"/> Go to their children <input type="checkbox"/> Go back into residue of the Trust <input type="checkbox"/> or to: _____

5.			<input type="checkbox"/> Go to their children <input type="checkbox"/> Go back into residue of the Trust <input type="checkbox"/> or to: _____
----	--	--	--

HUSBAND – Power of Attorney to make Financial Decisions

YOUR WIFE WILL AUTOMATICALLY BE DEFAULTED AS YOUR 1ST CHOICE. Choose up to 2 additional alternates ~ alternates are optional but recommended. Choices must be an adult.

How do you want the powers for Financials to begin:

IMMEDIATE POWER

“SPRING” EFFECT POWER:

(only when a doctor certifies that you are incapacitated).

1ST CHOICE	PHONE NUMBERS
WIFE’S NAME WILL BE ENTERED AUTOMATICALLY AS DEFAULT	CELL NO: HOME PHONE NO:

HUSBAND’S ALTERNATIVE CHOICES	PHONE NUMBERS
1.	CELL NO: HOME PHONE NO:
2.	CELL NO: HOME PHONE NO:

How will the choices above serve as your Agent?

- In the order listed above.
 All as co-Agent’s working together
 If co-Agents, can only one sign if all agree?
 YES NO

➤ Are the listed above the same for your Health Care Decisions for husband? YES NO

*(if yes, **YOU DO NOT** need to fill out the next page below)*

How do you want the powers for Health to begin:

IMMEDIATE POWER

"SPRING" EFFECT POWER:

(only when a doctor certifies that you are incapacitated).

HUSBAND – Powers for Health Care Decisions

YOUR WIFE WILL AUTOMATICALLY BE DEFAULTED AS YOUR 1ST CHOICE. Choose up to 2 additional alternates ~ alternates are optional but recommended. Choices must be an adult.

How do you want the powers for Health to begin:

IMMEDIATE POWER

"SPRING" EFFECT POWER:

(only when a doctor certifies that you are incapacitated).

1ST CHOICE	PHONE NUMBERS
WIFE'S NAME WILL BE ENTERED AUTOMATICALLY AS DEFAULT	CELL NO: HOME PHONE NO:

HUSBAND'S ALTERNATIVE CHOICES	PHONE NUMBERS
1.	CELL NO: HOME PHONE NO:
2.	CELL NO: HOME PHONE NO:

How will the choices above serve as your Agent?

In the order listed above.

All as co-Agent's working together

If co-Agents, can only 1 sign if all agree?

YES

NO

WOULD YOU WISH TO DONATE YOUR ORGAN(S) FOR ANATOMICAL RESEARCH OR CAUSE?

YES

NO

WIFE – Power of Attorney to make Financial Decisions

YOUR HUSBAND WILL AUTOMATICALLY BE DEFAULTED AS YOUR 1ST CHOICE. Choose up to 2 additional alternates ~ alternates are optional but recommended. Choices must be an adult.

How do you want the powers for Financials to begin:

IMMEDIATE POWER

“SPRING” EFFECT POWER:

(only when a doctor certifies that you are incapacitated).

1ST CHOICE	PHONE NUMBERS
HUSBAND’S NAME WILL BE ENTERED AUTOMATICALLY AS DEFAULT	CELL NO: HOME PHONE NO:

WIFE’S ALTERNATIVE CHOICES	PHONE NUMBERS
1.	CELL NO: HOME PHONE NO:
2.	CELL NO: HOME PHONE NO:

How will the choices above serve as your Agent?

In the order listed above.

All as co-Agent’s working together

If co-Agents, can only 1 sign if all agree?

YES

NO

➤ Are the listed above the same for your Health Care Decisions for wife?

YES

NO

*(if yes, **YOU DO NOT** need to fill out the next page below)*

How do you want the powers for Health to begin:

IMMEDIATE POWER

“SPRING” EFFECT POWER:

(only when a doctor certifies that you are incapacitated).

WIFE – Powers for Health Care Decisions

YOUR HUSBAND WILL AUTOMATICALLY BE DEFAULTED AS YOUR 1ST CHOICE. Choose up to 2 additional alternates ~ alternates are optional but recommended. Choices must be an adult.

How do you want the powers for Health to begin:

IMMEDIATE POWER

“SPRING” EFFECT POWER:

(only when a doctor certifies that you are incapacitated).

1ST CHOICE	PHONE NUMBERS
HUSBAND'S NAME WILL BE ENTERED AUTOMATICALLY AS DEFAULT	CELL NO: HOME PHONE NO:

WIFE'S ALTERNATIVE CHOICES	PHONE NUMBERS
1.	CELL NO: HOME PHONE NO:
2.	CELL NO: HOME PHONE NO:

How will the choices above serve as your Agent?

In the order listed above.

All as co-Agent's working together

If co-Agents, can only 1 sign if all agree?

YES

NO

WOULD YOU WISH TO DONATE YOUR ORGAN(S) FOR ANATOMICAL RESEARCH OR CAUSE?

YES

NO

MICELLANIOUS INFORMATION Optional ~

(WE CAN PROVIDE A BLANK FORM FOR YOU TO DECIDE LATER)

In the Event of my death, I wish for my body to be.....

HUSBAND: BURIED CREMATED OTHER_____

WIFE: BURIED CREMATED OTHER_____

ANY SPECIAL FACILITY OR ARRANGMENTS SPECIFICALLY REQUESTING: *(ie: my ashes should be scattered at sea).*

- ❖ **Source Documents will go over additional information with you on how to “FUND” your trust once prepared. This includes your Bank Accounts, Life Insurances and/or Pensions, IRA’s etc. We will provide you information in order to complete your Trust funding.**
- ❖ **Any information outside or beyond this questionnaire will be subject to an additional typing charge, such as a lengthy explanation or detailed and/or lengthy distribution list, or any special additions outside this questionnaire.**
- ❖ **After the initial preparation of the Trust, you are to review for accuracy of the personal information you provided us in the questionnaire. Within 30 days of preparation services, you may notify us should there need to be a change. Should changes need to be made after this 30 day period charges may apply. All changes must be in writing or email; however it must be before you have signed the Trust,. PLEASE REVIEW YOUR DOCUMENTS CAREFULLY. We are committed that after you have created your estate planning portfolio you are left with peace of mind.**

ACKNOWLEDGEMENTS

- I / WE understand and acknowledge the policies in the preparation procedures we are requesting.
- I / We provided the answers in the JOINT REVOCABLE LIVING TRUST questionnaire were provided by me my spouse and myself, we are responsible for the information that is given and used for the preparation of our Trust package.
- I / We understand that the Source Documents is not responsible or legally able to provide us legal advice or guidance for what is best for our family, we understand we would have to seek a legal representative in this field to assist us if we may need additional information or advice. Source Documents may not give tax advice or outcomes of our wishes.
- I / We did not receive any legal advice or guidance from Source Documents or any of its employees in the answers to the Trust questionnaire.
- We know that we have the opportunity to be able to make one OVER-ALL change to our Trust after the preparation as a courtesy without an additional charge within 30 days of preparation (*not when I pick it up*). We must submit the requested change in writing either in person, email or fax.
- I / We fully understand when picking up the completed prepared Trust and/or additional prepared documents, that our service is completed as ordered for preparation, even though it may lack notary services. Notary services are **NOT** included in pricing.
- I / We are clear we may use an independent Notary Public Service provided the Preparation Service.

Both must sign the acknowledgment in order for process to begin.

Husband: _____ Signature _____ Date _____

Wife: _____ Signature _____ Date _____