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## 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

- Original property deeds (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 **only** 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.

#### 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)

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The title which you would like for your Living Trust:

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. Original Trustees

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.

U.S. 0	Citizen? I	ndicate <b>YES</b> or <b>NO</b>
City,	State, Zip	
Phone	e Number (h)	
Phone	e Number (w)	
Date	of Birth	
SSA =	#	
Next Trustee, or Fi	rst Successor Tru	ıstee for your Livin
·		*
Name	2	•
Name U.S. O	e Citizen? I	ndicate <b>YES</b> or <b>NO</b>
Name U.S. 0 Addro	e	ndicate <b>YES</b> or <b>NO</b>
Name U.S. ( Addro City,	e	ndicate YES or NO
Name	e	ndicate <b>YES</b> or <b>NO</b>
Name	e	ndicate <b>YES</b> or <b>NO</b>

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

### 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 spouse?	Yes	No	
Successor Executor Same as the Living Trust		_ No	
Name			
Address			
City, State, Zip			
Phone Number (h)			
Phone Number (w)			
SSA#			
Next Successor Executor Same as the Living Trust 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 spouse?	Yes	No	
Successor Executor Same as the Living Trust Name		No	
Address			
City, State, Zip			
Phone Number (h)			
Phone Number (w)			
Date of Birth			
SSA#			

Next	Succes	sor Executor Same as the Living Trust Yes No
1 (0/10	Buccos	Name
		Address
		City, State, Zip
		Phone Number (h)
		Phone Number (w)
		Date of Birth
		SSA#
V.		ECTION OF ATTORNEYS IN FACT FOR DURABLE POWERS OF ORNEY
		ys in Fact for the <b>Durable Power of Attorney</b> (commonly referred to as "DPA") which adling finical and legal Matters.
docu	ment na	urable Power of Attorney for Health Care (commonly referred to as "DPHC") this ames the person(s) who will be responsible for making decisions on your behalf should apacitated, in a comma, or suffering and in need of medical attention.
	ied, you rney	nations need to be done for each Trustee of the Living Trust. This means that if you are a each need to designate, separately, your Attorneys in Fact for both Durable Powers of
Α.	nam	or next in line for the Attorney in Fact Designations, again this person will be ed as the power holder for finical decisions, banking powers, and related issues, not the 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:
	Nam	e #1, person after your spouse if married, for the Successor Attorney In Fact:
		Name
		Address
		City, State, Zip
		Phone Number (h)
		Phone Number (w)
		Date of Birth
		SSA#

	ne #2 for the Second in succession for the next Attorney In Fact:  Name
	Address
	City, 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)
	Date of Birth
	SSA#

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.

For DPHC - Health Care	
Name #1, for the Successor	-
Name	
City, State, Zip	
Phone Number (h)_	
Phone Number (w)_	
Date of Birth	
SSA#	
For DPHC - Legal Matter	rs:
Name #2, for the Successor	
Name	
City, State, Zip	
Phone Number (h)	
Date of Birth	
SSA#	
	Matters:
For DPHC - Health Care	
Name #1, for the Successor	power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor Name	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddress	power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, Zip	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h)	power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h)	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h) Phone Number (w)	power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA#	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA#  For DPHC - Legal Matter	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA#  For DPHC - Legal Matter Name #2, for the Successor	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA#  For DPHC - Legal Matter Name #2, for the Successor Name	r power holder for DPHC:  rs: r Power Holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, Zip Phone Number (h)Phone Number (w)Date of Birth SSA#  For DPHC - Legal Matter Name #2, for the Successor NameAddress	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h)Phone Number (w)Date of Birth SSA#  For DPHC - Legal Matter Name #2, for the Successor NameAddressCity, State, Zip	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h) Phone Number (w) Date of Birth SSA#  For DPHC - Legal Matter Name #2, for the Successor Name AddressCity, State, Zip Phone Number (h)	r power holder for DPHC:
For DPHC - Health Care Name #1, for the Successor NameAddressCity, State, ZipPhone Number (h) Phone Number (w) Date of Birth SSA#  For DPHC - Legal Matter Name #2, for the Successor Name AddressCity, State, Zip Phone Number (h)	r power holder for DPHC:

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

For DPHC - Health (		
	essor power holder for DPHC:	
Name		
Address		
City, State, Zip	)	
Phone Number	r (h)	
Phone Number	r (w)	
Date of Birth		
SSA#		
For DPHC - Legal M	latters:	
_	essor Power Holder for DPHC:	
· ·		
	)	
	r (h)	
	r (w)	
Date of Birth		
SSA#		—
33A#		
name a guardian (or guardians	EUARDIANS  The mentally or physically handicapped children, it is essential that yes for the children. Selection of a guardian is probably one of the most difficult - decisions you can make.	
important - and one of the mo	ist difficult - decisions you can make.	
Please fill in the following inf	formation. If no Guardian is necessary, enter <b>N/A</b> in the <b>Name</b> fie	eld.
A. DESIGNATIONS FOR	GUARDIAN	
Name of Child 1		
Current Residence	<del></del>	
Current Residence	<del></del>	
DOB (Child 1)	<del></del>	
DOB (Ciliu 1)	<del></del>	
Name of Child 2		
<b>Current Residence</b>		
DOD (Child 2)		
DOB (Child 2)		
Name of Child 2		
Name of Child 3	<del></del>	
<b>Current Residence</b>	<del></del>	
DOD (Challa)		
DOB (Child 3)	<del></del>	

Please fill in the following information	or indicate <b>N/A</b> in the <b>Name</b> field.
Guardian	
Name	
Address	
City, State, Zip	
Date of Birth	
SSA#	
Successor or Alternate Guardian	
Name	
Address	
Date of Birth	
SSA#	
	the initial meeting all relevant information relating to your
policy etc. to our meeting. This will subsequent trustees will know which second reason is for use to discuss and The third reason is to make some preli	one complete set of each account, stock account, insurance eventually be added to your estate documents so that your accounts you have and be able to address hem each. The make sure you have the appropriately named beneficiaries. minary determination of possible tax consequences. Again, late to any and all finical accounts, holdings, etc. Also include of art, properties, etc.
A very brief idea of your finical assets, set up.	as this may effect the type of trust necessary to prepare and
Finally, you should have some ideas at	bout how you want to distribute your estate and to whom.
This section is room for you to write d which you want to remind yourself to a	lone your thoughts and notes in this regard and or questions ask at the initial meeting:

		OURING THE ATTORNEY CLIENT CONSULTATION TATE PLANNING DOCUMENTS
spelling of the need persons	therein is impor	ssary in preparation of these documents. Therefore, the tant and incorrect spellings will cause further delays and me to write neatly and spell these names and addresses
	ead and discuss	on and the client agrees to provide accurate information sed these aspects with the attorney, the client hereby is provided to the attorney.
I (We) have read, understood no coercion or duress.	l and answered t	he foregoing questions to the best of my ability and under
Dated:	By:	
		Name1
Dated:	By:	
	,	Name2