



Living Trust Express

Peace of Mind • Avoid Probate  
Save Money and Time!

## What your Living Trust Package (\$599) will include?

### 1. Living Trust Document

- Lets family inherit your property without going through probate court
- Avoid probate and may also let your heirs avoid federal taxes after your death (only with very large estates)
- Name executors and beneficiaries of your estate
- Designate specific distribution of your estate property
- Create sub trust for minor beneficiaries or create Special Needs sub trust beneficiaries with special needs.
- Preparation of one Trust Transfer Deed (additional Deeds are \$120/each, \$150/each for out of state)

### 2. Certification of Trust

- A shorter version of your Living Trust, primarily used to transfer property into your trust document

### 3. Pour Over Will

- States that all property at the time of death shall be transferred to the Trustee of the trust. Example, an inadvertent failure to transfer real property to the Trust.
- Name guardian to care for children
- Forgive debts to others

## What your Estate Plan Package (\$850) will include?

(Estate Plan Package includes items 1, 2 and 3 above, plus 4, 5 and 6 below)

### 4. Advanced Healthcare Directive (included in this Package OR \$120 separately)

- If you are concerned about the kinds of medical treatment you may receive at the end of your life. Plus, a HIPAA Release Authorization.
- Other issues concerning your natural death
- Consider appointing someone to carry out your wishes

### 5. Durable Power of Attorney for Finances (included in this Package OR \$120 separately)

- If you are elderly or in poor health, you may be concerned about who will handle your day-to-day financial matters
- A durable power of attorney gives a person you choose legal authority to manage your property on your behalf if you become incapacitated

### 6. Final Arrangements (included in this Package OR \$120 separately)

- How will your family pay for your funeral?
- What will happen to you after your death?
- Do you prefer burial or cremation?
- What about the ceremony? Do you want one?
- Give wishes and desires

1701 Westwind Drive, Suite 109, Bakersfield, CA 93301

900 E. Grand Ave., Arroyo Grande, CA 93420 • 515 E. Clark Ave., Orcutt, CA 93455  
Bakersfield (661) 748-1112 • Arroyo Grande (805) 481-5551 • Orcutt (805) 928-8222

Living Trust Express is not a law firm. We cannot represent you in court, advise you about your legal rights or the law, or select legal forms for you. SLO LDA #208 Exp. 01.20.22 • [www.LivingTrustExpress.com](http://www.LivingTrustExpress.com)



## Living Trust Express

### Differences Between Wills and Living Trusts

Both Wills and Trusts are devices that you can use to provide for the distribution of your estate upon your death. Deciding whether a Will or a Trust best fits your needs depends on your circumstances. A living Trust is a popular alternative to the traditional Will, but you should weigh the advantages and disadvantages of each before deciding on one form or the other.

	<b>Will</b>	<b>Living Trust</b>
<b>Probate</b>	Subject to probate proceedings. Out-of-state property requires probate proceedings in that state, as well. Provides court supervision for handling beneficiary challenges and creditor disputes. Becomes public record at the time of your death.	Not subject to probate proceedings. Avoids the cost of a second-state probate proceeding where there is out-of-state property. No automatic court supervision to deal with disputes. Remains private.
<b>Tax Savings</b>	Same tax saving provisions available as are available in a Trust.	
<b>Management of your Assets</b>	In addition to the Will, must use a Power of Attorney or Conservatorship to manage assets.	Allows you as the grantor to manage the Trust assets as long as you are willing and able. Makes provisions for a successor trustee to take over in your place.
<b>Costs</b>	Costs less to prepare a Will than a Trust. Cost to probate a Will can be substantial.	Costs more to prepare, fund and manage a Trust than to prepare a Will. But avoids probate costs if all assets were held by the Trust.

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Living Trust Express

## Living Trust/Estate Plan Process

1. Consultation (optional) – phone, online or in-person
2. Questionnaire(s) Completed – online, in-person or phone. NOTE: Grant Deed(s) will be required for all real property.
3. Documents Prepared – Five (5) business day turn around
4. Meet w/Client(s) to Review/Sign Documents
  - In-person, online or phone
  - Documents to be signed, notarized and/or witnessed
5. Fund Living Trust
  - Real property and other assets transferred into the Living Trust

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## WILLS / TRUSTS QUESTIONNAIRE

**2. Guardians for Minor Children ---Person who will raise your children if something happens to you and/or your spouse**

<b>#1 Choice:</b>	Name	
	Address	
<b>Alternate:</b>	Name	
	Address	

Do you want to provide a brief explanation of why you chose this person as guardian in case any questions arise?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Trustee/Custodian for Minor Children --- Manages your children's inheritance. This can be the same person as the guardian, another adult, and/or a corporate trustee.**

<b>#1 Choice:</b>	Name	
	Address	
<b>Alternate:</b>	Name	
	Address	

**4. Do you want your children's inheritances to be in a Uniform Trust to Minors Account (UTMA) – custodial account ending at age: 18  21**

OR

**Minor's Sub trust – Trust account that must end by the time the minor reaches age 35. Choose an age where trust will terminate for the child: 18  21  25  30  35  – max age, or Other \_\_\_\_\_**

### SECTION 3 BENEFICIARIES – YOUR HEIRS

**1. Beneficiaries: Your beneficiaries** are the people and organizations who will inherit your property. You can designate a dollar amount or a percentage of your estate to be given to each.

(Provide addresses for individuals/organizations who are not your children/grandchildren, are they under 35, and the amount or Percentage as follows:

Name/Organization	Address	Under age 35?	Amount / %

**2. Alternate Beneficiaries – If one of your beneficiaries pre-deceases their inheritance, do you want to divide their share among the others or do you want to leave their share to someone else (i.e.: Their spouse or children?)**

Re-distribute     Distribute as below

Name of Beneficiary	Alternate Beneficiary

## WILLS / TRUSTS QUESTIONNAIRE

**3. Special Gifts to organizations** - Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Description of Gift

**4. Special Gifts to Individuals** - Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Description of Gift

**5. Disinheriting** - Are there any relatives that you specifically do NOT want to receive anything from your estate?


**6. Do you want to forgive any debts upon your death? If so, describe the debt indicating the amount and the name and address of the debtor:**


### SECTION 4: FOR LIVING TRUSTS ONLY.

A Revocable Living Trust is an entity that survives your passing away. All property you transfer to your trust will pass on to your heirs without going through the court process of probate which may take years and could result in a substantial amount of legal and court fees. Since this trust is revocable, it can be changed at any time during your life and you are in total control of your property until you die. If you are married, your trust can leave your assets to your spouse upon your death with the final resting place of the property being with your final beneficiaries, such as your children. In order to benefit fully from the trust, all your property must be formally moved into the trust. This includes bank and investment accounts, real property, personal property and ALL property, provided there is no beneficiary already designated. To transfer real property (house, land, farm), you need to file a quit claim deed with the county recorder. To transfer bank and brokerage accounts, you must check with the institution as to how to formally transfer the property into the trust. Usually a letter or form will suffice, but every institution has different requirements. You must name a successor trustee(s). You are the trustee of your living trust during your lifetime. When you pass away, a successor trustee is appointed to manage the trust. You may name a trustee and an alternate trustee. The successor trustee should be the same person as the executor of your estate you have named in your Will.

<b>#1 Choice:</b>	Name	
	Address	
<b>Alternate:</b>	Name	
	Address	

**WILLS / TRUSTS QUESTIONNAIRE**

1. List all property you own that has a recorded title – house, car, boat, bank accounts, investment accounts EXCEPT ANY ITEMS THAT ALREADY HAVE A BENEFICIARY SUCH AS: LIFE INSURANCE AND RETIREMENT ACCOUNTS – THEY ARE NOT INCLUDED IN A WILL OR TRUST SO DO NOT INCLUDE THEM HERE.

(-----check applicable box-----)

Description and location	Joint Property OR	Husband's Property	Wife's Property

2. List all other property you wish to include in the trust such as jewelry, furniture, antiques, and so on

(-----check applicable box-----)

Description and location	Joint Property OR	Husband's Property	Wife's Property

**FINAL ARRANGEMENTS**

If you desire to provide special instructions to your survivors regarding your final arrangements, complete the following:

1. What type of service do you want, how elaborate, and where? Are there any special people to contact? Do you want cremation?


2. If you have a cemetery lot or crypt, where is it located?

Name	City	State

**ACKNOWLEDGMENT AND AUTHORIZATION**

I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

## DURABLE POWER OF ATTORNEY AND HEALTHCARE DIRECTIVE QUESTIONNAIRE

**Skip PERSONAL INFORMATION section if you have already completed a Will/Trust Questionnaire**

### PERSONAL INFORMATION SECTION:

YOUR PERSONAL INFORMATION	YOUR SPOUSE'S PERSONAL INFORMATION
Name	Name
Address	Address
City	City
State	State
Zip	Zip
E-mail	
County	County
Telephone #	Telephone #
Cell#	Cell#
Date of Birth	Date of Birth
S.S. #	S.S.#
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### DURABLE POWER OF ATTORNEY

Effective date of your Power of Attorney  only when incapacitated  immediately

My incapacity shall be determined by:

- One doctor chosen by my attorney-in-fact
- One doctor I name: \_\_\_\_\_
- Two doctors chosen by my attorney-in-fact
- Two doctors I name: \_\_\_\_\_

My attorney in fact shall be:  1 person  2 people  3 people

Attorney-in-Fact (1) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Attorney-in-Fact (2)  (check if only alternate for 1) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Attorney-in-Fact (3)  (check if only alternate for 2) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

### **Powers, Duties and Responsibilities granted to your Attorney-in Fact: (check applicable)**

DESCRIPTION OF POWER GRANTED	Attorney-in-Fact	Alternate
1. To conduct real estate transactions for you (full power)?	<input type="checkbox"/>	Same
2. To conduct real estate transactions for you but NOT SELL YOUR HOME? (limited)	<input type="checkbox"/>	Same
3. Power over your tangible personal property?	<input type="checkbox"/>	Same
4. To conduct security transactions for you?	<input type="checkbox"/>	Same
5. To conduct banking transactions for you?	<input type="checkbox"/>	Same
6. To make business decisions for you?	<input type="checkbox"/>	Same
7. To handle insurance and annuity matters for you?	<input type="checkbox"/>	Same
8. To conduct estate, trust and other beneficiary transactions for you?	<input type="checkbox"/>	Same
9. To transfer assets and other items into your living trust (if you have one)?	<input type="checkbox"/>	Same
10. To handle legal actions for you?	<input type="checkbox"/>	Same
11. To spend money to take care of you and your family?	<input type="checkbox"/>	Same
12. To conduct transactions involving your government benefits?	<input type="checkbox"/>	Same



## DURABLE POWER OF ATTORNEY AND HEALTHCARE DIRECTIVE QUESTIONNAIRE

13. To conduct retirement plan transactions for you?	<input type="checkbox"/>	Same
14. To deal with your taxes?	<input type="checkbox"/>	Same
15. To make gifts of your property to people/organizations? <input type="checkbox"/> only that I choose Names _____ _____ _____ <input type="checkbox"/> any chosen by my attorney-in-fact	<input type="checkbox"/>	Same
16. To make gifts of your property to himself/herself? Max. amount: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
17. To be able to delegate tasks to others in his/her absence?	<input type="checkbox"/>	Same
18. To benefit personally from actions taken on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
19. To commingle his/or her funds with yours?	<input type="checkbox"/>	<input type="checkbox"/>
20. To be paid for his/her services as your attorney-in-fact? <input type="checkbox"/> a reasonable amount <input type="checkbox"/> the specific amount of \$ _____	<input type="checkbox"/>	Same

Do you require your attorney-in-fact to make periodic reports?  No     Yes. If yes, who should the reports be submitted to: \_\_\_\_\_

### HEALTHCARE DIRECTIVE

If you are diagnosed as having a terminal condition and can no longer direct your medical care:  
(Check one):

- I do not want any life-prolonging procedures and
  - DO                       DO NOT want food and water artificially administered
  - DO                       DO NOT want all pain reduction and/or comfort care
- I want some life-prolonging procedures, but not others (check all desired):
  - Blood and Blood products     CPR     Diagnostic tests     Dialysis
  - Drugs     Respirator     Surgery
- I want all life-prolonging procedures

If you are diagnosed as being in a permanent coma and can no longer direct your medical care:  
(Check one):

- I do not want any life-prolonging procedures and
  - DO                       DO NOT want food and water artificially administered
  - DO                       DO NOT want all pain reduction and/or comfort care
- I want some life-prolonging procedures, but not others (check all desired):
  - Blood and Blood products     CPR     Diagnostic tests     Dialysis
  - Drugs     Respirator                      Surgery
- I want all life-prolonging procedures

I desire the following representative to oversee my wishes: Attorney-in-Fact  #1 |  #2 |  #3

I desire the following representative to act as an alternate: Attorney-in-Fact  #1     #2     #3

FEMALES ONLY: If I am pregnant when my healthcare directive is considered:

- I direct it be given no effect during my pregnancy     I direct that it be carried out

### ACKNOWLEDGMENT AND AUTHORIZATION

I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

LEGAL DOCUMENT ASSISTANT  
CONTRACT FOR SELF-HELP SERVICES

This is a contract between me, Carl A. Knoll dba Living Trust Express or Living Trust Express – Central Coast, and you, \_\_\_\_\_, for the self-help services described in Part I below. I am the “legal document assistant” and you are the “client.”

IMPORTANT NOTICES

1. You should read and understand this entire contract before you sign it. You should understand the kinds of services that I can and cannot perform for you (see Part I below).
2. **I am not an attorney. I cannot perform the legal services that an attorney performs. I cannot engage in the practice of law.**
3. **The county clerk has not evaluated or approved my knowledge or experience, or the quality of my work.**
4. I cannot keep your original documents if you request that I return them to you. I cannot keep your original documents if you and I do not sign this contract or if this contract terminates (ends) for any reason. I cannot keep your original documents after all of the contract services have been provided (see Part I below). It is a violation of California law if I keep your original documents under any of these circumstances.
5. It is a violation of California law if I make any false or misleading statement to you.
6. I cannot obtain special favors from, and I do not have any special influence with, any court or any state or federal agency.
7. As required by law, I have filed a bond or made a cash deposit and have registered as a legal document assistant in each county where I will perform services on your behalf.

I. SELF-HELP SERVICES

Kinds of services that I can perform for you: I can perform the following self-help services for you in connection with a legal matter in which you are representing yourself: I can type or otherwise complete, as you specifically direct, legal documents that you have selected. I can provide you general published factual information that was written or approved by an attorney, to help you represent yourself. I can provide you published legal documents. I can file and serve legal forms and documents as you specifically direct.

These are the only kinds of services that I can perform for you. If you need additional services, then you require the services of an attorney.

Kinds of services that I cannot perform for you: I cannot provide you any self-help service unless you are representing yourself in a legal matter and the self-help service relates to that legal matter.

**I cannot engage in the practice of law. This means that I cannot give you any kind of advice, explanation, opinion or recommendation about possible legal rights, remedies, defenses, strategies or options that you may have. I cannot give you any advice, explanation, opinion or recommendation regarding selection of forms.**

I will provide you all the following services (list all services for which the client is being charged):

- See Attachment for Service Details and Pricing
- \_\_\_\_\_

You are paying me only for those services listed above and no others. It is unlawful for me to make any guarantee or promise to you unless it is written in this contract and unless I have a factual basis for making the guarantee or promise.

II. FEES AND EXPENSES

You agree to pay me the following fees, costs and expenses:

A. A flat fee in the total amount of \$ See Attached for all services, costs and expenses, to be paid as follows (itemize services, costs and expenses and state terms of payment):

- See Attachment for Service Details and Pricing
- \_\_\_\_\_

OR

B. A rate of \$ 200 per hour, not to exceed a total of \$ \_\_\_\_\_ for all services, costs and expenses. I will provide you a statement itemizing all services rendered, expenses incurred, and the balance owed, each time a payment is due.

C. Fees WILL NOT be refunded after the "Cancellation" Period expires if the client later decides to abandon the subject service as listed above.

D. A "No Show" fee of \$ 40 may be charged in the event client fails to show up for a scheduled meeting time.

V. DESCRIPTION OF THE PARTIES

Full name: CARL A. KNOLL  
 Business name: LIVING TRUST EXPRESS OR LIVING TRUST EXPRESS – CENTRAL COAST  
 Bakersfield: 1701 WESTWIND DR., SUITE 109, BAKERSFIELD, CA 93301  
 Arroyo Grande: 900 E. GRAND AVE., ARROYO GRANDE, CA 93420  
 Orcutt: 515 E. CLARK AVE., ORCUTT, CA 93455  
 Phone #'s: (805) 928-8222 | (805) 481-5551 | (805) 928-8222  
 Email: CARL.KNOLL@LIVINGTRUSTEXPRESS.COM

Registration # 208 Date of expiration: 1/20/2022 County: San Luis Obispo  
 I have filed a bond or made a cash deposit in the following county: San Luis Obispo

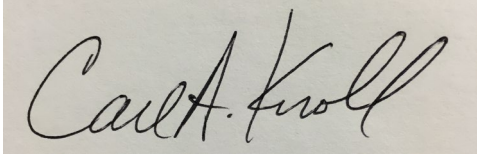
**Client**

Legal name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Mailing address (if different from above): \_\_\_\_\_  
 Contact number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_  
 Who referred you? (if applicable) \_\_\_\_\_

Title or brief description of the legal matter in which the client is representing himself or herself:  
See Page One (1) above and attachment(s) (if any)

III. SIGNATURES

Executed at Bakersfield, California.



\_\_\_\_\_  
Signature of Legal Document Assistant

Notices to Client

**You may obtain information from the local bar association or a legal aid or legal services office regarding free or low-cost representation by a lawyer.**

**You may contact the local police, sheriff, district attorney or legal aid or legal services office if you believe that you are the victim of fraud, unauthorized practice of law or other injury.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

THIS CONTRACT IS NOT VALID OR BINDING UNTIL THE LEGAL DOCUMENT ASSISTANT HAS GIVEN ALL CLIENT PARTIES A FULLY EXECUTED COPY OF IT, INCLUDING AN ACCURATE TRANSLATION OF IT IN ANY LANGUAGE OTHER THAN ENGLISH THAT THE CLIENT UNDERSTANDS AND THAT WAS PRINCIPALLY USED IN ANY ORAL SALES PRESENTATION OR NEGOTIATION LEADING TO EXECUTION OF THE CONTRACT.

NOTE: Authority cited: Section 6410, Business and Professions Code. Reference: Sections 6401.6, 6402, 6405, 6408, 6409, 6410, 6411, Business and Professions Code.

LIVING TRUST/ESATE PLAN  
ATTACHMENT – SERVICES AND FEES

SERVICES PROVIDED

I will provide you all the following services (list all services for which the client is being charged:

- \_\_\_\_\_ Estate Plan Package: Pour Over Will(s), Living Trust, Certification of Trust,  
Durable Power of Attorney(s), Healthcare Directive(s) and HIPAA Release Authorization,  
Final Arrangement(s) and one (1) Trust Transfer Deed
- \_\_\_\_\_ Living Trust Package: Pour Over Will(s), Living Trust, Certification of Trust and  
one (1) Trust Transfer Deed
- \_\_\_\_\_ Will(s)
- \_\_\_\_\_ Extra Deed(s)
- \_\_\_\_\_ Powers of Attorney(s)
- \_\_\_\_\_ Pull Deed(s) from First America Title Database
- \_\_\_\_\_ Home/Office Visit – \$100
- \_\_\_\_\_ Advanced Healthcare Directive Registry – \$50, plus State Fees
- \_\_\_\_\_ Copy Certification of Power of Attorney (Financial Management) – \$30
- \_\_\_\_\_ Electronic/scanned copy of documents – \$30 to \$50
- \_\_\_\_\_ Other: \_\_\_\_\_

You are paying me only for those services listed above and no others. It is unlawful for me to make any guarantee or promise to you unless it is written in this contract and unless I have a factual basis for making the guarantee or promise.

FEES AND EXPENSES

You agree to pay me the following fees, costs and expenses:

A flat fee in the total amount of \$\_\_\_\_\_ for all services, costs and expenses, to be paid as follows (itemize services, costs and expenses and state terms of payment):

Estate Plan Package – \$850

Living Trust Package – \$599

Will(s) – Single \$129 or Couple \$199 Notary Fees – Varies

Extra Deed(s) – \$120 (California) \$150 (all other states)

Pull Deed(s) from First America Title Database – \$10 each

Home/Office Visit – \$100 Advanced Healthcare Directive Registry – \$50, plus State Fees

Copy Certification of Power of Attorney (Financial Management) – \$30

Electronic/scanned copy of documents – \$30 for Living Trust and \$50 for Estate Plan

**NOTE:** Client(s) responsible to file Deed(s)/Transfer documents with the County Recorder/Housing and Community Development (HCD) and to pay all associated Recording/Transfer File Fees.

Date: \_\_\_\_\_

\_\_\_\_\_  
Client's Signature

NEXT STEPS

- Documents prepared, reviewed and signed by Client(s)
- Fund the Living Trust by transferring real/personal property into the trust's name