



STEP BY STEP INSTRUCTIONS FOR COMPLETING THE INTAKE WITH CLIENT

GENERAL INSTRUCTIONS

- 1) Make sure the client(s) is/are with you when filling out the form or if by Zoom and share your screen with them.
- 2) Do not cut and paste or use Autofill. Those items will appear shaded in blue, and the form will not allow submission. You **MUST** manually type everything.
- 3) Review with client(s) and ensure each answer is correct (spelling, dates, designation, etc.)
- 4) After completing the form, review all the answers
- 5) Prior to Hitting SUBMIT, select a date to meet with Reviewing Attorney Scheduling date and get confirmation that is a good date prior to clicking on the SUBMIT button
- 6) All Field marked with a * **are Required Items and You cannot hit Submitted until filled in.**
- 7) If client does not have answer for required fields, then put in a placeholder. For example, if the client has nobody who could be the 2nd Trustee, fill in any name and tell client that when they meet with the Attorney, we can make changes.
- 8) The form can only be saved ONCE and will not be saved until you complete the form, select a Reviewing Attorney date and click SUBMIT.

* = REQUIRED ITEM

COMPLETING THE ITEMS ON THE FORM

General Note: It does not matter who is denoted as Primary Client or Spouse. i.e. could be Husband as Primary or Wife as Primary. If same sex couples, Primary and Spouse can be in any order.

CLIENT INFORMATION

***PRIMARY CLIENT FIRST AND LAST NAME:** ENTER LEGAL NAME (Passport/Driver's License). Put middle name in First Name block if desired.

***PRIMARY CLIENT BIRTHDATE:** use dropdown option or manually fill in.

***PRIMARY CLIENT GENDER:** Use dropdown options

***PRIMARY CLIENT EMAIL AND PHONE NUMBER:** This will be the primary email and phone number that we will use to contact the client.

***PRIMARY ADDRESS INFORMATION (Street, City, Zip, etc.):** This is for the primary residence that they are living in and where their final documents will be mailed to by default. Also, we assume this is the home they own and we will be preparing the deed for. If this is not the case, then please put that in the notes.

IS THIS THE CLIENTS MAILING ADDRESS?

- Leave "YES" If this is the Client's Mailing Address
- Change to "NO" If have a Different Mailing Address Then Fill out Mailing Address Section

MAILING ADDRESS: If different than primary and where we will mail the binder.

SPOUSE INFORMATION

MARITAL STATUS: Use dropdown window.

Single – Skips Spouse Questions

Married or Domestic Partnership Fill in Spouse information

***DATE OF MARRIAGE:** Enter date

***SPOUSE FIRST AND LAST NAME:** ENTER LEGAL NAME (Passport/Driver's License). Put middle name in First Name block if desired.

***WAS PRIMARY (SPOUSE) PREVIOUSLY MARRIED:** Use dropdown menu

YES (Fill in how Dissolved)

- **DISSOLVED BY (Death) : No further information is needed**
- **Dissolve by Divorced:** Fill in Ex-Spouse Name, so we can disinherit that spouse (If additional prior spouses Fill in the Notes section their names if dissolved by Divorce)

*** EX- SPOUSE NAME (if divorced):** Use current legal name (if known), last known name if not. This is required to disinherit that Ex-spouse (If additional prior spouses Fill in Notes their names if dissolved by Divorce)

CHILDREN

Do you have Children?

- **Yes - Fill in Children's Section**
- **No – Section Skipped**

***CHILD FIRST AND LAST NAME:** ENTER LEGAL NAME (Passport/Driver's License). Put middle name in First Name block if desired.

***CHILD BIRTHDATE AND GENDER:** Use dropdown options

EXISTING TRUST

Trust Documents Preparation (if yes):

Is this a revision/restatement of an existing trust?

- **NO-** - Client does not have a prior signed and notarized Trust
- **YES** - Fill in Name of Trust and Date of Trust

***Prior Trust Name:** Enter the date and name that is listed on the previous Trust exactly as written on the Trust.

***Prior Trust Date:** Enter in the exact date of the prior existing Trust

SUCCESSOR (FUTURE) TRUSTEES

For both Trustees

***SUCCESSOR TRUSTEE FIRST AND LAST NAME:** ENTER LEGAL NAME (Passport/Driver's License). Put middle name in First Name block if desired.

***SUCCESSOR TRUSTEE EMAIL AND PHONE NUMBER:** This will be the primary email and phone number that we will use to contact the client. (Optional Field can get information later if you don't have it)

***CO-TRUSTEES?**

Differences between Sole Trustees (one at a time) and Co-Trustees (acting together)

Choice of Individual Sole Trustees (one at a time) :

- Sole Trustee Benefits: One person is making decisions – faster/easier
- Sole Trustee Cons – Other beneficiaries cannot make decisions.

Choice of Co-Trustees:

- Co-Trustees Benefits – More than one person deciding. Sharing workload. There is check and balances
- Co-Trustees Cons – Cannot move forward if disagree and it may end up in court. Both must show up to institutions.

You cannot provide legal advice or make any recommendations.

GUARDIANS

***GUARDIANS (only if minor children):** Use dropdown menu if Trustees to also be guardians. If no, you must use legal names and email address.

BEQUEATHMENTS OR SPECIFIC GIFTS

BEQUEATHMENTS: If clients wants to make 1 time payments to others. Can be cash (enter \$ amount), Real Estate (enter address or property deed identification number), or item description (e.g. My 1968 Ford Trust)

BENEFICIARY INFORMATION

***BENEFICIARY INFORMATION:** Divide Among Children Equally (Yes/NO)

- YES – Nothing further needs to be entered
- NO - Then enter names and percentages (total must equal 100%)

***ALTERNATIVE BENEFICIARY:** Choose beneficiary's descendants (children, etc.) or the other Beneficiary listed.

DISTRIBUTIONS BASED ON AGE?

- YES - Pick ages and % paid at each age. You can pick up to 4 stages
- NO - Distribution will be made immediately or when child turns 18.

DISTRIBUTIONS BASED ON BEHAVIOR: Choose the behavior to be tested for by Trustee and the number of years (1, 3, or 5) that the beneficiary will have to test for. Do not use if Beneficiary is also Trustee. *This will delay payment of inheritance.*

ULTIMATE OR REMOTE CONTINGENCY BENEFICIARIES

***Ultimate or Remote Contingency:** ("Titanic Sinking Clause" if NOBODY above survives)

- Choosing Legal Heirs, then the inheritance will be distributed equally among the clients closest living next of kin according to state law.
 - If NO, Choose the person or entity and % to go to each.
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ADDITIONAL PROPERTY(IES)

Note: The client address is presumed to be their home that they own and we will prepare this deed to transfer that property into the trust (If different explain in notes)

Additional Property(ies)

- If Additional Properties enter in the Full Address of those properties and make sure to obtain copies of the deeds to those properties from client
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FINANCIAL POWER OF ATTORNEY

FINANCIAL POWER OF ATTORNEY (Each Spouse Gets Their Own)

- Can designate Trustees (if married, spouse will be first). If not, enter legal names.

*IMMEDIATE OR UPON INCAPACITATION:

- IMMEDIATELY: The POA takes effect upon signing and the Agent has access to all financial assets.
 - ONLY UPON INCAPACITATION: The POA goes into effect when client is declared incapacitated by two medical professionals.
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HEALTH CARE POWER OF ATTORNEY

HEALTHCARE POWER OF ATTORNEY (Each Spouse Gets Their Own)

- Note if Choosing Same as Trustees (if married, spouse will be first).
 - If not, enter legal names.
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AGENT INFORMATION

Fill in your agent information

SCHEDULE YOUR TRUSTGUARD PLUS ATTORNEY CONFIRMATION/REVIEW MEETING

Do you have a preferred notary for this client

ANSWER Yes or NO

Do you want to schedule with a Specific Attorney

YES – Choose Attorney you would like to schedule the Attorney confirmation meeting with

NO – Will randomly select an Attorney for you.

CHOOSE A TIME FOR YOUR TRUST DESIGN MEETING

- Choose, Date and Time
- Confirm timezone

**** MAKE SURE TO SCHEDULE THE APPINTMENT IN THE CLIENT'S TIME ZONE**