



Steve H. Hornstein, Esq., CPA, LL.M., CFP®
Attorney at Law
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20335 Ventura Blvd., Suite 203
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Steve@HornsteinLawOffices.com

RE: INTRODUCTION LETTER WITH TRUST QUESTIONNAIRE

Dear Client,

Congratulations on taking this important step to secure a Trust along with a complete estate plan for you and your family. Please find attached our brochure and a copy of our Estate Planning Questionnaire, from which your Trust and estate planning documents will be prepared. The questionnaire will help you to gather the needed information. If a question does not apply, simply cross it out or leave it blank. The form includes questions that may help you to think about issues that are important to you.

This document is a “working document” and can be changed later, so don’t get stuck on any question. Please feel free to jot down notes or questions on the questionnaire or on new sheets and we can review these questions with you.

If possible, please fax a copy of your deed(s) to your property(ies), if applicable. If you cannot find the deed(s), we can pull it(them) from the County Recorder to ensure that your property(ies) is/are titled within the Trust.

If you currently have or are planning to purchase insurance policies, we may wish to look into preparing an Irrevocable Life Insurance Trust to be the owner of these policies. We will review this with you, if appropriate.

If you have been sent an engagement letter, please sign and return to our office along with the appropriate payment via check, Visa or Mastercard (please find attached credit card authorization, if applicable). If you have been sent a brochure, please review for additional information regarding the process and information about our office. Please bring in or fax to our office the Questionnaire when you have entered as much information as you are comfortable without additional assistance. Then, when your documents are complete, you can come to our office for signing and notarization, or we can send them to you for execution.

As you are already aware, it is very important to you and your family that you have complete estate planning documents, including a Trust, so I look forward to helping you and your family in this very important process. If you have any questions, please feel free to call me at (818) 887-9401 or e-mail me at Steve@HornsteinLawOffices.com.

Best regards,

A handwritten signature in cursive script that reads 'Steve Hornstein'.

Steve Hornstein, Esq.

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COMPLETE LIVING TRUST INCLUDES

- Detailed Estate Planning
- Living Revocable Trust
- Trustee Instructions
- Individual Bequest Sheets
- Pour-over Will and Living Will
- Funding Documents Including
 - Declaration of Intent
 - Deed to Home and Tax Assessor Report
 - Title Search
 - Bank, Stock Letters and Stationery
- Durable Powers of Attorney including
 - DPA for Property Management
 - DPA for Health Care
 - HIPAA Medical Information Release
- Advance Health Care Directive
- Important Document Guide
- Personal Message Guide
- Referral for Notarization

We also handle Litigation, Conservatorships, and Probates, as well as Tax Returns and Accounting.

TRUST

INDIVIDUAL \$1,950 MARRIED \$2,450

DEEDS/TRANSFERS TO TRUST

CALIFORNIA \$150 TITLE SEARCH \$85
 OUT OF STATE \$350 STOCK/LLC ASSIGNMENT \$300

MISCELLANEOUS SERVICES

DOCUMENTS SCANNED ONTO CD \$250
 TRUST REVIEW \$250
 TRUST AMENDMENT \$450
 AFFIDAVIT DEATH OF TRUSTEE \$650
 SMALL ESTATE AFFIDAVIT \$900
 DURABLE POWERS OF ATTORNEY (PROPERTY MANAGEMENT AND HEALTHCARE) \$285
 DOCUMENT REPRINTS \$75
 SETTLE ESTATE/TRUST DIVISION \$1,450
 706 ESTATE TAX RETURN \$6,000
 OTHER _____ \$ _____

ADVANCED PLANNING

IRREVOCABLE INSURANCE TRUST \$1,850
 CORPORATION/LLC \$1,500
 CRT / FLP / FOUNDATION \$4,500 - \$15,000

Date needed by (if applicable): ____/____/____ MINIMUM FEE: \$ _____ Deposit: \$ _____

Client's Name(s): _____, request(s) that Hornstein Law Offices complete the Comprehensive Estate Planning documents and services indicated above. Factors that could cause the fee to be greater than the minimum include client changes after documents preparation, and specialized language. The fees above are MINIMUM fees based on a good faith estimate and do not include costs, which may be billed separately. Work will be billed at our standard rates, which range from \$85 per hour to \$375 per hour. Notary fees are not included and will be billed separately by the notary. We are available to assist with any further issues, as requested, for an additional fee, at our standard rates, or as otherwise negotiated. The client(s) agree(s) to pay the fees, with the minimum deposit shown above. If deposit amount is left blank, the minimum fee will be charged as the deposit. Any remaining amount due is due upon completion of the documents or as invoiced separately. The total price may vary depending on the actual work completed by the attorney. Client agrees to the Additional Terms attached to this agreement.

I hereby authorize the use of my credit card, if given, for the deposit amount and remaining balance upon completion of work.
Credit Card Number: _____, Circle: VISA / MC Exp. Date: ____/____/____

Client Address: _____ City: _____, State: _____ Zip: _____

Wk: () _____ - _____ Hm: () _____ - _____ Cell: () _____ - _____ Fax: () _____ - _____

E-mail(s): _____

Client: _____ / / Representative/HLP: _____ / /

Client: _____ / / Attorney: _____ / /

ADDITIONAL TERMS

1. Effective Date. This Agreement will not take effect, and the firm will have no obligation to provide legal services, until you provide a signed copy of this Agreement. When it becomes effective, it will be retroactive to the date services were first provided. Even if this Agreement does not take effect, you will be obligated to pay the reasonable value of any services performed for you.
2. You Will Receive Copies. You will receive copies of relevant documents and correspondence on a flow basis as they are received or generated by the firm. These documents constitute your file. If you ever need a duplicate of this file, one will be provided to you upon receipt of the duplication costs.
3. Obligations of the Client. You will pay for legal services and you will cooperate fully and provide all information known or available to you that is relevant to this matter.
4. The firm does not make any promise or guarantee about the outcome of this matter, and your obligation under this Agreement is not contingent in any way on the outcome.
5. Discharge and Withdrawal. Although it is expected that this Agreement will continue until completion of the subject matter, you may terminate the Agreement at any time. Reciprocally, the firm reserves the right to terminate work and withdraw from the matter if you fail to perform the obligations of this Agreement. At the termination of my services, all charges are immediately due and payable, and any retainer balance will be returned to you. In addition, the firm may withdraw from representing you with your consent or with good cause. Good cause includes any activity by you that would render continued representation unlawful or unethical, such as a conflict of interest.
6. Authorization for Assistance by Paralegal. A Hornstein Law Paralegal (“HLP”) may or may not assist in the engagement. A HLP is a specially trained paralegal who has been instructed by and works under the supervision of Hornstein Law Offices. A HLP does not engage in the practice of law, but does assist in the gathering of data to facilitate the completion of legal services. Such services may include assistance in filling out the Trust questionnaire, or gathering copies of grant deeds, tax bills, existing trusts or wills, tax returns, business records, insurance policies, retirement plans, or other family, business and financial data necessary for the proper completion of a client's estate plan. A HLP may also discuss the general advantages of proper estate planning. The client hereby authorizes the HLP to gather any information necessary for the proper completion of the estate plan. Each client has the right to meet personally with an attorney regarding any issue which affects his or her estate plan. However, unless the client specifically requests to meet with an attorney, the client hereby requests and authorizes the HLP to assist the attorney and to gather information and/or deliver and/or notarize the Trust, grant deeds or other estate planning documents which have been prepared by the attorney.
7. Compensation of HLP. The client understands that the total fee for the legal services includes the attorney's legal fee as well as established compensation for the HLP. The client hereby requests and authorizes Hornstein Law Offices to pay a paralegal fee directly to the HLP for the time, expense and effort that the HLP expends in gathering or delivering information or documentation necessary to or prepared by the attorney Hornstein Law Offices for the legal services. The client understands that the HLP's paralegal fee may be construed as a conflict of interest, but by signing this agreement the client expressly authorizes the HLP to receive compensation as a paralegal from Hornstein Law Offices.
8. Late Fee. The client understands that a late fee of \$50 dollars will be assessed if payment is not submitted according to the due date stated on the invoice or agreement, and that such late fees will continue to be assessed monthly until paid in full.
9. Privacy of Personal Information. Hornstein Law Offices recognizes the importance of privacy and under the attorney-client privilege cannot disclose any of the client's personal or financial information to any person other than the Hornstein Law Offices attorneys or the client's HLP paralegal. The client also authorizes the HLP or Hornstein Law Offices to use the client's personal and/or financial information to prepare estate planning documents, presentations or illustrations for the client concerning the client's overall estate plan. Client agrees to provide Hornstein Law Offices and the HLP with any information necessary for the proper completion of the estate plan and holds Hornstein Law Offices and the HLP harmless for any damages that may result from the client's failure to accurately or completely provide such information.
10. Funding of Trust. Client understands that it is client's responsibility to transfer assets into his or her living trust and hereby holds Hornstein Law Offices harmless for any damages relating to the client's failure to properly fund his or her trust.

Additional Terms Cont.

11. Disclosure and Compliance Related. I/We understand that my/our main reasons for obtaining a Living Trust are to develop an estate plan, avoid probate, and in some instances I/we may save on Federal estate taxes. Furthermore, the Living Trust contains no inherent income or property tax advantages or changes. I/We understand that the Living Trust will be prepared based on the facts I/we have given the paralegal and/or Hornstein Law Offices and/or follow-up discussions with the paralegal and/or Hornstein Law Offices. This information is complete to the best of my/our knowledge with respect to assets listed and desires I/we have for my/our estate. Any omission will not result in liability to Hornstein Law Offices, or its paralegals.

I/We understand that the Trust, as initially established, is revocable or amendable at any time by the Trustors, and that additional charges may apply for amendments or corrections. In the case of an A-B Trust, I/we understand that upon the death of the first spouse, the "B" Trust is irrevocable.

12. Funding. I/We understand that Hornstein Law Offices will assist in the funding of my/our trust. However, I/we am/are solely responsible for the transfer of all of my/our assets into my/our living trust, and I hereby hold Hornstein Law Offices harmless for any damages relating to the clients failure to properly fund his or her trust. Upon request and for an additional fee, Hornstein Law Offices or its paralegals are available to provide additional assistance.

I/we hereby acknowledge(s) that I/we understand that the Trust which will be created for me/us must be properly funded by titling certain assets in the name of the trust. I/We understand that generally, unless other dispositive provisions have been provided or advised, all real estate, bank accounts, savings accounts, checking accounts, certifications of deposit, investment accounts, mutual funds, stocks and bonds, partnerships, corporations and business interests, trust deeds and promissory notes payable to me/us, and any other assets which are not tax deferred, or tax qualified and are not a form of insurance, must be titled in the name of the Trust.

I/We understand that Hornstein Law Offices is not responsible for re-titling assets into my/our Trust and that I/we are ultimately responsible for transferring title to my/our assets, presently owned and acquired in the future, into the Trust. I/We hereby release Hornstein Law Offices and any of its representatives from any and all liability resulting from my/our failure to properly fund my/our Trust. Furthermore, should the I/we have any questions concerning the proper titling of any particular asset. I/we should call Hornstein Law Offices.

13. Conflicts of Interest. It is customary for a husband and wife to employ the same law firm to assist them in planning their estates. However, we are not allowed to represent multiple clients whose interests may conflict without their written consent. Before we may represent both of you, we must advise you of the areas where the conflict may occur and explain any adverse effects which may reasonably be foreseen. As we see it, the following adverse effects might arise from our representing both of you:

First, since we would represent both of you, each of you would be our client. If either of you discusses something with us, we would not be allowed to withhold that information from the other on the grounds of attorney/client privilege. (Of course, anything either of you may tell us is privileged from disclosure to third persons.)

Second, you may have a difference of opinion concerning your proposed estate plan. Since we are the law firm for both of you, we would not be able to advocate one or the other of your positions, although we can point out the pros and cons of each opinion.

Third, although we doubt it will happen, an actual conflict may arise that makes it impossible to perform our obligations to each of you. In that case, we would be forced to withdraw as your joint attorney and advise one or both of you to obtain your own counsel.

With this understanding, I/we wish to create a Living Trust.

I hereby authorize payment to be made from my credit card or bank account provided for the deposit amount and remaining balance upon completion of work.



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Delivery Instructions: To:

Rep: _____

Name: _____

Address: _____

CLIENT INFORMATION

Name: First _____ Middle (or initial) _____

Last: _____

Social Security Number: ____/____/____ DOB ____/____/____

Address: _____

City: _____, County _____, Zip _____

Phone: _____

Marital Status: Married _____ Unmarried _____

Previous Marriages: Yes _____ No _____

If yes, how many: _____

Is client a US Citizen: Yes _____ No _____

Spouse: First _____ Middle (or initial) _____

Last: _____

Social Security Number: ____/____/____ DOB ____/____/____

Address: _____

City: _____, County _____, Zip _____

Marital Status: Married _____ Unmarried _____

Previous Marriages: Yes _____ No _____

If yes, how many: _____

Is client a US Citizen: Yes _____ No _____

PRIOR MARRIAGES:

Client/Spouse: Name of former spouse: _____
(circle one) Marriage terminated by: _____ Divorce, Year _____
_____ Death, Date __/__/__

Client/Spouse: Name of former spouse: _____
(circle one) Marriage terminated by: _____ Divorce, Year _____
_____ Death, Date __/__/__

Client/Spouse: Name of former spouse: _____
(circle one) Marriage terminated by: _____ Divorce, Year _____
_____ Death, Date __/__/__

Client/Spouse: Name of former spouse: _____
(circle one) Marriage terminated by: _____ Divorce, Year _____
_____ Death, Date __/__/__

Client/Spouse: Name of former spouse: _____
(circle one) Marriage terminated by: _____ Divorce, Year _____
_____ Death, Date __/__/__

CHILDREN

Living Children

Full Given Name	Date of Birth	Sex	Child of	Parent
1. _____	___/___/___	M F	Both H W	_____
Address: _____		Telephone #: () _____ - _____		
City _____, State: _____		Zip: _____		
2. _____	___/___/___	M F	Both H W	_____
Address: _____		Telephone #: () _____ - _____		
City _____, State: _____		Zip: _____		
3. _____	___/___/___	M F	Both H W	_____
Address: _____		Telephone #: () _____ - _____		
City _____, State: _____		Zip: _____		

Trust Questionnaire / Estate Analysis

4. _____ /____/____ **M F Both H W** _____

Address: _____ Telephone #: () _____ - _____

City _____, State: _____ Zip: _____

5. _____ /____/____ **M F Both H W** _____

Address: _____ Telephone #: () _____ - _____

City _____, State: _____ Zip: _____

6. _____ /____/____ **M F Both H W** _____

Address: _____ Telephone #: () _____ - _____

City _____, State: _____ Zip: _____

7. _____ /____/____ **M F Both H W** _____

Address: _____ Telephone #: () _____ - _____

City _____, State: _____ Zip: _____

8. _____ /____/____ **M F Both H W** _____

Address: _____ Telephone #: () _____ - _____

City _____, State: _____ Zip: _____

9. _____ /____/____ **M F Both H W** _____

Address: _____ Telephone #: () _____ - _____

City _____, State: _____ Zip: _____

10 _____ /____/____ **M F Both H W** _____

Address: _____ Telephone #: () _____ - _____

City _____, State: _____ Zip: _____

DECEASED CHILDREN

Full Given Name	Date of Death	Sex	Child of	Parent
1. _____	___/___/___	M F	Both H W	_____
Surviving Issue Yes _____ No _____				
2. _____	___/___/___	M F	Both H W	_____
Surviving Issue Yes _____ No _____				

TRUSTEE/EXECUTOR

Are the Settlor(s) to act as initial Trustee(s)? Yes _____ No _____

If Settlor(s) are not Trustee(s), who is/are the initial trustee(s):

Initial Trustee(s) if NOT Settlers Relationship to Settlor(s)

Name: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone #: _____

Successor Trustee(s): Relationship to Settlor(s)

Name: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone #: _____

SPECIFIC GIFTS OF CASH OR PROPERTY:

Beneficiary Name, Relationship to Settlor	Amount of Gift
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DISTRIBUTION OF TRUST ESTATE:

Beneficiary	Share (%)	Distribution Age	Alternate Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does any beneficiary require a "Special Needs" provision:

If yes: Name: _____
Alternate income beneficiary _____
Alternate principal beneficiary _____
Remainder beneficiary _____

ADDITIONAL NOTES:

GUARDIAN(S) of Minor Child(ren):

CLIENT'S WILL

NAME

RELATIONSHIP

SPOUSE'S WILL

NAME

RELATIONSHIP

Trust Questionnaire / Estate Analysis

DURABLE POWERS OF ATTORNEY FOR HEALTH CARE AND MANAGEMENT OF PROPERTY

(If any of these documents presently exist, a copy of each should accompany this questionnaire. They will be returned.)

Durable Power of Attorney for Management of Property

This document authorizes your agent to manage your property and business affairs, such as signing checks on your bank account to pay your bills, in the event you become incapacitated.

Who would you like to be your agent to manage your property in the event you become incompetent?	<u>Husband or single male</u>	<u>Wife or single female</u>
Agent (Name, address, phone number, and relationship to you.)		
1 st Successor Agent (Name, address, phone number, and relationship to you.)		
2 nd Successor Agent (Name, address, phone number, and relationship to you.)		

Advanced Healthcare Directive

This document authorizes your agent to make healthcare decisions for you, and provides your healthcare directives in the event you are unable to tell your doctor your desires.

Who do you designate to make your healthcare decisions for you if you are unable to do so?	<u>Husband or single male</u>	<u>Wife or single female</u>
Agent (Name, address, phone number, and relationship to you.) (or just note if same as the DPA for Property)		
Successor Agent (Name, address, phone number, and relationship to you.) (or just note if same as the DPA for Property)		
2 nd Successor Agent (Name, address, phone number, and relationship to you.) (or just note if same as the DPA for Property)		

Advance Medical Directive: Which sentence below best describes your wishes regarding life-prolonging measures?	<u>Husband or single male</u>	<u>Wife or single female</u>
Please choose one sentence (a-d) below:	(enter choice)	(enter choice)
a) I do not wish to receive medical treatment if I am in an irreversible coma or persistent vegetative state; or terminally ill and life-sustaining procedures would only artificially delay death; or otherwise if burdens of treatment outweighs expected benefits.		
b) I want to receive medical treatment unless I am in an irreversible coma.		
c) I want to preclude use of life-sustaining procedures if I am in a terminal condition.		
d) I want to receive medical treatment that will allow me to live as long as possible.		

Please answer the following questions:	<u>Husband or single male</u>	<u>Wife or single female</u>
1) Would you like your agent to allow for anatomical bequests? (Y/N)		
2) What are your burial plans? (e.g. Cremation? Open casket? Where? All left to your agent's discretion?)		
3) Shall your agent authorize an autopsy? (Yes/No)		

Asset Ledger

List all assets owned by you and your spouse. It is important to list all assets, even those not to be transferred to the trust.

Note: *Assets not transferred to trust may be subject to probate.*

Bank Accounts (include savings, money market accounts and certificates of deposit)

	Name	Account #	Type of Account	Dollar Amount
#1	_____	_____	_____	\$ _____
#2	_____	_____	_____	\$ _____
#3	_____	_____	_____	\$ _____
#4	_____	_____	_____	\$ _____

Trust Accounts & Retirement Plans (T.S.A. / 401k / I.R.A. / E.S.O.P.)

	Name	Account #	Type of Account	Dollar Amount
#1	_____	_____	_____	\$ _____
#2	_____	_____	_____	\$ _____
#3	_____	_____	_____	\$ _____
#4	_____	_____	_____	\$ _____
#5	_____	_____	_____	\$ _____

Brokerage Accounts

	Name	Account #	Type of Account	Dollar Amount
#1	_____	_____	_____	\$ _____
#2	_____	_____	_____	\$ _____
#3	_____	_____	_____	\$ _____

Stocks, Bonds, and Securities

	Name	# of Shares	Dollar Amount	Cost Basis
#1	_____	_____	\$ _____	\$ _____
#2	_____	_____	\$ _____	\$ _____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____
#6	_____	_____	_____	_____
#7	_____	_____	_____	_____
#8	_____	_____	\$ _____	\$ _____

Trust Questionnaire / Estate Analysis

Mutual Funds

	Name	Account #	Dollar Amount	Cost Basis
#1	_____	_____	\$ _____	\$ _____
#2	_____	_____	\$ _____	\$ _____
#3	_____	_____	\$ _____	\$ _____

Life Insurance

Name _____ Owner _____ Amount \$ _____
 Policy # _____ Beneficiary _____ Cost Basis \$ _____

Name _____ Owner _____ Amount \$ _____
 Policy # _____ Beneficiary _____ Cost Basis \$ _____

Name _____ Owner _____ Amount \$ _____
 Policy # _____ Beneficiary _____ Cost Basis \$ _____

Annuities

	Name	Policy #	Dollar Amount	Cost Basis
#1-	_____	_____	\$ _____	\$ _____
#2-	_____	_____	\$ _____	\$ _____
#3	_____	_____	\$ _____	\$ _____

Business Interests

Name _____ Amount \$ _____
 Business Structure (Corp. Partnership, etc.) _____ Cost Basis \$ _____
 Buy/Sell Agreement _____ Funded by Insurance _____ % Owned _____

Name _____ Amount \$ _____
 Business Structure (Corp. Partnership, etc.) _____ Cost Basis \$ _____
 Buy/Sell Agreement _____ Funded by Insurance _____ % Owned _____

Trust Questionnaire / Estate Analysis

Real Estate Owned

Type _____ Title _____ Value \$ _____
 Address: _____ Mortgage \$ _____
 City, St, Zip: _____ Cost Basis \$ _____

Type _____ Title _____ Value \$ _____
 Address: _____ Mortgage \$ _____
 City, St, Zip: _____ Cost Basis \$ _____

Type _____ Title _____ Value \$ _____
 Address: _____ Mortgage \$ _____
 City, St, Zip: _____ Cost Basis \$ _____

Type _____ Title _____ Value \$ _____
 Address: _____ Mortgage \$ _____
 City, St, Zip: _____ Cost Basis \$ _____

Type _____ Title _____ Value \$ _____
 Address: _____ Mortgage \$ _____
 City, St, Zip: _____ Cost Basis \$ _____

Type _____ Title _____ Value \$ _____
 Address: _____ Mortgage \$ _____
 City, St, Zip: _____ Cost Basis \$ _____

Trust Deeds & Notes Payable to You

	Borrower	Type	Dollar Amount	Cost Basis
#1-	_____	_____	\$ _____	\$ _____
#2-	_____	_____	\$ _____	\$ _____
#3	_____	_____	\$ _____	\$ _____

Please List Additional Assets on a Separate Sheet.

Trust Questionnaire / Estate Analysis

DISCLOSURE AND COMPLIANCE

If assisted by a paralegal, I/We understand that the paralegal is not an attorney or certified tax authority, and I/we have been advised that I/we should always consult Hornstein Law Offices directly for legal advice regarding my/our trust and estate planning documents and a tax accountant for tax or legal advice.

I/We understand that my/our main reasons for obtaining a Living Trust are to develop an estate plan, avoid probate, and in some instances I/we may save on Federal estate taxes. Furthermore, the Living Trust contains no inherent income or property tax advantages or changes. I/We understand that the Living Trust will be prepared based on the facts I/we have given the paralegal and/or Hornstein Law Offices and/or follow-up discussions with the paralegal and/or Hornstein Law Offices. This information is complete to the best of my/our knowledge with respect to assets listed and desires I/we have for my/our estate. Any omission will not result in liability to Hornstein Law Offices, or its paralegals.

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Third, although we doubt it will happen, an actual conflict may arise that makes it impossible to perform our obligations to each of you. In that case, we would be forced to withdraw as your joint attorney and advise one or both of you to obtain your own counsel.

With this understanding, I/we wish to create a Living Trust.

Signature X

Print Name: _____

Date: _____

Signature X

Print Name: _____

Date: _____



Steve H. Hornstein, Esq., CPA, LL.M., CFP®

Attorney at Law

www.HornsteinLawOffices.com

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Woodland Hills, CA 91364

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NAME: _____ DATE: _____ Phone: _____

Please take a few minutes to complete the following questionnaire. Upon completion please return to Hornstein Law Offices. This questionnaire will help identify issues and ensure none are overlooked. Please list any additional concerns on a separate sheet.

	Yes/No:		Urgency:		
	Choose One:		1	2	3
ESTATE PLAN: I need help with my Estate Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the following: <input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Physician's Directive					
TAX RETURN: I need help with my Tax Return.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I am pleased with the work that my tax preparer does and my tax issues are being handled properly					
<input type="checkbox"/> I currently don't have a tax preparer <input type="checkbox"/> I currently do my own taxes					
LIFE INSURANCE: I need help with my Life Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Husband or Single Male: <input type="checkbox"/> I have life insurance.					
I have the following type(s): <input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal <input type="checkbox"/> Variable Universal <input type="checkbox"/> I don't know.					
Monthly benefit amount: \$ _____ Premium: \$ _____					
Wife or Single Female: <input type="checkbox"/> I have Life insurance.					
I have the following type(s): <input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal <input type="checkbox"/> Variable Universal <input type="checkbox"/> I don't know.					
Monthly benefit amount: \$ _____ Premium: \$ _____					
DISABILITY INSURANCE: I need help with my Disability Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Husband or Single Male: <input type="checkbox"/> I have disability insurance.					
Monthly benefit amount: \$ _____ Premium: \$ _____					
Wife or Single Female: <input type="checkbox"/> I have disability insurance.					
Monthly benefit amount: \$ _____ Premium: \$ _____					
LONG-TERM CARE INSURANCE: I need help with my Long-Term Care Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily benefit amount: \$ _____ Premium: \$ _____					
HEALTH INSURANCE: I need help with my Health Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I or my family have: <input type="checkbox"/> PPO / <input type="checkbox"/> HMO Carrier: _____ Premium: \$ _____					
<input type="checkbox"/> I or my family don't have health insurance.					
MEDICARE SUPPLEMENT INSURANCE: I need help with Medicare Sup. Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I have this insurance <input type="checkbox"/> I don't have medicare supplement insurance					
PROPERTY INSURANCE: I need help with my Property Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I have this insurance and have inventoried all of my property, taken pictures, and have this information stored off-site.					
Property inventory last reviewed: _____					
FINANCIAL STRATEGY: I need help with my Financial Strategy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a financial strategy for (check all that apply):					
<input type="checkbox"/> 3-6 month emergency fund <input type="checkbox"/> Short-term <input type="checkbox"/> Mid-term <input type="checkbox"/> Long-term <input type="checkbox"/> Retirement					
I have the following (check all that apply):					
<input type="checkbox"/> Brokerage A/C <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA					
Education savings account: _____ Other: _____					
MORTGAGE: I need help with my Mortgage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home value: _____ Mortgage balance: _____					
Current mortgage rate: _____ Type: <input type="checkbox"/> 30 yr <input type="checkbox"/> 15 yr <input type="checkbox"/> 5/1 <input type="checkbox"/> ARM					

RISK ASSESSMENT QUESTIONNAIRE



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PAYMENT PROCESSING FORM

CREDIT CARD

Master Card: _____ - _____ - _____ - _____ Exp.: _____

VISA: _____ - _____ - _____ - _____ Exp.: _____

AMEX _____ - _____ - _____ Exp.: _____

Three digit CC Code (on back of card or front on Amex): _____

Name as it appears on card: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ - _____

BANK ACCOUNT DEBIT

Bank Name: _____

Bank Account Number: _____

Routing Number: _____

I hereby authorize Hornstein Law Offices to charge my above captioned credit card or debit my bank account for the amount of \$_____. I hereby warrant that I have authority to make payments from the account(s) provided.

Customer's Signature: _____ Date: _____

ABOUT STEVE HORNSTEIN,



CPA, LL.M., CFP®
ATTORNEY AT LAW

Steve H. Hornstein has worked in the areas of accounting, tax, financial strategy, and estate planning since 1996, when Mr. Hornstein joined the accounting firm of Deloitte & Touche, LLP in their Financial Counseling Services Group. While at Deloitte, Mr. Hornstein worked in their offices throughout



Southern California, on behalf of many business and individual high profile and high net worth clients.

In 2000, Mr. Hornstein left Deloitte for a position as Controller of an internet consulting firm in Los Angeles, CA, guiding the company through its sale to a venture capital firm in 2004. Mr. Hornstein opened his law and accounting office in Woodland Hills in 2002.

Mr. Hornstein holds a B.A. in Economics-Business from UCLA, a J.D. from Loyola Law School, and an LL.M. in taxation law from Golden Gate University. Mr. Hornstein is a Certified Public Accountant, and a licensed attorney, having been admitted to the California Bar in 1996. He is Series 7, 63, and 66 licensed with LPL Financial, as well as insurance licensed by the California Department of Insurance, and is a Certified Financial Planner certificant.

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Our Mission

OUR MISSION IS TO HELP OUR CLIENTS TAKE THE ACTION NECESSARY TO PLAN AND ORGANIZE THEIR FINANCIAL AFFAIRS TO EFFECTIVELY MEET THEIR GOALS.

Step 1: Call our office and arrange for a free consultation.

Step 2: We will help you **develop** a financial strategy and/or estate plan using our comprehensive questionnaires.

Step 3: We will **prepare** your plan and all documents needed to carry it out.

Step 4: We will **deliver** your plan to you with comprehensive instructions.

Step 5: Execution - Signing, notarizing, and recording of documents. Either you can handle the execution of your documents or come to our office and we will have a notary available for you.

Step 6: Safekeeping - Put your documents in a safe place. For further protection, we can scan all of your signed documents and give them to you on a CD with your original documents.

HORNSTEIN LAW OFFICES

Ease...

Guidance...

Peace of mind...

- ♦ Estate Planning
- ♦ Trusts & Wills
- ♦ Durable Powers of Attorney
- ♦ Trust Administration
- ♦ Probate
- ♦ Litigation
- ♦ Tax
- ♦ Accounting
- ♦ Financial Strategy

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Why Do I Need A Living Trust?

A Will may not be the best plan for you and your family, primarily because a will does not avoid probate. A will must be verified by the probate court before it can be enforced.

Furthermore, because a will can only go into effect *after* you die, it provides **no protection** if you become physically or mentally incapacitated. So the court could easily take control of your assets *before* you die - a concern of millions of older Americans and their families.

Fortunately, there is a simple and proven alternative to a will - the **Revocable Living Trust**. It avoids probate, and lets you keep control of your assets while you are living - even if you become incapacitated - and after you die.

What Is Probate?

Probate is the legal process through which the court "proves a will". If you haven't prepared your own will, the Court will look to the default will in the probate code and the Court will probate that will as your will. Anybody who owns assets or real estate valued at \$100,000 or more is generally required to go through probate before their assets can be transferred.

The probate process can be expensive and time consuming. The main expenses are attorney, executor, appraisal, and court filing fees. The fees generally range from 4% to 10% of the entire value of your estate, and depending upon the complexity of the estate, can take a minimum of four months to as long as two years or more to complete. Probate can become a tremendous time and financial burden for your loved ones.

Your Revocable Living Trust Package

- ◆ **REVOCABLE LIVING TRUST**
Avoids probate, conservatorship and, in some cases reduces estate taxes.
- ◆ **POUR OVER WILL**
Transfers assets held outside of the trust into the trust.
- ◆ **TRUST TRANSFER DOCUMENTS**
Deeds, forms, etc. needed to transfer your property into your trust.
- ◆ **CERTIFICATION OF TRUST**
Provides a summary copy of the trust for easy use in dealing with banks, brokers, insurance companies, etc.
- ◆ **LIVING WILL**
Authorizes medical personnel to remove life support systems, if you so desire, in the event of a terminal illness or injury.
- ◆ **DURABLE POWER OF ATTORNEY**
Authorizes your agent to manage your property in the event of your absence or disability.
- ◆ **MEDICAL POWER OF ATTORNEY**
Authorizes your agent to make health care decisions should you become incapacitated.
- ◆ **INSTRUCTIONAL MATERIALS**
Assists you in gaining a thorough understanding of your trust and all documents contained in your portfolio.
- ◆ **SPECIAL NEEDS TRUST**
For parents who have a disabled child, a special needs trust can protect your child's inheritance. The establishment of a special needs trust provides benefits that supplement, but do not supplant, government entitlements like Medicaid and supplemental security income (SSI).

Benefits Of A Living Trust

-  *Avoid probate at death, including multiple probates if you own property in other states*
-  *Prevents court control of assets at incapacity*
-  *Brings all your assets together under one plan*
-  *Provides maximum privacy*
-  *Quicker distribution of assets to beneficiaries*
-  *Assets can remain in trust until you want beneficiaries to inherit*
-  *Can reduce or eliminate estate taxes*
-  *Inexpensive, easy to set up and maintain*
-  *Can be changed or cancelled at any time*
-  *Difficult to contest*
-  *Prevents court control of minors' inheritances*
-  *Can protect dependents with special needs*
-  *Prevents unintentional disinheritance and other problems of joint ownership*
-  *Professional management with corporate trustee*
-  *Peace of mind*

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