

**LIVING TRUST PREPARATION AND FILING SERVICE AGREEMENT**

I/We \_\_\_\_\_ the Client(s), hereby apply to CAPA to purchase a \_\_\_\_\_ REVOCABLE LIVING TRUST SERVICE or a \_\_\_\_\_ IRREVOCABLE LIVING TRUST SERVICE.

Client(s) understand that CAPA will prepare a \_\_\_\_\_ SINGLE TRUST, a \_\_\_\_\_ HUSBAND AND WIFE TRUST.

OTHER TRUST \_\_\_\_\_, \_\_\_\_\_  
Insert type of OTHER TRUST Insert name of LIVING TRUST

**CAPA LIVING TRUST SERVICE consist of preparing the following trust documents, POUR-OVER WILL, DURABLE POWER OF ATTORNEY FOR HEALTH CARE, DURABLE POWER OF ATTORNEY FOR FINANCIAL DECISIONS, CERTIFICATION OF TRUST, OR ABSTRACT OF TRUST, SUCCESSOR TRUSTEE'S FINAL INSTRUCTION, SUCCESSOR TRUSTEE(S) STEPS IN SETTLING THE ESTATE.**

Client(s) acknowledges that CAPA will prepare Trust Transfer Deed(s) and assist in transferring Client(s) properties (assets) into Clients(s) trust, Client(s) may be required to furnish his own transfer deed or transfer instrument, depending on the availability of the instrument, state laws or complications in transferring such instrument. CAPA will transfer only those properties in which the client(s) has cleared title or ownership interest and for which Client(s) has requested a transfer. Transferring out-of-state properties is the responsibility of the Clients(s) unless arrangements are made to the contrary. Service does not include filing fees, state fees, notary fees or any other fees.

Client(s) understand and agree that financial counseling is limited to answering question pertaining to the above service. All other financial counseling and financial services offered by CAPA are Optional Services to Client(s) and will require additional fees. The above service shall be completed within (45) days after CAPA receives full payment (15) if it is expedited. Upon completion of the above service CAPA will deliver the Trust by mail to the address provided by Client(s). Client(s) is responsible for validating all signatures required by law including witnesses.

Client(s) agree to pay CAPA for the above service according to the fees and terms of the invoice attached hereto and made a part of this agreement. Client(s) understand and agree that all transactions are final and there are no refunds. Client(s) also understand and agree that if all fees are not paid within 90 days of the terms of the attached invoice, Client(s) services will be terminated and will require all new fees if Client(s) wish to acquire new services.

Client(s) further understands that any deposits paid to CAPA are non-refundable. Should Client(s) default in any balance due and owing to CAPA, Client(s) shall pay any additional charges in addition to the balance owing, including any interest charges thereon incurred, any legal fees which may be incurred in the process of CAPA collecting on said balance with may be due and owing.

Client(s) understand that CAPA may retain outside agents to process the above services. CAPA and its agent is acting on Client's(s) behalf, only for preparing and filing the above Living Trust documents and not in a legal capacity. An attorney should be consulted for legal matters. Client(s) understand that the person negotiating this document is an Independent Contractor and not an Agent or Representative of CAPA.

CLIENT(S) IS ADVISED TO PAY BY CHECK, CREDIT CARD OR ELECTRONIC FUNDS TRANSFER ONLY, MADE PAYABLE TO CAPA.

Client(s) will hold CAPA and its Agent harmless from any suits and all litigation and indemnify them from any loss whatsoever kind, directly or indirectly sustained through legal process of the above Living Trust services.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_/\_\_\_\_\_

**CAPA: CORPORATE AMERICAN PLANNING ASSOCIATION**  
**Living Trust Package Clients Information**

**Section 1. General Trust Information**

Full Name \_\_\_\_\_ SSN. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone #. \_\_\_\_\_

Spouse Name \_\_\_\_\_ SSN. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone #. \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

**List Children (if any):**

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone #. \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone #. \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone #. \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone #. \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone #. \_\_\_\_\_

**Section 2. Specific Trust Information**

**HOW DO YOU WANT YOUR ESTATE (PROPERTY) DISTRIBUTED?**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_

7. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_

8. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Property \_\_\_\_\_

\_\_\_\_\_

**Section 3. Name of Initial Trustee(s) (list only if you and/or your spouse will not be the Trustees)**

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**Section 4. Names of Successor Trustees**

Successor Trustee(s) #1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will be responsible for carrying out your wishes, manage and distribute your estate when you are gone.)

Successor Trustee(s) #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the First Successor Trustee, if the First Successor Trustee is unable or unwilling to carry out your wishes.)

Successor Trustee(s) #3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the Second Successor Trustee, if the Second Successor Trustee is unable or unwilling to carry out your wishes.)

Successor Trustee(s) #4 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the Third Successor Trustee, if the Third Successor Trustee is unable or unwilling to carry out your wishes.)

**Section 5. Executor for Pour-Over Will (Husband or Single)**

Executor #1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will be responsible for carrying out your wishes, as stated in your will, manage and distribute your estate when you are gone.)

Executor #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the First Executor, if the First Executor is unable or unwilling to carry out your wishes.)

Executor #3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the Second Executor, if the Second Executor is unable or unwilling to carry out your wishes.)

**Section 5 II. Executor for Pour-Over Will (Wife)**

Executor #1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will be responsible for carrying out your wishes, as stated in your will, manage and distribute your estate when you are gone.)

Executor #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the First Executor, if the First Executor is unable or unwilling to carry out your wishes.)

Executor #3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the Second Executor, if the Second Executor is unable or unwilling to carry out your wishes.)

**Section 6 A. Durable Power of Attorney for Health Care Decisions (Husband or Single)**

Life Support: Yes \_\_\_\_\_ No \_\_\_\_\_

Agent #1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will make your health care decisions on your behalf should you become unable to take care of yourself.)

Agent #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the First Agent, if the First Agent is unable or unwilling to carry out your wishes.)

Agent #3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the Second Agent, if the Second Agent is unable or unwilling to carry out your wishes.)

**Section 6 B. Durable Power of Attorney for Health Care Decisions (Wife)**

Life Support: Yes \_\_\_ No \_\_\_

Agent #1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will make your health care decisions on your behalf should you become unable to take care of yourself.)

Agent #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the First Agent, if the First Agent is unable or unwilling to carry out your wishes.)

Agent #3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the Second Agent, if the Second Agent is unable or unwilling to carry out your wishes.)

**Section 7 A. Durable Power of Attorney for Financial Decisions (Husband or Single)**

Attorney in Fact #1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will make your financial decisions on your behalf should you become unable to take care of yourself and manage your property.)

Attorney in Fact #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the First Attorney in Fact, if the First Attorney in Fact is unable or unwilling to carry out your wishes.)

Attorney in Fact #3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the Second Attorney in Fact, if the Second Attorney in Fact is unable or unwilling to carry out your wishes.)

**Section 7 B. Durable Power of Attorney for Financial Decisions (Wife)**

Attorney in Fact #1 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will make your financial decisions on your behalf should you become unable to take care of yourself and manage your property.)

Attorney in Fact #2 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the First Attorney in Fact, if the First Attorney in Fact is unable or unwilling to carry out your wishes.)

Attorney in Fact #3 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone #. \_\_\_\_\_

(This person will replace the Second Attorney in Fact, if the Second Attorney in Fact is unable or unwilling to carry out your wishes.)

**Section 8. Stocks and Bonds (Government or Other)**

Company or Agency Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Stocks \_\_\_\_\_ Bonds \_\_\_\_\_ Number of Shares or Bonds \_\_\_\_\_  
Certificate Numbers \_\_\_\_\_

Company or Agency Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Stocks \_\_\_\_\_ Bonds \_\_\_\_\_ Number of Shares or Bonds \_\_\_\_\_  
Certificate Numbers \_\_\_\_\_

Company or Agency Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Stocks \_\_\_\_\_ Bonds \_\_\_\_\_ Number of Shares or Bonds \_\_\_\_\_  
Certificate Numbers \_\_\_\_\_

Company or Agency Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Stocks \_\_\_\_\_ Bonds \_\_\_\_\_ Number of Shares or Bonds \_\_\_\_\_  
Certificate Numbers \_\_\_\_\_

**Section 9. Money Invested in Mortgages and Personal Loans You Made (Money Someone Owes You)**

Mortgage \_\_\_\_\_ Personal Loan \_\_\_\_\_ Amount Invested and/or Loaned \_\_\_\_\_

Name of Person Owing You \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Stocks \_\_\_\_\_ Bonds \_\_\_\_\_ Number of Shares or Bonds \_\_\_\_\_

Mortgage \_\_\_\_\_ Personal Loan \_\_\_\_\_ Amount Invested and/or Loaned \_\_\_\_\_

Name of Person Owing You \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Stocks \_\_\_\_\_ Bonds \_\_\_\_\_ Number of Shares or Bonds \_\_\_\_\_

Mortgage \_\_\_\_\_ Personal Loan \_\_\_\_\_ Amount Invested and/or Loaned \_\_\_\_\_

Name of Person Owing You \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Stocks \_\_\_\_\_ Bonds \_\_\_\_\_ Number of Shares or Bonds \_\_\_\_\_

**Section 10. Cash (Checking & Saving Accounts)**

Bank Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Account Number \_\_\_\_\_

If Joint Account, With Whom \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Account Number \_\_\_\_\_

If Joint Account, With Whom \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Account Number \_\_\_\_\_

If Joint Account, With Whom \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Account Number \_\_\_\_\_

If Joint Account, With Whom \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Account Number \_\_\_\_\_

If Joint Account, With Whom \_\_\_\_\_



**Section 11. Special Needs Trust Provision**

Name/Relationship	Percent of Estate To be Held in Trust	Special Need
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 12. Child's Trust Provision**

Name/Relationship	Percent of Estate To be Held in Trust	Special Need
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 13. Miscellaneous Instruction**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# ATTACHMENT TO TRUST QUESTIONER

## Medical Decision

### 1. Granting Powers to Your Health Care Agent:

Would you like your agent to have the power to direct that artificially administered food and water be withdrawn or withheld? Yes \_\_\_\_\_ or No \_\_\_\_\_

### 2. Organ, Tissue or Body Donation:

Do you want to give your agent the authority to carry out your wishes for organ, tissue or body donation after your death? Yes \_\_\_\_\_ or No \_\_\_\_\_

### 3. Authorizing an Autopsy:

Choose the statement that best expresses your wishes

- I consent to an autopsy
- I do not consent to an autopsy
- My agent may give or refuse consent to an autopsy

### 4. Burial or Cremation:

Choose the statement that best expresses your preference.

- I have already made arrangement on my burial or cremation.
- I want my agent to decide on by burial or cremation.
- I do not authorize my agent to make decision about my burial or cremation.

### 5. Specifying Your Health Care Wishes:

I want to specify my wishes for medical treatment.

- I want to specify my wishes for medical treatment.
- I understand that my agent will make decisions for me on matters I do not address.
- I want my agent to make all treatment decisions for me.

### 6. Making Treatment Choices:

If you are sure that your wishes are simple you may select either of the following.

- I do not want my life prolonged in either of these situations.
- I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

If you are not sure what types of care you want, or if your wishes differ depending on the circumstances select the following:

- I would like to express my treatment choices for each situation separately.

## 7. FOOD AND WATER:

IF YOU CHOOSE THAT YOU DO NOT WANT YOUR LIFE PROLONGED YOU ARE CLOSE TO DEATH FROM TERIVOTAL CONDITION, OR PERMANENTLY UNCONSCIOUS. YOU MAY INDICATE WHETIATR OR NOT you WANT TO RECEIVE ARTIFICIALLY ADMINISTERED FOOD AND WATER UNDER THESE CIRCUMSTANCES.

\_\_\_\_\_ CHOOSE THE OPTION THAT BEST MATCHES YOUR WISHES:

\_\_\_\_\_ I DO NOT WANT ARi1FICIALLY ADMINISTERED FOOD AND WATER

\_\_\_\_\_ I WANT ARIIFICIALLY ADMINISTERED FOOD AND WATER

## 8. OTHER WISHES:

IF YOU DO NOT WANT TO ADD ANY FURTHER INSTRUCTIONS, LEAVE THE BOXES UNCHECKED.

\_\_\_\_\_ LOCATION OF CARE

\_\_\_\_\_ PALLIATIVE CARE

\_\_\_\_\_ PAIN RELIEF EXCEPTIONS

\_\_\_\_\_ PERSONAL OR RELIGIOUS VALUES

\_\_\_\_\_ ANY OTHER WISHES OR STATEMENTS

IF YOU CHECK NUMBER FIVE, YOU MUST SPECIFY YOUR OTHER WISHES.

## 9. ORGAN DONATION:

CHOOSE THE STATEMENT BELOW THAT BEST EXPRESSES YOUR PREFERENCES.

\_\_\_\_\_ I HAVE ALREADY MADE ARRANGEMENT FOR ORGANS, TISSUE OR BODY DONATION.

\_\_\_\_\_ I WANT TO LEAVE INSTRUCTIONS REGARDING MY ORGANS, TISSUE OR BODY DONATION. I DO NOT WANT TO DONATE MY ORGANS, TISSUE OR BODY AFTER MY DEATH.

\_\_\_\_\_ I WANT MY AGENT TO DECIDE WHETHER OR NOT TO DONATE MY ORGANS, TISSUE OR BODY AFTER MY DEATH.

IF YOU CHECK NUMBER ONE, YOU MUST SPECIFY YOUR DONATION ARRANGEMENT.

## 10. FINALIZING YOUR HEALTH CARE DOCUMENT:

WHO WILL SIGN THE HEALTH CARE DOCUMENTS? \_\_\_\_\_

SELECT THE METHOD OF FINALIZATION YOU WANT TO USE.

\_\_\_\_\_ I WILL HAVE THE DOCUMENT NOTARIZED.

\_\_\_\_\_ I WILL HAVE TWO WITNESS SIGN THE DOCUMENT.

# ATTORNEY-IN-FACT FINANCIAL DECISION

## 1. DO YOU WANT TO GIVE YOUR ATTORNEY-IN-FACT THE POWER OVER THE FOLLOWING?

\*CONDUCT REAL ESTATE TRANSACTION FOR YOU?

\_\_\_\_ YES                      \_\_\_\_ YES, BUT MY ATTORNEY-IN-FACT MAY NOT SELL MY HOME                      \_\_\_\_ NO

\*YOUR TANGIBLE PERSONAL PROPERTY:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*SECURITIES TRANSACTIONS:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*BANKING TRANSACTION:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*MAKE BUSINESS DECISIONS FOR YOU:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*HANDLE INSURANCE AND ANNUITY MATTERS:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*CONDUCT ESTATE, TRUST AND OTHER BENEFICIARY TRANSACTIONS ON YOUR BEHALF:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*TRANSFER IT EMS OF YOUR PROPERTY INTO YOUR LIVING TRUST:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*HANDLE LEGAL ACTIONS FOR YOU:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*PERMISSION TO SPEND MONEY TO TAKE CARE OF YOU AND YOUR FAMILY:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*CONDUCT TRANSACTIONS INVOLVING GOVERNMENT BENEFITS:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*CONDUCT RETIREMENT PLAN TRANSACTIONS:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*DEAL WITH YOUR TAXES:                      \_\_\_\_ YES                      \_\_\_\_ NO

\*MAKE GIFTS:

\_\_\_\_ YES, I WANT TO GIVE MY ATTORNEY-IN-FACT THE POWER TO MAKE GIFTS OF MY PROPERTY, AS I SPECIFY NEXT.

\_\_\_\_ NO, I DO NOT WANT MY ATTORNEY-IN-FACT TO MAKE GIFTS OF MY PROPERTY

\*DO YOU WANT TO AUTHORIZE YOUR ATTORNEY-IN-FACT TO MAKE GIFTS TO HIMSELF OR HERSELF?                      \_\_\_\_ YES                      \_\_\_\_ NO

IF YOU CHECK YES SPECIFY A DOLLAR AMOUNT. \_\_\_\_\_

\*DO YOU ALSO WANT TO AUTHORIZE YOUR ALTERNATE ATTORNEY-IN-FACT TO MAKE GIFTS OF YOUR PROPERTY TO HIMSELF OR HERSELF? IF YOU NAMED MORE THAN ONE ATTORNEY-IN-FACT, YOUR ANSWER WILL APPLY TO EACH OF THEM:

\_\_\_\_ YES                      \_\_\_\_ NO

**2. AUTHORIZING GIFTS TO OTHER PEOPLE.**

DO YOU AUTHORIZE YOUR ATTORNEY-IN-FACT TO GIVE YOUR PROPERTY TO OTHER PEOPLE AND/OR ORGANIZATION?

\_\_\_\_\_ YES, TO ANYONE MY ATTORNEY-IN-FACT CHOOSES.

\_\_\_\_\_ YES, BUT ONLY TO THE PEOPLE AND ORGANIZATION I NAME.

\_\_\_\_\_ No