



## Worksheet for Estate Planning Documents

It may be easier for you to complete our online questionnaire if you fill out and print this worksheet prior to inputting your answers online. This worksheet is intended to be an organizational tool to help you gather your thoughts and information prior to beginning the online questionnaire.

Filling out this worksheet is purely for your own information and organization—to order any documents from California Trusts Online you **must** complete the online questionnaire, found at [www.californiitrustsonline.com/questionnaire](http://www.californiitrustsonline.com/questionnaire).

If you are purchasing a couple's package (only available for married or registered domestic partnership couples), we suggest that each spouse/partner complete separate worksheets except for the Trust section as there will be one Trust document for both spouses/partners.

Complete Section 1 and all sections for the documents you will be purchasing.

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### Section 1: Basic Information for All Customers

Are you a resident of California? Y/N (Note that you **must** be a California resident to complete your estate planning documents at California Trusts Online at this time. A California resident lives in California at least 50% of the time.)

Are you over 18 years old? Y/N

Acknowledgment that you are **not** creating an attorney-client relationship.

Acknowledgement that all the information you provide is true and correct.

Your full legal name: \_\_\_\_\_

Other names: \_\_\_\_\_

Your preferred name: \_\_\_\_\_

Name you use to sign legal documents: \_\_\_\_\_

Your preferred initials: \_\_\_\_\_

Your birthdate: \_\_\_\_\_

Your address: \_\_\_\_\_

Your email address (so we can send your documents to you): \_\_\_\_\_

Your phone number (in case we need to call you): \_\_\_\_\_

Your citizenship: \_\_\_\_\_

Your marital status: \_\_\_\_\_

If you have obligations to prior spouse (this plan should not conflict with prior obligation): Y/N

Your children's full names & birthdates (even if you are disinheriting a child or if a child is deceased):

Child's name	Child's birthdate

## Section 2: Trust and Pourover Will

**Please note, if you are a married couple or registered domestic partnership and creating the Trust together, answer this Trust section together—there is only one Trust document for both spouses/partners.**

### Trust Questions

Do you already have a Trust? Y/N

If so, is it revocable? Y/N (Note that your Trust must be revocable for you to change it at California Trusts Online.)

Name of existing Trust and date you signed it: \_\_\_\_\_  
 \_\_\_\_\_

Full name(s) of people you want to be your Trustees (up to 6). Note that most people choose themselves to be the first choice Trustee and if you do that, it is recommended to have a backup. You may choose to have your Trustees serve alone or with a Co-Trustee.

	Trustee name	Co-Trustee name (optional)
1 <sup>st</sup> choice (required):		
2 <sup>nd</sup> choice (recommended):		
3 <sup>rd</sup> choice (optional):		
4 <sup>th</sup> choice (optional):		
5 <sup>th</sup> choice (optional):		
6 <sup>th</sup> choice (optional):		

Do you want your Trustees to be paid for the work of being a Trustee? Y/N

Your Beneficiaries' full names (choose up to 10) (for all gifts):


Specific gifts (ie: right to reside in your residence after your death or family heirloom) (up to 3):

Item	Name of Beneficiary receiving this item

Remainder gifts percentages (must equal 100%):

Percentage of remainder	Name of Beneficiary receiving this percentage

If your original Beneficiaries do not receive the gift (die before you), who gets that share?  
Please choose an alternate distribution plan from one of these three options:

- A. Give the gift to the Beneficiary's children or grandchildren.
- B. Distribute equally among remaining Beneficiaries.
- C. Choose an alternate Beneficiary to receive the gift. List below.

Original Beneficiary name	Alternate (back-up) Beneficiary name

At what age do you want young Beneficiaries to receive their share? \_\_\_\_\_

Name of anyone you want to disinherit (up to 5): \_\_\_\_\_

Name of any special needs Beneficiary \_\_\_\_\_

Assets to go into your Trust:

Find or make an electronic copy of any Grant Deed or Quitclaim Deed to property you want transferred into your Trust.

Bank Accounts		
Bank name	Type of account (ie: saving, checking, CD)	Last 4 digits of account number

Promissory Notes		
Debtor name	Date note signed	Initial balance of note

Description of any collections (ie: cars, antiques, stamps): \_\_\_\_\_

\_\_\_\_\_

Business Interests	
Name of business	Description of your interest

Name of person to care for pets (optional): \_\_\_\_\_

Name of alternate person to care for pets (optional): \_\_\_\_\_

## Pourover Will Questions

**If you are completing this with a spouse or partner, you will each have your own Pourover Will.**

Full name(s) of people you want to be your Executor(s) (up to 6):

	Executor name	Co-Executor name (optional)
1 <sup>st</sup> choice (required):		
2 <sup>nd</sup> choice (recommended):		
3 <sup>rd</sup> choice (optional):		
4 <sup>th</sup> choice (optional):		
5 <sup>th</sup> choice (optional):		
6 <sup>th</sup> choice (optional):		

Do you want your Executor to have to post a bond after your death? Y/N

If you have a child who is less than 18 years old, list the full name of whom you choose to be the guardian: \_\_\_\_\_

Alternate guardian's full name if your first choice is not available: \_\_\_\_\_

\_\_\_\_\_

Note if you will have a child soon, you may preemptively nominate a guardian.

### Section 3: Regular Will

**(If you are purchasing a Will without a Trust)**

Full name(s) of people you want to be your Executor(s) (up to 6):

	Executor name	Co-Executor name (optional)
1 <sup>st</sup> choice (required):		
2 <sup>nd</sup> choice (recommended):		
3 <sup>rd</sup> choice (optional):		
4 <sup>th</sup> choice (optional):		
5 <sup>th</sup> choice (optional):		
6 <sup>th</sup> choice (optional):		

Do you want your Executor to have to post a bond after your death? Y/N

If you have a child who is less than 18 years old, list the full name and address of whom you choose to be the guardian: \_\_\_\_\_

\_\_\_\_\_

Alternate guardian's full name and address if your first choice is not available: \_\_\_\_\_

\_\_\_\_\_

Note if you will have a child soon, you may preemptively nominate a guardian.

Your Beneficiaries' full names (choose up to 10) (for all gifts):


Specific gifts (ie: family heirloom, pets, book collection, dollar amount of money) (up to 3):

Item	Name of Beneficiary receiving this item

Remainder gifts percentages after specific gifts have been given (must equal 100%):

Percentage of remainder	Name of Beneficiary receiving this percentage



## Section 4: Financial Power of Attorney

You need to name at least one Agent in your Financial Power of Attorney. You can name your Agent(s) to act alone or with someone else as Co-Agents. **If you want to name up to 6 Agents to act together, use this table:**

Full name(s) of people you want to be your financial Agent(s):

	Financial Agent's name
1 <sup>st</sup> choice (required):	
2 <sup>nd</sup> choice (recommended):	
3 <sup>rd</sup> choice (optional):	
4 <sup>th</sup> choice (optional):	
5 <sup>th</sup> choice (optional):	
6 <sup>th</sup> choice (optional):	

**If you want to name Agents and Co-Agents to act one at a time, use this table:**

Full name(s) of people you want to be your financial Agent(s):

	Financial Agent name	Co-Agent name (optional)
1 <sup>st</sup> choice (required):		
2 <sup>nd</sup> choice (recommended):		
3 <sup>rd</sup> choice (optional):		
4 <sup>th</sup> choice (optional):		
5 <sup>th</sup> choice (optional):		
6 <sup>th</sup> choice (optional):		

Whether you want your Financial Power of Attorney to be effective immediately or on your disability (when you lack capacity to manage your affairs)

You will be giving your Agent the following powers:

- Generally to make any decisions and take any lawful actions for you that you could do for yourself.
- To demand, receive and obtain money or other thing of value.
- To pay any sums of money that you owe.
- To pay for your personal care to maintain your customary standard of living.
- To enter into, rescind and modify a contract and to perform under a contract for you.
- To purchase, sell, mortgage, refinance and lease real property for you.
- To prosecute, defend and compromise a claim for you either through litigation, arbitration, mediation or any other dispute resolution methods.
- To retain, compensate and discharge an attorney, accountant or other assistant for you.
- To assert any privilege that you hold, such as the attorney-client privilege and the doctor-patient privilege.
- To keep appropriate records of every transaction that your Agent performs.
- To prepare, sign and file any document to protect your interests under a law or government regulation.
- To reimburse your Agent for expenses incurred in exercising any power granted by your Power of Attorney.

- To open, maintain or close bank and investment accounts with financial institutions and to conduct any business with any banking or financial institution, including accessing those accounts online and obtaining bank statements.
- To apply for public benefits, governmental programs, insurance benefits, and retirement benefits to which you may be entitled, to take possession of all such benefits, and to distribute these benefits for your benefit. These public benefits include veteran's benefits, Social Security, Social Security Disability Insurance, Medicare, Medi-Cal or Medicaid, In-Home Supportive Services, and Supplemental Security Income.
- To insure, move and store your tangible personal property.
- To pre-pay normal and customary funeral, burial and cremation expenses for you.
- To make gifts on your behalf.

In addition, you may choose to give your Agent the following powers:

- To access, maintain and remove the contents of your safe deposit box.
- To use and close your credit cards.
- To access, use, transfer and delete your digital accounts and digital assets.
- To prepare and file federal and state tax returns.
- To act for you as a general partner, limited partner, or both.
- To create, amend, revoke, restate or terminate a Trust but not for your Agent's benefit.
- To disclaim a payment from an estate or Trust.
- To change beneficiaries of any insurance policy, annuity, retirement plan, estate or Trust but not for your Agent's benefit.

Additional instructions you want to give your Agent, including extending or limiting all the powers listed above: \_\_\_\_\_

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## Section 5: Advance Health Care Directive

You can name one or more Agents in your Advance Health Care Directive. You can name your Agent(s) to act alone or with someone else as Co-Agents. **If you want to name up to 6 Agents to act together, use this table:**

Full name(s) of people you want to be your health care Agent(s):

	Health Care Agent's name
1 <sup>st</sup> choice (required):	
2 <sup>nd</sup> choice (recommended):	
3 <sup>rd</sup> choice (optional):	
4 <sup>th</sup> choice (optional):	
5 <sup>th</sup> choice (optional):	
6 <sup>th</sup> choice (optional):	

**If you want to name Agents and Co-Agents to act one at a time, use this table:**

Full name(s) of people you want to be your health care Agent(s):

	Health Care Agent name	Co-Agent name (optional)
1 <sup>st</sup> choice (required):		
2 <sup>nd</sup> choice (recommended):		
3 <sup>rd</sup> choice (optional):		
4 <sup>th</sup> choice (optional):		
5 <sup>th</sup> choice (optional):		
6 <sup>th</sup> choice (optional):		

Full name and location of your primary physician (optional): \_\_\_\_\_

\_\_\_\_\_

Do you prefer burial, cremation, or something else? If something else, describe: \_\_\_\_\_

\_\_\_\_\_

Do you have strongly held beliefs against having an autopsy? Y/N

Do you want to donate your eyes, tissues, organs? Y/N

Which of these options best describes your end-of-life wishes (choose one):

- I wish to have my life prolonged to the greatest extent possible.
- I wish to have my life prolonged within generally accepted limits.
- I wish to have life support removed or rejected if my condition is incurable.
- I wish to have life support removed if my quality of life will not return to a meaningful level.
- I wish to have life support removed if the burdens outweigh the benefits.
- I do not wish to have my life prolonged if I have an incurable condition, I do not regain consciousness, or if the burdens outweigh the benefits.
- I wish to have no life support at all.
- My Agent has total flexibility to decide my health care.

- I want health care consistent with the teachings of the Catholic Church.
  - I want health care consistent with the teachings of Christian Science.
  - I want health care consistent with Jehovah's Witnesses beliefs.
  - I want health care consistent with orthodox Jewish law and custom.
  - I wish to write my own religious values: \_\_\_\_\_
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If you wish to include your personal values, you can choose any of these or write your own (choose as many as you wish):

- I wish to have a natural death, without being prolonged by machines.
- I prefer an emphasis on prolonging my life without concern for cost.
- I wish to have my religious beliefs honored.
- I wish to be free of unnecessary pain even if pain medication will shorten my life.
- I don't want to be a burden to my family.
- I don't want my life prolonged when life has no more meaning for me.
- My own values:

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Full name of anyone you do **not** want to visit you at hospital \_\_\_\_\_