James E. McNamara

Leo F. McNamara *

* of counsel

INFORMATION REGARDING A LIVING TRUST APPOINTMENT AND PROCESS

This Memo is intended to be a brief check list of the necessary information. Also things for you to consider prior to our meeting and documents to gather for this process to go as smooth as possible. This memo is really only meant to provide you with a general game plan. DO NOT GET OVERWHELMED WITH THE INFORMATION IN THIS DOCUMENT, AS WE CAN WORK THROUGH MOST THINGS TOGETHER SHOULD YOU BE CONCERNED, OR CONFUSED ABOUT THE PROCESS. HOWEVER, I HAVE FOUND THAT DIFFERENT CLIENTS HAVE DIFFERENT NEEDS AND WANTS PRIOR TO AN OFFICE CONSULTATION. THEREFORE, THIS IS PREPARED FOR THOSE CLIENTS AND IS SOMETHING THAT WILL BE COMPLETED PRIOR TO PREPARING THESE ESTATE DOCUMENTS. IT CAN BE DONE ON YOUR OWN, OR IN OUR OFFICE MEETING. BUT PAY ATTENTION TO THE INFORMATION NEEDED FOR OUR MEETING TO GO SMOOTHLY.

1. GENERAL LIST OF DOCUMENTS TO BRING TO THE OFFICE FOR YOUR FIRST MEETING

- <u>Original property deeds</u> (if you own any real estate property, commercial property or time share), please bring the last recorded deed, if more than one bring all titled property deeds.
- Names, dates of birth, address and phone numbers of the executors of your trust, and the relationship to you. Executors are persons whom you are going to name to follow the terms of the trust when you pass away. Please bring if possible also bring social security numbers of the executors.
- Names and dates of birth of your airs (descendants), and the relationship to you
- Originals of any other assets that you wish to include in your trust such as: Bank accounts statements, Investments, Life insurance, Stocks, Titled properties.
- A Preliminary Change of Ownership Report is attached, with instructions. This is just for you to read it, and have a basic understanding of this form. You need to fill out <u>only</u> PART IV: PROPERTY INFORMATION of this form, and sign and date where it says SIGNATURE OF NEW OWNER/CORPORATE OFFICER, down below part IV where the black arrow is. The rest of the information will be filled out by the Attorney. DO NOT FILL THIS FORM OUT IF YOU DO NOT OWN OR WANT ANY PROPERTY TO BE INCLUDED IN YOUR TRUST.
- If you have any questions, please contact the office.

www.mcnamaralawgroup.com

YOUR LIVING TRUST

The purpose of this Overview is to provide you with some of the information you should consider in establishing your Living Trust. Please use this as a Guideline to help you make certain key decisions. As always, we are available to discuss these with you in more detail.

Almost always, you get from this office the following as part of your estate plan:

- (1) The living Trust
- (2) The Pour over Will***
- (3) A Durable Power of Attorney ***
- (4) A Durable Power of Health Care ***
- (5) A Grant Deed
- (6) If you have minor Children a nomination of Legal Guardianship for your children

***If you are a married then regarding the above documents, both the husband and the wife would have prepared separate documents of items 2 though 4 above.

INTRODUCTION

For many people, deciding to create a Living Trust is the easy part. To create a Trust that is tailored to the individual circumstances, and particular needs of each client requires the client to make several important decisions:

- Whom to name as the subsequent trustee(s) (after you and or your spouse pass) for your Trust;
- Whom to name as the subsequent executor of your estate;
- Whom to name as guardian or guardians, if you have minor or handicapped children;
- To whom you want to leave your assets, in what proportion, and when you want your assets distributed;
- Which desirable provisions are to be included with your Living Trust.

I. THE NAME OF YOUR TRUST

Verify Name of Trust

YOUR LIVING TRUST WILL COMMONLY BE REFERRED TO, OR TITLED AS "THE JONES LIVING TRUST 2010" OR "THE 2010 LIVING TRUST OF JONATHAN JONES" (EXAMPLES ONLY)

The title which you would	ld like for your Living Trust:
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Please note the title of your trust will be placed on a grant deed of any property that you own, and also on your checking account, along with any other titled property which is transferred into the living trust.

II. SELECTION OF TRUSTEES FOR LIVING TRUST

The trustee(s), co-trustees, and successor trustee(s) are responsible for administering the Living Trust.
Whether you are married or single, the decisions you need to make are almost identical, although your
selections will be based on different criteria.

A. <u>Original Trustees</u>

Generally, the original Trustees are those for whom the Trust is created. For a married couple, usually husband and wife both act as the initial trustees. After that we will name the subsequent trustees.

Also, if you are single or divorced then you will be named as the initial trustee of your trust.

B. Successor Trustee

A successor trustee also must be named to succeed you as the manager of the Trust assets upon your death or incompetence (if you are single) or upon the death or incompetence of both spouses (if you are married). This individual or several individuals will step into your shoes upon your death or incompetence without requiring any court proceedings or legal action. The successor trustee will immediately have the same powers that you as trustee had to buy, sell, borrow against, and transfer the Trust assets. An even more important function for the successor trustee is to use or distribute the assets as you have instructed in your Living Trust.

General Suggestion about this person whom you name, it should be someone fairly organized, able to gather items, and organize things well. Also if possible someone with a financial background, if possible.

	·	Trustee for your Living Trust
		Indicate YES or NO
	Address	
	City, State, Zip	
	Phone Number (h)	
	Phone Number (w)	
	Date of Birth	
	SSA#	
Nevt Tr		Frustee for your Living Trust
Next Tr	ustee, or First Successor	Trustee for your Living Trust
Next Tr	ustee, or First Successor T	· •
Next Tr	ustee, or First Successor T Name U.S. Citizen?	Indicate YES or NO
Next Tr	Name U.S. Citizen? Address	Indicate YES or NO
Next Tr	NameU.S. Citizen?AddressCity, State, Zip	Indicate YES or NO
Next Tr	Name U.S. Citizen? Address City, State, Zip Phone Number (h)	Indicate YES or NO
Next Tr	Name U.S. Citizen? Address City, State, Zip Phone Number (h)	Indicate YES or NO
Next Tr	Name U.S. Citizen? Address City, State, Zip Phone Number (h) Phone Number (w)	Indicate YES or NO

PLEASE NOTE THAT THE ABOVE INFORMATION (MEANING NAMING SUBSEQUENT POWER HOLDERS) IS ALSO NEEDED FOR OTHER ESTATE DOCUMENTS SUCH AS THE POUR OVER WILL, OR LIVING WILL; THE DURABLE POWER OF ATTORNEY (DPA) (LEGAL MATTERS); AND THE DURABLE POWER OF ATTORNEY (DPHC) (HEALTH CARE). NORMALLY, MOST PEOPLE IN PREPARATION FOR THE LIVING TRUST WILL NAME THE SAME PERSON(S) FOR THESE DOCUMENTS, AS THEY DID FOR THE TRUST.

HOWEVER, SOMETIMES THE ORIGINAL TRUSTEES (I.E. YOU) PICK A DIFFERENT PERSON FOR THE HEALTH CARE POWER. THIS WILL INVOLVE DECISIONS FOR MEDICAL CARE, A HUSBAND MAY PICK A SISTER, AND THE WIFE HER BROTHER OR SOMEONE WHO HAS SOME MEDICAL BACKGROUND. IN EITHER EVENT JUST MAKE SURE YOU BRING THE RELEVANT INFORMATION FOR EACH SELECTION WITH YOU FOR THE APPOINTMENT.

III. <u>SELECTION OF EXECUTOR</u>

Designations of Executor for Pour-over Will (tip: usually this is the same person and order as named in the living trust)

After selecting your various trustees, you must select an executor to handle any of your assets that have been inadvertently left outside your Living Trust. If you have all of your assets inside your Living Trust, there will be nothing for the executor to do.

For a Married Couple

Upon the death of a spouse, the surviving spouse is typically named as the executor, unless the surviving spouse is not physically or mentally able to withstand the eventual appearances in court. If so, it may be more appropriate to name one of the adult children, a close family member, or a close friend as executor. Upon the death of both husband and wife, the successor trustee is normally the person who is named to be the executor.

For a Single Person

If you are a single person, you need to be concerned only about whom to name as the executor to handle your estate upon your demise. Typically, the successor trustee is named as the executor.

These designations need to be done for each Trustee of the Living Trust. This means that if you are married, you <u>each</u> need to designate, separately, your Attorneys in Fact for both Durable Powers of Attorney

FAX (818) 465-0223

IV. DESIGNATIONS FOR EXECUTOR

For a married couple almost always the husband in a marriage names his wife, and vice versa. We commonly refer to this as the surviving spouse. This area now seeks subsequent trustees, after the serving spouse. Sometimes the married couple names either (a) the same persons for the living trust, and or different person for the wife than the husband.

HUSBAND OR SINGLE PERSON			
Married Yes No_			
Do you want to name the surviving s	spouse?	Yes	No
Successor Executor Same as the Living Tr		Yes	
Name			
Address			
City, State, Zip			
Phone Number (h)			
Phone Number (w) Date of Birth			
SSA#			
Next Successor Executor Same as the Living Name	-		No
Address			
City, State, Zip			
Phone Number (h)			
Phone Number (w)			
Date of Birth			
SSA#			
FOR THE WIFE			
Do you want to name the surviving s	spouse?	Yes	No
Successor Executor Same as the Living Transcription Name		Yes	
Address			
City, State, Zip_			
Phone Number (h)			
Phone Number (w)			
Date of Birth			
SSA#			

Next	Successor Executor Same as the Living Trust Yes No	
11021	Name	
	Address	
	City, State, Zip	
	Phone Number (h)	
	Phone Number (w)	
	Date of Birth	
	SSA#	
V.	SELECTION OF ATTORNEYS IN FACT FOR DURABLE POWERS OF ATTORNEY	<u>₹</u>
	Attorneys in Fact for the Durable Power of Attorney (commonly referred to as "DPA") which lives handling finical and legal Matters.	1
docu	The Durable Power of Attorney for Health Care (commonly referred to as "DPHC") this ment names the person(s) who will be responsible for making decisions on your behalf should me incapacitated, in a comma, or suffering and in need of medical attention.	
	se designations need to be done for each Trustee of the Living Trust. This means that if you are ied, you <u>each</u> need to designate, separately, your Attorneys in Fact for both Durable Powers or rney	
marr	ied, you each need to designate, separately, your Attorneys in Fact for both Durable Powers o	f <u>e</u>
marr Atto	ied, you <u>each</u> need to designate, separately, your Attorneys in Fact for both Durable Powers orney DPA or next in line for the Attorney in Fact Designations, again this person will be named as the power holder for finical decisions, banking powers, and related issues, no	f <u>e</u>
marr Atto	DPA or next in line for the Attorney in Fact Designations, again this person will be named as the power holder for finical decisions, banking powers, and related issues, no health care decisions	<u>e</u> <u>t</u>
marr Atto	DPA or next in line for the Attorney in Fact Designations, again this person will be named as the power holder for finical decisions, banking powers, and related issues, no health care decisions I. HUSBAND OR SINGLE If Married then the first successor power holder will be your spouse, unless discussed and advised differently. a. For DPA - Legal Matters:	<u>e</u> <u>t</u>
marr Atto	DPA or next in line for the Attorney in Fact Designations, again this person will be named as the power holder for finical decisions, banking powers, and related issues, no health care decisions I. HUSBAND OR SINGLE If Married then the first successor power holder will be your spouse, unless discussed and advised differently. a. For DPA - Legal Matters: Name #1, person after your spouse if married, for the Successor Attorney In Fact:	<u>e</u> <u>t</u>
marr Atto	DPA or next in line for the Attorney in Fact Designations, again this person will be named as the power holder for finical decisions, banking powers, and related issues, no health care decisions I. HUSBAND OR SINGLE If Married then the first successor power holder will be your spouse, unless discussed and advised differently. a. For DPA - Legal Matters: Name #1, person after your spouse if married, for the Successor Attorney In Fact: Name	<u>e</u> <u>t</u>
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marr Atto	DPA or next in line for the Attorney in Fact Designations, again this person will be named as the power holder for finical decisions, banking powers, and related issues, no health care decisions I. HUSBAND OR SINGLE If Married then the first successor power holder will be your spouse, unless discussed and advised differently. a. For DPA - Legal Matters: Name #1, person after your spouse if married, for the Successor Attorney In Fact: NameAddress City, State, Zip	<u>e</u> <u>t</u>
marr Atto	DPA or next in line for the Attorney in Fact Designations, again this person will be named as the power holder for finical decisions, banking powers, and related issues, no health care decisions I. HUSBAND OR SINGLE If Married then the first successor power holder will be your spouse, unless discussed and advised differently. a. For DPA - Legal Matters: Name #1, person after your spouse if married, for the Successor Attorney In Fact: Name	<u>e</u> <u>t</u>
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marr Atto	DPA or next in line for the Attorney in Fact Designations, again this person will be named as the power holder for finical decisions, banking powers, and related issues, no health care decisions I. HUSBAND OR SINGLE If Married then the first successor power holder will be your spouse, unless discussed and advised differently. a. For DPA - Legal Matters: Name #1, person after your spouse if married, for the Successor Attorney In Fact: Name	<u>e</u> <u>t</u>

1 (uii	ne #2 for the Second in succession for the next Attorney In Fact: Name
	. 11
	AddressCity, State, Zip
	Phone Number (h)
	Phone Number (w)
	Date of Birth
	SSA#
II.	WIFE, if married
If M	arried then the first successor power holder will be your spouse, unless discuss
advi	sed differently.
For	DPA - Legal Matters:
	ne #1, for the Successor Attorney In Fact:
	Name
	Address
	City, State, Zip
	Phone Number (h)
	Phone Number (w)
	Date of Birth
	SSA#
For	DPA - Legal Matters:
Nam	ne #2 for the Second in succession for the next Attorney In Fact:
	Name
	Address
	City, State, Zip
	Phone Number (h)
	Phone Number (w)
	Data of Divide
	Date of Birth

b. **DPHC or next in line for the Attorney in Fact Designations**. This person named shall be the person(s) in charge of making decisions related to medical and health care and perhaps even burial decisions. Also this person should be advised of your personal preference regarding your decision about life and life sustaining decisions.

HUSBAND OR SINGLE

If Married then the first successor power holder will be your spouse, unless discussed and advised differently.

	OPHC - Health Care Matters:
Nam	e #1, for the Successor power holder for DPHC:
	Name
	_Address
	_City, State, Zip
	Phone Number (h)
	_Phone Number (w)
	Date of Birth
	SSA#
For :	OPHC - Legal Matters:
	e #2, for the Successor Power Holder for DPHC:
	Name
	_Address
	City, State, Zip
	Phone Number (h)
	Phone Number (w)
	Date of Birth
	SSA#
	OPHC - Health Care Matters:
For 1	DPHC - Health Care Matters: e #1, for the Successor power holder for DPHC:
For 1	PPHC - Health Care Matters: e #1, for the Successor power holder for DPHC: Name
For 1	DPHC - Health Care Matters: e #1, for the Successor power holder for DPHC: NameAddress
For 1	DPHC - Health Care Matters: #1, for the Successor power holder for DPHC: NameAddressCity, State, Zip
For 1	DPHC - Health Care Matters: e #1, for the Successor power holder for DPHC: NameAddress
For 1	PHC - Health Care Matters: #1, for the Successor power holder for DPHC: NameAddressCity, State, ZipPhone Number (h)
For 1	PHC - Health Care Matters: #1, for the Successor power holder for DPHC: NameAddress _City, State, ZipPhone Number (h) _Phone Number (w)
For I	PHC - Health Care Matters: e #1, for the Successor power holder for DPHC: Name AddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA#
For I	PHC - Health Care Matters: e #1, for the Successor power holder for DPHC: Name AddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA# PHC - Legal Matters:
For I	PHC - Health Care Matters: #1, for the Successor power holder for DPHC: NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of BirthSSA# PHC - Legal Matters: #2, for the Successor Power Holder for DPHC:
For I	PHC - Health Care Matters: #1, for the Successor power holder for DPHC: NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA# PHC - Legal Matters: #2, for the Successor Power Holder for DPHC: NameAtterner
For I	PHC - Health Care Matters: e #1, for the Successor power holder for DPHC: NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth
For I	DPHC - Health Care Matters: #1, for the Successor power holder for DPHC: NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA# DPHC - Legal Matters: #2, for the Successor Power Holder for DPHC: NameAddressCity, State, Zip
For I	DPHC - Health Care Matters: ##1, for the Successor power holder for DPHC: Name
For I	DPHC - Health Care Matters: #1, for the Successor power holder for DPHC: NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA# DPHC - Legal Matters: #2, for the Successor Power Holder for DPHC: NameAddressCity, State, Zip

If Married then the first successor power holder will be your spouse, unless discussed and advised differently.

For DPHC - Health	Care Mati	ters:				
Name #1, for the Su	ccessor pow	er holder f	or DPHC:			
Name						
Address						_
City, State, Z	Zip					_
Phone Numb						_
Phone Numb						_
Date of Birth						•
SSA#						
E DDIIC I I	NAT 44					
For DPHC - Legal		TT -1.1	C DDIIC.			
Name #2, for the Su						
Address						-
City, State, Z						-
Phone Numb						-
Phone Numb						-
Date of Birth	ı <u> </u>					
SSA#						=
VI. APPOINTMENT OF If you have minor children name a guardian (or guardia important - and one of the n	or mentally	or physica hildren. Se	election of a	guardian is		•
Please fill in the following i	nformation.	If no Gua	rdian is neco	essary, enter	N/A in the Name f	ield.
A. DESIGNATIONS FOR	R GUARDI	AN				
Name of Child 1						
Current Residence					-	
Current Residence					=	
DOB (Child 1)					_	
DOB (Clina 1)	-				-	
Name of Child 2						
Current Residence	-				-	
Current Residence					-	
DOB (Child 2)					- -	
Name of Child 3						
Current Residence	-				-	
Carrent Acqueite					_	
DOB (Child 3)					-	

Please fill in the following information or indicate N/A in the Name field.
Guardian
Name
Address
City, State, Zip
Phone Number (h)
Phone Number (w)
Date of Birth
SSA#
Successor or Alternate Guardian
Name
Address
City, State, Zip
Phone Number (h)
Phone Number (w)
Date of Birth
SSA#
As mentioned above bring with you to the initial meeting all relevant information relating to you finical affairs. I always suggest at least one complete set of each account, stock account, insurance policy etc. to our meeting. This will eventually be added to your estate documents so that you subsequent trustees will know which accounts you have and be able to address hem each. The second reason is for use to discuss and make sure you have the appropriately named beneficiaries. The third reason is to make some preliminary determination of possible tax consequences. Again pring with you any documents which relate to any and all finical accounts, holdings, etc. Also including title property, which can be works of art, properties, etc. A very brief idea of your finical assets, as this may effect the type of trust necessary to prepare an set up.
Finally, you should have some ideas about how you want to distribute your estate and to whom.
This section is room for you to write done your thoughts and notes in this regard and or question which you want to remind yourself to ask at the initial meeting:

		OURING THE ATTORNEY CLIENT CONSULTATION CATE PLANNING DOCUMENTS
spelling of the need persor	ns therein is impor	essary in preparation of these documents. Therefore, the rtant and incorrect spellings will cause further delays and time to write neatly and spell these names and addresses
to the attorney. Having	read and discuss	on and the client agrees to provide accurate information sed these aspects with the attorney, the client hereby as provided to the attorney.
I (We) have read, understo no coercion or duress.	od and answered t	he foregoing questions to the best of my ability and under
Dated:	By:	
		Name1
		Tunie i
Dated:	By:	