

LAW OFFICES  
OF  
**DAVID J. BENOUN**

U.S. BANK BUILDING  
39510 PASEO PADRE PARKWAY  
SUITE 190  
FREMONT, CALIFORNIA 94538

TELEPHONE (510)795-4122  
FACSIMILE (510)796-1624

www.benounlaw.com  
e-mail:david@benounlaw.com

**ESTATE PLANNING PREPARATION FORM**

1. Husband: \_\_\_\_\_ US Citizen  Yes  No

2. Wife: \_\_\_\_\_ US Citizen  Yes  No

3. Previous husband/wife: \_\_\_\_\_  
Marriage terminated on \_\_\_\_\_ by:  death  divorce

4. County of residence: \_\_\_\_\_

5. Names of Children Dates of Birth (if under 18)

_____	_____
_____	_____
_____	_____

6. Guardians for minor children (who will care for the minor children if they are under 18?):

Name, address & phone no. \_\_\_\_\_

\_\_\_\_\_

Alternate, name, address & phone no. \_\_\_\_\_

\_\_\_\_\_

7. Name(s) of deceased child(ren): \_\_\_\_\_ Are there any child(ren) of the deceased  
child(ren)?  Yes  No  
If yes, list names next to parent:

\_\_\_\_\_

\_\_\_\_\_

8. What shall the name of your trust be? While you are free to name your trust however you  
so desire, the *standard format* is recommended. An example of the standard format is:  
"BENOUN 2009 TRUST".

Please write the name of your trust here: \_\_\_\_\_

9. **Trustee/Executor:**

**A.** Who do you choose as the trustee/executor of your estate? (This person would be in charge of managing your trust and distributing your estate according to your wishes after your death. This person would also have power of attorney to manage your assets if you become incapacitated.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Relationship: (i.e., son, daughter, friend, etc.) \_\_\_\_\_

**B.** Who do you choose as the alternate trustee/executor in the event your first choice is unable or unwilling to act?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Relationship: (i.e., son, daughter, friend, etc.) \_\_\_\_\_

**C.** If you wish to appoint any other alternates, please give the above information for each on the back of this paper.

**D.** One option is to have two individuals acting together as co-trustees. Under this scenario, you have the option of selecting two individuals who must reach unanimous decisions. For practical reasons, co-trustees are not recommended.

Shall above act as co-trustees?  Yes  No

10. **Specific Bequests:**

Are there any specific personal property items that you would like to give to certain individuals? (i.e. certain pieces of jewelry, or furniture specific cash amounts, "10% to the church", etc.) If you want all your property belonging to your estate to be divided among your heirs, then leave this area blank, however, if you want to list specific items and give them to certain people, please complete the following:

Name/description of item/\$ amount/ or percentage: \_\_\_\_\_



**12. Assets to be listed on Schedule A:**

List the complete addresses of all real property you own, including the county, state and country. (Real property includes homes, land, timeshare properties, investment properties, etc.)

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13. List all other investment quality assets, i.e. all bank accounts, stock, mutual funds, certificates of deposit, etc. Include names and addresses of financial institutions, the account names, and account numbers. (No need to include account balances).

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**14. Durable General Power of Attorney:**

Trustees of your trust and executor of your will only have the authority to act upon your passing.

However, what happens if you are incapacitated from an automobile accident or unfortunately develop a condition, such as Alzheimer Disease, that affects your capacity to make informed decisions?

A Durable General Power of Attorney nominates somebody to make *legal & financial* decisions on your behalf if you are incapacitated. In other words, the person who you nominate has the authority to withdraw funds and pay for your healthcare if necessary. This person is called the “attorney-in-fact.”

**a.** It is strongly recommended that the attorney-in-fact be the same people as the Trustee/Executor. Shall the attorney in fact be the same people as the Trustee/Executor?

Yes  No

If “No” provide their contact information (i.e., address and telephone number), as well as their relationship to you (i.e., “my brother” or “my niece”) on the back of this paper.

**b. Springing Power.** You have two options: either (i) the Power of Attorney is effective on the day you sign it; or (ii) the Power of Attorney is only effective when you become incapacitated. The second option is known as the “Springing Power”. *Generally*, this is not recommended.

Which option do you choose?  Option 1  Option 2 (Springing Power)

15. **Advanced Health Care Directive:** While a Durable General Power of Attorney nominates somebody to make *legal & financial* decisions on your behalf if you are incapacitated, an Advanced Health Care Directive allows somebody to make *medical* decisions on your behalf. This person is known as your “health care agent.”

Do you want Health Care Power of Attorney done?  Yes  No

Shall the health care agent be the same people as the Trustee/Executor?  Yes  No

(Note: It is not uncommon for people to nominate different health care agents, e.g., Husband nominates his sister while Wife nominates *her* own brother. If that is your intention, please clearly specify below.)

- A.** If the answer is “no”, then please complete the following information.  
(Note: If you have a spouse he/she will automatically be the first nominee, so there is no need to list him/her below.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Relationship: (i.e., son, daughter, friend, etc.) \_\_\_\_\_

- B.** Who do you choose as the alternate agent in the event your first choice is unable or unwilling to act?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Relationship: (i.e., son, daughter, friend, etc.) \_\_\_\_\_

- C.** If you wish to appoint any other alternates, please give the above information for each on the back of this paper.

- D.** Do you want your agent to have powers to donate body parts?  Yes  No

- E.** Do you wish to specify funeral or burial preferences? If so, please state details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_