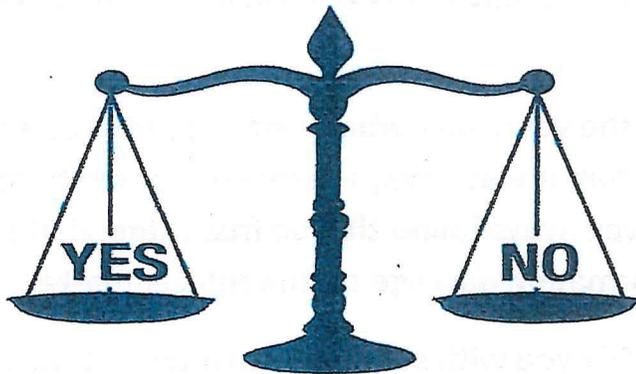


Uncle D's Take On It!

Things Are Only Good Or Bad By Comparison.

Estate Planning and You! Wills & Trusts. Do You Need Them?



That Is The Question

When it Comes to Estate Planning...

Myths and misconceptions abound. The primary one is that it's only for the very rich. But despite its lofty-sounding name, estate planning isn't reserved just for those who have a lot of money or property. An "Estate" is simple all the property you own, both outright and jointly—including bank accounts, real estate, stocks and bonds, vehicles, jewelry and retirement accounts. If you haven't done any formal estate planning, there are a number of common arrangements and documents you need. So in this issue of Uncle D's Take on It I will try to provide you with some clarification of estate planning. So with that being said, let's get started...Enjoy and learn....



**IT'S NEVER TOO
LATE TO START!**



QUESTIONS/THOUGHTS

Contact me any time
dfmor8@gmail.com



**HERE'S TO FAMILY,
FRIENDS AND A FINE
BOTTLE OF WINE!**

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Estate Planning
Power of Attorney
Wills and Trusts

Minor Children
and
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UNCLE D'S TAKE ON IT

Hi my name is Dennis (Most of my family just call me uncle "D".)

From time to time I write about various subjects in the hope that I can provide the reader with some clarification and some information on that subject matter. No, I am not an expert or authority on any of the subjects that I select, however I do research them and I will try to present you with a clear and simplified understanding of the subject.

It has been my experience over the years that whenever I was interested in finding information on anything that it was always necessary for me to read many articles and or books. I have always found that so frustrating that I decided to write a recapped information package on the subject matter.

In Uncle D's Take on It I will provide you with some information on that subject. I feel that with this information in hand it will give you a basic enough understanding so that if you have any further questions or interest you will have a basic starting point to continue your own research. I realize that many of you are already much more knowledgeable than I am on some or all of the subjects, but my hope is that it might just help one or two of you.

Our subject today is Estate Planning.

When it comes to Estate Planning myths and misconceptions abound. The primary one is that it's only for the very rich. But despite its lofty-sounding name, estate planning isn't reserved just for those who have a lot of money or property. There are a number of common documents that every should have.

So with that being said let's get started.

Have a great day, here's to family, friends & a fine bottle of Wine!!!!

ESTATE PLANNING AND YOU!

WILLS AND TRUSTS. DO YOU NEED THEM?

MINOR CHILDREN AND GUARDIANSHIP

POWER OF ATTORNEY FORMS

ESTATE INFORMATION FORMS

WILL EXPLANATION AND SAMPLE WILL

TRUST EXPLANATION AND SAMPLE TRUST

GETTING STARTED WITH YOUR ESTATE PLAN

WEBSITES AND ADDITIONAL INFORMATION

AUTHORIZATION OF GUARDIANSHIP

AND

Naming Guardians for your Minor Children

As a parent, your Will provides you the opportunity to designate a guardian for minor children in the event of your death. Naming a guardian in your Will ensures that you choose who would care for your children, not the courts.

In most cases, if your child's other parent survives you, they assume guardianship without any other special actions. However, it is important to designate a guardian in the event that neither parent is available to assume the role.

A guardian becomes responsible for the child's physical care, health, education, and welfare until he or she reaches 18 years of age. This includes providing the basic needs such as food, clothing, shelter, health care decisions and education choices.

The guardian is not responsible to meet the child's financial needs with his or her own money. Usually, a trustee, who may also be the executor, handles those arrangements with money provided by the estate and dedicated for that purpose. A guardian is not paid for his or her services.

The person you choose as the guardian should have good parenting skills and values similar to your own. You should have complete confidence in the person you nominate, and you should be certain that your nominee is willing to accept the responsibility of raising your children should the need actually arise. Family members or trusted friends are good options. Naming co-guardians is permitted but doing so may create custody problems should the co-guardians separate in the future.

Careful consideration should be given to family members and longtime friends. Many parents looking for a guardian consider the candidate's religious views, opinions about education and whether or not they would be willing to accept the responsibility.

Once a selection is made, it's vital to discuss it with the person who may raise your children. Make certain they understand the responsibility they would be assuming and that they are willing to do so.

Perhaps the best way to appoint a guardian in a legally binding manner is by placing it in a will. With the assistance of an attorney specializing in wills and estates, it should be little trouble to identify the appropriate guardian and make any other necessary arrangements for the care of the child. Wills can incorporate a great deal of detail about how you would like your child to be raised, and this can be a useful guide for the guardian.

EXPLANATION OF GUARDIANSHIP FOR MINOR CHILDREN

NAMING A GUARDIAN FOR YOUR CHILDREN

In most cases if your spouse survives you they will assume guardianship of your children, however it is important to designate a guardian in the event neither of you is available to assume this role. Your Will and your Living Trust provides you the venue to designate a guardian for your child or children.

A guardian becomes responsible for the physical care, health, education and welfare until they reach the age of eighteen.

The guardian is not responsible for the financial needs of your child or children, for this your successor trustee would handle your child's financial needs with money provided for in your Revocable Living Trust.

USING LIFE INSURANCE TO PROVIDE FOR YOUR CHILDREN

Consider buying a moderate term insurance policy, which is the least expensive form of insurance you can buy. It will provide quick cash for your children, if necessary without draining your bank account.

You would name your spouse as your primary beneficiary and your successor trustee of your living trust as the secondary beneficiaries in case you and your spouse die simultaneously.

In your trust document you would name your children as beneficiaries of any money the trust receives from the insurance policy. Your trustee will manage the monies for the benefit of your children as per your instructions and release all remaining monies in the trust when your children reach the age specified by you in your trust.

AUTHORIZATION OF GUARDIANSHIP

For _____

We the undersigned being the legal parents of
_____ do hereby grant,
_____ the authority to be the legal
guardian of our
Son/Daughter _____.

The authorization of legal guardianship shall begin upon the date of our simultaneous deaths and shall remain in effect until he/She reaches the legal age of eighteen years old.

The above named guardians shall have the complete power for our child's physical care, health, education and welfare until He/She reaches the legal age of eighteen.

This document has been attached to and become a part of our Wills and our Trust named the _____ &
_____ Revocable Living Trust.

Within these documents we have provided the above appointed guardians with the financial ability to accomplish our wishes with regards to our daughter's upbringing and his/her educational and personal goals.

EXPLANATION OF POWER OF ATTY DOCUMENTS:

DURABLE POWER OF ATTORNEY: (2 PAGES)

The Durable Power of attorney gives your attorney-in-fact the power and authority to act in your behalf in any way which you yourself could act if you were personally present and able to act. You will select two people to act as you attorney-in-fact. Most people select the same two people that they have appointed as their representatives on their Will and as their successor trustees on their Living Trust. This document will have a unlimited lifetime, however it is recommended that it should be reviewed and updated every five years. This document will require your signature as well as that of a Notary.

ADVANCE HEALTH CARE DIRECTIVE: (4 PAGES)

The Advance Health Care Directive gives the two people you select the right to make all your healthcare decisions and or communicate for you should you become incapacitated. This document will require two witness signatures, your signature and also the signature of a Notary. This document should be updated every five years.

DIRECTIVE TO PHYSICIANS: (1 PAGE)

The Directive to Physicians document gives your family and your physicians your approval to withdraw life sustaining procedures if your death is imminent, however it will require the agreement of two physicians in determining that your death is imminent. This document will require your signature as well as two witness signatures. It does not require a Notary signature.

***This document should be updated every five years.**

DURABLE POWER OF ATTORNEY
&
APPOINTMENT OF ATTORNEY-IN-FACT

On the _____, day of _____, 201____, I _____, of _____, State of California ("Principal") appoint _____, of _____, California, and _____, of _____, California, as my **co-attorneys-in-fact, as follows:**

I. My Attorney-in-Fact shall have the authority to transfer any property I may own, real, personal, or mixed, wherever located, to the trustees then acting under the _____ **LIVING TRUST** dated the _____, day of _____, 2017. In order to accomplish this, I authorize my Attorney-in-Fact to do anything required to effect the necessary transfers, including (but not limited to), entering any safe deposit boxes I may own and removing the contents, executing any checks or orders to transfer any funds I have on deposit with any bank or other financial institution, executing any documents of title required to effect any transfer, giving any assurances or warranties to any person, and executing any other documents on my behalf.

2. This power of attorney relates to and gives my attorney-in-Fact full power and authority to act for me and in my name, in any way which I myself could act, if I were personally present and able to act, with respect to the following matters.

- A) Real estate transactions.
- B) Tangible personal property transactions.
- C) Bond, share, and commodity transactions.
- D) Financial institution transactions.
- E) Business operating transactions.
- F) Insurance transactions.
- G) Gifts; in accordance with principal's will & Trust.
- H) Estate transactions.
 - I) Claims and litigation.
 - J) Tax matters.
 - K) Personal relationships and affairs.
 - L) Records, reports, and statements.
 - M) To join with my spouse in executing joint income tax returns.
 - N) All other matters.

3. This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.

4. This power may be revoked by me at any time by a written instrument. No person shall be liable to me or my estate in any way for any losses resulting from his or her good-faith recognition of my attorney-in-Fact's authority, prior to having received a written notice of revocation.

5. Any person may rely fully, completely, and equally on (a) the original of this power of attorney, (b) a duly executed counter part of this power of attorney, or (c) a copy certified by my attorney-in-Fact to be a true copy of the original power of attorney.

6. If either _____ or _____ ceases to act as my attorney-in-fact due to death, incapacity or resignation, I appoint the remaining attorney-in-fact to serve as my sole attorney-in-fact.

7. This power of attorney shall be governed by and constructed according to the laws of the State of California Whenever the context of this power of attorney requires, the masculine gender includes the feminine or neuter, and vice versa, and the singular number includes the plural, and vice versa.

IN WITNESS WHEREOF I have executed this Durable Power of Attorney, and I have directed that photographic copies of this power shall have the same force and effect as an original.

Date: _____ 201

Name. _____

NOTARY

STATE OF CALIF.)

:ss.

COUNTY OF _____)

ON ____ Day of _____, 201 } before me

_____, a Notary Public

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on this Durable Power of Attorney the person, or the entity upon behalf of which the person acted, executed this instrument. I certify under PENALTY OF PREJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Seal and Stamp

Signature _____

ADVANCE HEALTH CARE DIRECTIVE FOR _____
(Must be renewed 5 years from this date)

PART 1: POWER OF ATTORNEY FOR HEALTH

Designation of Agent.

I, _____ appoint _____, as my agent.

If _____ can't serve, I appoint _____, as my agent.

Any person I have named as my agent will serve unless any of the following conditions occur:

- A) I revoke his or her authority in writing.**
- B) He or she becomes unavailable or unwilling to act as my agent.**

Contact Information:

Name: _____
Address: _____
City: _____
State: _____
Ph. No: _____

Name: _____
Address: _____
City: _____
State: _____
Ph. No: _____

Agent's Authority:

Unless I have specified otherwise in this document, I grant my agent full authority on all matters relating to my health care, including full power to give or refuse consent to all medical, surgical, hospital, and related health care.

X _____ By initialing this paragraph, I expressly authorize my agent to make decisions to withhold or withdraw life-prolonging treatment, and artificially administered food and water, which would allow me to die, and I acknowledge such decisions could or would allow my death.

My agent's power includes, but is not limited to, the authority to:

A) Hire and fire personnel.

B) Visit me in any hospital, hospice, nursing home, adult home, or other medical care facility.

C) Request, receive and review (In accordance with the Health Insurance Portability and Accountability Act), any information, verbal or written, regarding my physical or mental health, including medical and hospital records and other protected health information, and to execute any releases or other documents that may be required in order to obtain such information.

D) To sign any documents required to request, withdraw, or refuse medical treatment or to be released or transferred to or from a hospital, hospice, nursing home, adult home, or any other medical facility.

F) To authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home, or other medical care facility, and to execute any releases or other documents that may be required to do so.

G) Select where I live and receive care and support when those choices relate to my health care needs.

H) Sign any waiver or release from liability required by a hospital or physician, and contract on my behalf for any health care related service or facility, without incurring personal financial liability for such contracts.

When Effective:

When this document is signed, each individual identified as my agent is, in accordance with the Health Insurance Portability And accountability Act, my personal representative for all purposes related to any assessment of my capacity to make informed decisions regarding my health care.

Agent's Obligation:

My agent shall make health care decisions for me in accordance with this document and any other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

Agent's Post Death Authority:

The authority of my agent shall continue after my death for a period of time sufficient for my agent to carry out any wishes described in the _____ Revocable Living Trust.

Nomination of Conservator:

If a court must appoint a conservator of my person, I nominate the agent or each alternate agent whom I have named, in the order designated in this form to serve without bond or security.

PART 2: INSTRUCTIONS FOR HEALTH CARE

I direct my health care providers to follow the health care decisions made for me by my agent.

PART 3: DONATION OF ORGANS AT DEATH

I authorize my agent the power and the authority to execute on my behalf whether to make donations of my organs, tissues, or other body parts after I die.

PART 4: PRIMARY PHYSICIAN

Name: _____ Phone: _____

PART 5: DEFINITIONS

For purposes of this document:

Health care means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition.

Terminal condition means a condition that will cause imminent death or, to a reasonable degree of medical certainty, is hopeless unless artificially supported through the use of life-prolonging procedures. The condition must be confirmed by a physician who is qualified and experienced in making such diagnosis

Artificially administered food and water----also called nutrition and hydration---means administering food and water through a tube or intravenous line, where the recipient is not required to chew or swallow voluntarily.

Permanently unconscious means a condition that, to a reasonable degree of medical certainty, will last permanently, without improvement, and in which there is no cognitive thought, sensation, purposeful action, social interaction, and awareness of self and environment, in addition, the condition must have existed for a period of time sufficient to make such a diagnosis, and must be confirmed by two physicians who are qualified and experienced in making such a diagnosis.

Life-prolonging treatment means any medical treatment, procedure, or intervention that, in the judgement of the attending physicians, would serve only to prolong the dying process where the patient has a terminal illness or injury, or would serve only to maintain the patient in a condition of permanent unconsciousness. These procedures include assisted ventilation, cardiopulmonary resuscitation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs and antibiotics.

PART 6: SIGNATURES

Governing Law:

I intend this document to be my Advance Health Care Directive under _____ law. However, if any of the health care instructions go beyond what _____ authorizes, I request that those instructions be respected and followed in keeping with my right to direct my own health care as guaranteed by the U.S. Constitution.

Effect of Copy:

A copy of this document has the same effect as if it were the signed original.

Severability:

If a court finds any of the specific provisions in this document to be invalid, that shall not affect other provisions in this document to be invalid, that shall not affect other provisions that can be given effect without the invalid provision.

DATE AND SIGNATURE OF PRINCIPAL:

I Sign my name to this Advance Health Care Directive on this ____ day of _____, 201____, in _____, State of _____.

Name:

STATE OF _____)

:ss.

COUNTY OF _____)

On this ____ day of _____, 201____, personally appeared before me _____, who duly acknowledged to me that she/he has read and fully understands the foregoing power of attorney, executed the same of her/his own volition and for the purposes set forth, and that she/he was acting under no constraint or undue influence whatsoever.

NOTARY PUBLIC

Directive to Physicians:

(Reactivate five (5) years from this date)

Directive to Physicians made on this _____ day _____, 201_____

I, _____, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below and do hereby declare that:

A) If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians and where the application of life sustaining procedures would serve only to artificially prolong the moment of my death and where two physicians determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the merciful administration of medication to eliminate or reduce pain to my mind and body or the performance of any medical procedure deemed necessary to provide me with comfort care.

B) In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences from such refusal.

C) I have not been diagnosed or notified as having a terminal condition at the time of signing this directive.

D) This directive shall have no force or effect five (5) years from the date of the signing of this directive.

E) I understand the full importance of this directive and I am emotionally and mentally competent to make this directive.

_____ Residing at: _____
Name: _____, Calif. 95 _____

We witnesses certify that each of us is 18 years of age or older and each personally witnessed the declarant sign or direct the signing of this directive; that we are acquainted with the declarant; that we believe the declarant to be of sound mind; that the declarants desires are as expressed above; that neither of us is a person who signed the above directive on behalf of the declarant; that we are not related to the declarant by blood or marriage, nor are we entitled to any portion of declarant's estate according to the laws of intestate succession of this state or under any will or codicil of declarant; that we are not directly financially responsible for the declarant's medical care; and that we are not agents of any health care facility in which the declarant may be a patient at the time of signing this directive.

_____ Residing at: _____
Name: _____ Ph. _____, Calif. 95 _____

_____ Residing at: _____
Name: _____ Ph. _____, Calif. 95 _____

INFORMATION

AND

NOTIFICATION

FORMS

EXPLANATION OF FORMS

INFORMATION FORMS:

These forms provide information to you, your family & your successor trustee's.

- **Insurance Policies for Home, Auto, Health & Life**
- **Retirement Accounts**
- **Credit Card Accounts**
- **Financial Accounts Outside Our Trust**
- **Death and Burial Information**

INSURANCE INFORMATION FOR

&

HOUSE INSURANCE:

COMPANY:

POLICY #

AGENT NAME: _____

PHONE # _____

AUTO INSURANCE:

COMPANY:

POLICY #

AGENT NAME: _____

PHONE # _____

MEDICAL INSURANCE:

COMPANY:

POLICY #

AGENT NAME: _____

PHONE # _____

LIFE INSURANCE:

COMPANY:

POLICY #

AGENT NAME: _____

PHONE # _____

RETIREMENT ACCOUNT INFORMATION
FOR

_____ & _____

;
COMPANY: _____
Account # _____
AGENT NAME: _____
PHONE # _____

COMPANY: _____
Account # _____
AGENT NAME: _____
PHONE # _____

COMPANY: _____
Account # _____
AGENT NAME: _____
PHONE # _____

**CREDIT CARD ACCOUNT INFORMATION
FOR**

_____ & _____

COMPANY:

Account #

AGENT NAME: _____

PHONE # _____

COMPANY:

Account #

AGENT NAME: _____

PHONE # _____

COMPANY:

Account #

AGENT NAME: _____

PHONE # _____

FINANCIAL ACCOUNT INFORMATION

OUTSIDE OUR TRUST

FOR

&

:

COMPANY:

Account #

AGENT NAME: _____

PHONE # _____

COMPANY:

Account #

AGENT NAME: _____

PHONE # _____

COMPANY:

Account #

AGENT NAME: _____

PHONE # _____

DEATH AND BURIAL INFORMATION

FOR

&

This form will provide your Successor Trustees and your Loved ones with any advanced end of life planning you have in place.

Such As;

- 1) Any prepaid plan you have with a cemetery for your burial plat, opening and closing of the grave etc.
- 2) Any prepaid plan for your selection of a casket etc.
- 3) Any arrangements you have made in advance for memorial services.
- 4) Any instructions or request who you would like to officiate at your services and who you would like to speak.
- 5) Who you would like to carry your casket and give the final prayer at your grave site.
- 6) What you would like your obituary to say.
- 7) Rather you want to be buried or cremated.
- 8) If you would like to donate any or all of your organs.

“Last Will and Testament”

A last will and testament is a legal document that communicates a person's final wishes pertaining to personal possessions and dependents. A person's last will and testament outlines what to do with your possessions, whether you are leaving them to another person or group or donating them to charity, and what happens to other things for which you are responsible, such as custody of dependents and accounts.

A person writes a will while he is alive, and its instructions are carried out once the individual passes away. The will names a still-living person as the executor of the estate. That person is responsible for administering the estate.

A will and last testament forms the foundation of an estate plan and is the key instrument used to ensure that the estate is settled in the manner desired.

Your Last Will and Testament enables you to select a person or persons to act as your personal representative upon your death. This document also enables you to select your heirs and to select an individual or couple to serve as the legal guardians to your child or children in the event of your death. This document will require you to select two people to act as your representatives. It will also require the signature of three witnesses, your signature and the signature of a Notary. We have included a sample Will and Trust for your review and possible use. (Be sure to have a legal representative review them prior to having them Notarized and made official)

EXPLANATION OF LAST WILL AND TESTAMENT

LAST WILL & TESTAMENT:

The Last Will and Testament is a legal document that communicates your final wishes, as pertaining to your personal belongings, possessions and assets outside your trust.

Your Last Will & Testament enables you to select a person or persons to act as your personal representative upon your death. This document also enables you to select your heirs and to select an individual or couple to serve as the legal guardians to your minor child or children in the event of your death and or the simultaneous death of you & your spouse.

THIS DOCUMENT WILL REQUIRE THE FOLLOWING:

- 1) One or two people to act as your representatives.**
- 2) It will require the signature of three witnesses.**
- 3) It will require the signature of a Notary.**

LAST WILL AND TESTAMENT OF

I, _____, being of legal age, of sound mind and disposing mind and memory and not acting under duress, menace, fraud, misrepresentation or undue influence, hereby declare this to be my last will and Testament. I hereby revoke all my prior Wills and Codicils.

ARTICLE 1: DEBITS, EXPENSES, DEATH TAXES & RESIDUE

My successor trustee shall pay all my currently due debts and all the expenses of my last illness, burial and the administration of my Estate as soon as is conveniently possible. My successor trustee shall pay my debts and expenses out of my Trust Estate.

DEATH TAXES

My successor trustee shall pay all state and federal death and inheritance taxes payable by reason of my death with respect to assets included in the calculation of the taxes, whether passing under this will or otherwise. My successor trustee shall pay the taxes out of my Trust estate.

RESIDUE

After paying any debts and expenses or death and inheritance taxes and disbursing all my personal & tangible property as per the attached exhibit "A" titled Schedule of Disbursement of Tangible Personal Property. The residue of the property owned by me at my death, real and personal and wherever situated, I devise and bequeath to the Trustees appointed under the _____ Revocable Living Trust. I direct that the Residuary Estate shall be held, administrated and distributed as part of that Trust according to the terms of that Trust and any amendments made to it prior to my death. It is my intention not to create a separate trust by this Last Will & Testament nor to subject the Revocable Living Trust to the jurisdiction of the probate court.

ARTICLE 2: DISPOSITION OF FINANCIAL ACCOUNTS, PRIMARY RESIDENCE, VEHICLES & PERSONAL ITEMS

Personal Items:	Exhibit "A" attached to this Last Will & Testament
Real Estate & Financial Accounts:	Schedule "A" attached to my trust
Motor Vehicles:	Schedule "B" attached to my trust

ARTICLE 3: PERSONAL REPRESENTATIVE

My personal representatives & Trustee's are _____
&
_____ and they shall have all the powers & duties according to my Revocable Living Trust.

ARTICLE 4: NO CONTEST PROVISION

If any devise, legatee or beneficiary under this will or the Living Trust referred to above shall, directly or indirectly, contest this will or my Revocable Living Trust or any of their respective parts or provisions, any share or interest given to that person shall be revoked and amount proportionately the share of such of the devisees, legatees and beneficiaries as shall not have joined or participated in said contest.

ARTICLE 5: DISPOSITION

I purposely make no substantial provision in this will for my children now living, or any born or adopted hereafter, for the reason that adequate provision is made for them in my Revocable Living Trust referred to above.

ARTICLE 6: INVALIDITY

If any portion of this will shall be determined to be unenforceable, the remaining portions shall, nevertheless, be carried into effect.

ARTICLE 7: SURVIVAL

If there is not sufficient evidence as to whether my spouse survived me, the provisions of my Will shall be given effect in like manner as if he/she had deceased me and died before me.

ARTICLE 8: WILL EXECUTION

This Will has been prepared in duplicate, each copy of which has been executed as an original. One of these executed copies is my possession and the other is deposited for safekeeping in a safe deposit box access and instructions as to the whereabouts of the key to the box has been provided to my family. Either of these Wills is to be considered as the original. If only one copy of this Will can be found. Then it shall be considered as the original, and the missing copy will be presumed inadvertently lost.

IN WITNESS WHEREOF, I have signed and sealed this Will, consisting of (3) pages, on this ___ day of _____, 20___, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute it as my free and voluntary act for the purposes expressed in it, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

STATE OF California _____
COUNTY OF _____, ss,

ON _____, 20___ before me, _____, a Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that He/She executed the same in His/Her authorized capacity, and that by His/ Her signature on this instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____
Notary Seal or Stamp.

Signature _____

LAST WILL AND TESTAMENT OF

WITNESSES SIGNATURES

We do hereby declare under penalty of perjury that the testator signs and executes this instrument as his/her Last Will and that he/she signs it willingly (or willingly directs another to sign for him/her) and that he/she executes it as his/her free and voluntary action for the purposes herein expressed; and that each of us, in the presence and hearing of the testator and of each other, hereby signs this Will and witness to the testator's signing, and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

Dated: _____ day of _____, 20____

_____ Residing at: _____
_____ Name. Ph. # _____

_____ Residing at: _____
_____ Name. Ph. # _____

_____ Residing at: _____
_____ Name. Ph. # _____

EXHIBIT "A"

DISTRIBUTION OF TANGIBLE & PERSONAL PROPERTY OF

I, _____ **HEREBY DECLARE THIS TO BE MY TANGIBLE & PERSONAL PROPERTY LIST (KNOWN AS EXHIBIT A) AND I DESIRE THAT UPON MY DEATH THE FOLLOWING SPECIFIC ITEMS OF PERSONAL PROPERTY BE DISTRIBUTED BY MY TRUSTEES TO THE FOLLOWING BENEFICIARIES.**

Description & Location of Tangible & Personal Property	Beneficiary
---	--------------------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

If the named beneficiaries of a particular item doesn't survive me, such devise shall lapse and pass as otherwise provided in my will. Dated this _____ day of _____ 20_____

Name:

EXPLANATION OF REVOCABLE LIVING TRUST

REVOCABLE LIVING TRUST: (4 PAGES)

A Revocable Living Trust is a legal document that is created by an individual or couple to hold and own their assets, which are in turn invested and spent for the benefit of the creators of the trust. Your trust will cover three phases of your life.

Phase 1.

While you are alive you will manage, invest and spend the trust assets for your own benefit. You will place your assets into the trust on schedule "A" and you will be the trustee.

Phase 2.

If you are determined to be mentally incapacitated and can no longer function as the trustee then your "Successor Trustees" will take over the management of the trust.

Phase 3.

When you die your "Successor Trustees" will take over and pay all of your final bills, debts, taxes and then manage the trust and all of the assets according to your instructions in your trust. Because you placed all of your assets into the ownership of your trust while you were alive there will be no need for anything to be probated and your "Successor Trustees" can proceed with the administration of your trust as per your instructions therefore distributing your assets to your designated beneficiaries and working with your appointed guardian for your minor child or children.

You will select two people to be your trustees, they will not have to sign, however your signature and the signature of a Notary is required.

Upon the completion of all the paperwork for the above forms I will provide you with a page of instruction of how you activate, fund & finalize your Will, your Living Trust, your bank accounts, the deed on your house and all other related documents.

The Robert T. & Nancy A. Jones

Revocable Living Trust

Dated September 3, 2016

THE _____

and _____

REVOCABLE LIVING TRUST

ARTICLE 1. TRUST NAME AND DECLARATION OF TRUST

THIS AGREEMENT AND DECLARATION OF TRUST is made and entered into this _____, day of _____, 2017. By and between _____ and _____, individually and as husband and wife, hereinafter referred to GRANTORS, declare that they have set aside and hold in this trust all their interest in the property described in the attached schedule "A" All of that property is called the "trust property."

The trustees acknowledge receipt of the trust property and agree to hold it in trust, according to this Declaration of Trust.

The trust property shall be used for the benefit of the trust beneficiaries and shall be administrated and distributed by the trustees in accordance with this Declaration of Trust.

The term "this Declaration of Trust" includes any provisions added by valid amendment.

ARTICLE 2. CHARACTER OF TRUST PROPERTY.

While both grantors are alive, property transferred to this trust shall retain its original character as community property. If the trust is revoked, the trustee shall distribute the trust property to the grantors based on the same ownership rights they had before the property was held in trust.

ARTICLE 3. ADDING PROPERTY TO THE TRUST.

Either grantor, or both, may add property to this trust at any time.

ARTICLE 4. GRANTORS RIGHTS

A) Payments From Trust During Grantors Lifetimes

The trustees shall pay to or use for the benefit of the grantors as much of the net income and principle of the trust property as the grantors request. Income shall be paid to the grantors at least annually. Income accruing in or paid to trust accounts shall be deemed to have been paid to the grantors.

B) Rights Retained by Grantors

As long as both grantors are alive, both retain all rights to income, profits and control of the trust property listed on Schedule "A" attached to this Revocable Living Trust.

ARTICLE 5. AMENDMENT AND REVOCATION

A) Revocation by Grantor

As long as both grantors are alive, either one may revoke this trust at any time, without notifying any beneficiary. Revocation may be in writing or any manner allowed by law.

B) Amendment by Grantor

While both grantors are alive, this Declaration of Trust may be amended only by both of them acting together. All amendments must be in writing and signed by both grantors.

After the death of one grantor, the surviving spouse can amend this revocable living trust.

C) Amendment or Revocation by Other Person

The power to revoke or amend this trust is personal to the grantors. A conservator, guardian or other person may not exercise it on behalf of either grantor unless the grantor specifically grants the power to revoke or amend this trust in a Durable Power of Attorney.

ARTICLE 6. HOMESTEAD RIGHTS

If the grantors principal residence is held in this trust, the grantors have the right to possess and occupy it for life, rent-free and without charge, except for taxes, insurance, maintenance and related costs and expenses. This right is intended to give the grantors a beneficial interest in the property and to ensure that the grantors, or either of them, do not lose eligibility for a state homestead tax exception for which either grantor otherwise qualifies.

ARTICLE 7. TRUSTEE'S

A) Original Trustee(s)

_____ and _____ are the trustees of this trust and any other trust or child's sub trust created under this Declaration of Trust. Either original trustee alone may act for and represent the trust in any transaction.

B) Trustee at Death of the first Trustee.

When one original trustee dies, the surviving spouse shall become the trustee of the Trust .

C) Successor Trustees at Death of Both Original Trustees

When both original trustees have died, _____ and _____ shall serve as co-trustees.

D) Trustee's Responsibility

The co-trustees in office shall serve as trustees of all trusts, including any child's sub trust created under this Declaration of Trust.

E) Terminology

The term "trustees" includes successor trustees or alternate successor trustees serving as trustee of this trust. The singular "trustee" also includes the plural.

F) Resignation of Trustee

Any trustee in office may resign at any time by signing a notice of resignation. The resignation shall be delivered to the person or institution who is either named in this declaration of Trust, or appointed by the trustee under section G of this Part, to next serve as the trustee.

G) Power to Appoint Successor Trustee

If no one named in this declaration of Trust to serve as trustee is willing and able to serve as trustee, the last acting trustee may appoint a successor trustee and may require the posting of a reasonable bond, to be paid for with the trust property. The appointment must be made in writing, signed by the trustee and notarized.

H) Bond

No bond shall be required of any trustee named in this Declaration of Trust.

I) Compensation

No trustee shall receive compensation for serving as trustee, unless the trustee serves as a trustee of a child's sub-trust created by this Declaration of Trust.

J) Liability of Trustee

With respect to the exercise or non-exercise of discretionary powers granted by this Declaration of Trust, the trustee shall not be liable for actions taken in good faith. Such actions shall be binding on all persons interested in the trust property.

ARTICLE 8. TRUSTEE'S POWERS AND DUTIES

A) Power under State Law

To carry out the provisions of this Declaration of Trust, the trustee shall have all authority and powers allowed or conferred under California law, subject to the trustee's fiduciary duty to the grantors and the beneficiaries.

B) Specified Powers

The trustee's powers include, but are not limited to:

1. The power to sell trust property, and to borrow money and to encumber trust property, including trust real estate, by mortgage, deed of trust or other method.
2. The power to manage real estate as if the trustee were absolute owner of it, including the power to sell, lease (even if the lease term may extend beyond the period of any trust) or grant options to lease the property, to make repairs or alternations and to insure against loss
3. The power to invest trust property in every kind of property and every kind of investment, including but not limited to real estate, bonds, notes, mortgages, stocks and mutual funds.
4. The power to receive additional property from any source and add to any trust created by this Declaration of Trust.
6. The power to employ and pay reasonable fees to accountants, lawyers, investment experts or other professionals for information or advice relating to the Trust.
7. The power to deposit and hold trust funds in both interest-bearing and non-interest bearing accounts.
8. The power to deposit funds in bank or other accounts, whether or not they are insured by the FDIC.

- 9) The power to enter into electronic fund transfers or safe deposit arrangements with financial institutions.
10. The power to continue any business of either grantor.
11. The power to institute or defend legal actions concerning this trust or the grantors' affairs.
12. The power to execute any documents necessary to administer any trust created by this Declaration of Trust.
13. The power to diversify investments, including authority to decide that some or all of the trust property need not produce income.

ARTICLE 9. INCAPACITY OF GRANTORS

A) Incapacity of One Grantor

While both grantors are alive, if one of them becomes physically or mentally incapacitated, whether or not a court has declared the grantor incompetent or in need of a conservator or guardian, the other grantor shall serve as sole trustee, until the incapacitated grantor is no longer incapacitated.

B) Incapacity of Both Grantors

If both grantors become physically or mentally incapacitated, the successor co-trustees named in Article 7-C shall serve as co-trustees until at least one of the grantors is no longer incapacitated. The successor co-trustees shall pay trust income at least quarterly to, or for the benefit of, the grantors. The co-trustees may also spend any amount of trust principal necessary, in the trustee's discretion, for the health, education, support, comfort, welfare and maintenance of the grantors, in accordance with their accustomed standard of living, until at least one grantor is no longer incapacitated, or until the grantors' deaths.

C) Incapacity of Surviving Spouse

If after the death of one spouse, the surviving spouse becomes physically or mentally incapacitated, the successor co-trustees shall serve as trustees of the trust and of any other trusts created by this Declaration of Trust. The successor co-trustees shall serve as trustees until the surviving spouse is no longer incapacitated. The co-trustees shall pay income from the trust at least quarterly to, or for the benefit of, the surviving spouse. The trustees may also spend any amount of the trust principal necessary, in the successor trustees' discretion, for the proper health, education, support, comfort, welfare and maintenance of the surviving spouse, in accordance with his or her accustomed standard of living. Any income not spent for the benefit of the surviving spouse shall be accumulated and added to the trust.

D) Determination of Incapacity

The determination of a grantor's capacity to manage this trust shall be made by those of the people listed here who are reasonably available when the other grantor or the successor co-trustees (or any of them, if two or more are named to serve together) requests their opinion. These people are: _____; _____ and _____. If the majority of them state in writing, that in their opinion a grantor is no longer reasonably capable of serving as trustee, that grantor shall be considered incapacitated for the purposes of this Part.

ARTICLE 10: DEATH OF GRANTORS

Upon the death of the first grantor, the surviving spouse will be the sole Trustee. As the trustee he or she can remove, change or cancel it outright. Upon the death of the surviving spouse the successor co-trustees will become the trustees of the Trust.

ARTICLE 11: DISTRIBUTIONS TO BENEFICIARIES

Upon the death of the first grantor, the surviving spouse shall distribute the deceased's tangible and personal property as per exhibit "A" the itemized Statement of Distribution of Tangible & Personal Property attached to and made a part of his or her Last Will & Testament. Upon the death of the surviving spouse the co-successor trustees named in this trust shall distribute their tangible & personal property as per Exhibit "A" the itemized Statement of Distribution of Tangible & Personal Property. The successor co-trustees shall then distribute all remaining property and asset's of the trust as per the _____ . And _____ Schedule "B" Statements of Final Distribution To Beneficiaries which are attached to and included as apart of this Revocable Living Trust.

ARTICLE 12: ADMINISTRATION OF TRUST

This trust is a Revocable Living Trust and can be changed by the trustee(s) or the surviving spouse. The surviving spouse is the life beneficiary of the trust upon the death of the first spouse. The surviving spouse is entitled to all the income and principle from the trust for the surviving spouse's health, education, maintenance, support and the ability to maintain the same comfortable lifestyle that had been enjoyed as a couple. The surviving spouse as the trustee of this trust shall retain all the rights to all income, profits and control of the property and assets in the trust. The surviving spouse may amend or revoke the trust at any time during his or her lifetime, without notifying any beneficiaries. At the death of the surviving spouse the successor co-trustees of this Revocable Living Trust shall distribute all the remaining assets and property to the beneficiaries as per schedule "B" the "Statement of Final Distribution to Beneficiaries, which is attached to and included as part of this Revocable Living Trust.

ARTICLE 13: TERMS OF PROPERTY DISTRIBUTION

All distributions are subject to any provision in this Declaration of Trust that creates a child's sub trust or a custodianship under the Uniform Transfers to Minors Act. A beneficiary must survive the grantor for 120 hours to receive property under this Declaration of Trust, to survive means to be alive or in existence as an organization. All personal and real property left through this trust shall pass subject to any encumbrances or liens placed on the property as security for the repayment of a loan or debt.

ARTICLE 14. SIMULTANEOUS DEATH

If both grantors die simultaneously, or under such circumstances as to render it difficult or impossible to determine who predeceased the other, for purposes of this living trust it shall conclusively be presumed that both died at the same moment, and neither survived the other. The trustees named in Article 7-C shall disburse each of the deceased grantors assets as per their Exhibit's "A" attached to their Wills, & schedule "B" Statement of final distributions to beneficiaries attached to and included in this trust.

ARTICLE 15. PAYMENT OF GRANTORS DEBTS AND TAXES

The trustees may pay out of trust property such amounts as necessary for payment of debts, estate taxes and expenses of the last illness and funeral of either spouse.

ARTICLE 16. GENERAL ADMINISTRATIVE PROVISIONS

A) Controlling Law

The validity of this trust and construction of its provisions shall be governed by the laws of California.

B) Severability of Clauses

If any provision of this Declaration of Trust is ruled unenforceable, the remaining provisions shall nevertheless remain in effect.

Certification of Grantors

We certify that we have read this Declaration of Trust and that it correctly states the terms and conditions under which the trust property is to be held, managed and disposed of by the trustees, and we approve this Declaration of Trust.

_____ Dated: _____ day of _____, 201____
Grantor and Trustee

_____ Dated: _____ day of _____, 201____
Grantor and Trustee

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC:

State of California
County of Sacramento

On _____ day of _____, 201____, before me _____, a notary public for said state, personally appeared _____ and _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same in their authorized capacities and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

For Notary seal or Stamp

Signature _____

SCHEDULE "A" (Assignment of Property)

The _____ **REVOCABLE LIVING TRUST**

_____ **Grantor and Trustee,**

of The _____ **Revocable Living Trust** dated
the ___ day of _____, 201__ hereby assign, quitclaim and transfer all of my
rights, title and interest in the following financial institutions and real estate, together with
all present and future improvements thereon to

The _____ **Revocable Living Trust** dated
the ___ day of _____, 201__.

PROPERTY CONVEYED:

1-Primary Residence APN: _____

FINANCIAL INSTITUTION:

1- Your Bank	Account #	checking
Address	Account #	savings
City-State-Zip	Account #	CD-Matures on _____
Ph.one.	Account #	Annuity with _____

2-Your Credit Union	Account #	checking
	Account #	savings

3-Your 2nd Bank	Account #	checking
	Account #	membership
	Account #	savings

4- Your Retirement System	Account #	Life Insurance @ \$
	Account #	401 K Plan

5-Your Life Insurance	Account #	IRA (Annuity)
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_____ day of _____, 201__
Name: Grantor & Trustee

Revocable Living Trust

Schedule "B"

UPON MY DEATH I WOULD LIKE MY/OUR TRUSTEE'S TO DISPOSE OF MY/OUR VEHICLES & PRIMARY RESIDENCE IN THE FOLLOWING MANNER:

PERSONAL RESIDENCE AT _____

____ GIVE TO _____

____ SELL & GIVE MONEY TO THE FOLLOWING PEOPLE IN THE % LISTED BELOW

1. ____ % _____

2. ____ % _____

3. ____ % _____

____ SELL & DEPOSIT PROCEEDS INTO MY TRUST

AUTO #1 _____

____ GIVE TO _____

____ DONATE TO _____

____ SELL & GIVE MONEY TO _____

____ SELL & DEPOSIT PROCEEDS INTO MY TRUST

AUTO #2 _____

____ GIVE TO _____

____ DONATE TO _____

____ SELL & GIVE MONEY TO _____

____ SELL & DEPOSIT PROCEEDS INTO MY TRUST

OTHER: _____

____ GIVE TO _____

____ DONATE TO _____

____ SELL & GIVE MONEY TO _____

____ SELL & DEPOSIT PROCEEDS INTO MY TRUST

GETTING STARTED WITH YOUR ESTATE PLANNING DOCUMENTS

Okay, you have decided that you would like to put together your Estate plan. First of all congratulations, because doing this will give you so much peace of mind. Not only will your estate avoid probate you will be providing your loved ones with a road map for taking care of your wishes if something should happen to you.

Your Estate plan will consist of five documents.

- 1) Durable Power of Attorney for financial decisions
- 2) A Directive to Physicians for removal of life support
- 3) Advanced Health Care Directive should you become incapacitated
- 4) Your Last Will and Testament
- 5) Your Revocable Living Trust

To get started you or you and your spouse need to fill out the informational forms. Providing the names of the individuals you wish to appoint as your agents, representatives and your successor trustees.

The sooner this is completed the sooner you can get started towards completing your Estate Plan.

So with that being said return the information ASAP and we will get this done!!!!!!!!!!!!

INFORMATION NEEDED TO COMPLETE YOUR ESTATE PLANNING DOCUMENTS

Durable Power of Attorney (Financial Decisions)

The Durable Power of Attorney form is a legal document giving one or two people called a "agent" or "attorney-in-fact" the power to make legal decisions about your property & finances. This document would be used in the event of your illness or disability or when you are not present to sign necessary legal documents for, financial transactions.

Durable Power of Attorney: (Financial Decisions)

Select two people to act as your attorney in fact.

1) Name _____

Address _____

City _____, State _____ Zip code _____

Phone number _____

2) Name _____

Address _____

City _____, State _____ Zip code _____

Phone number _____

INFORMATION NEEDED TO COMPLETE YOUR ESTATE PLANNING DOCUMENTS

Directive To Physicians (For end of life):

The Directive to Physicians is a legal document which gives your family and your physicians your approval to withdraw life sustaining procedures if your death is imminent, however it will require the agreement of two physicians in determining that your death is imminent.

Directive To Physicians (For end of life):

Select two people to act as witnesses to your signature.

1) Name _____
Address _____
City _____ State _____ Zip _____
Phone number _____

2) Name _____
Address _____
City _____ State _____ Zip _____
Phone number _____

INFORMATION NEEDED TO COMPLETE YOUR ESTATE PLANNING DOCUMENTS

Medical Power of Attorney or Advance Health Care Directive:

The Medical Power of Attorney or Advance Health Care Directive form is a legal document giving one or two people you select the right to make all your healthcare decisions and or communicate for you should you become incapacitated, preventing unwanted treatment.

Medical Power of Attorney or Advance Health Care Directive:

Select two people to act as your agents for your Health Care.

1) Name: _____

Address _____

City _____ State _____ Zip code _____

Phone No. _____

2) Name _____

Address _____

City _____ State _____ Zip code _____

Phone No. _____

Select two people to witnesses you signing this directive.

1) Name _____

Address _____

City _____ State _____ Zip _____

2) Name _____

Address _____

City _____ State _____ Zip _____

INFORMATION NEEDED TO COMPLETE YOUR ESTATE PLANNING DOCUMENTS

Last Will and Testament:

Your Last-Will and Testament is a legal document that communicates your final wishes, as pertaining to your personal belongings, possessions and Your Last will and Testament enables you to select a person or persons to act as your personal representatives you're your death. This document also enables you to select a individual or a couple to serve as the legal guardians to your child or children in the event of your death and or the simultaneous death of you and your spouse.

Last Will and Testament:

Select two people to act as your personal representatives.

1) Name _____
Address _____
City _____ State _____ Zip _____

2) Name _____
Address _____
City _____ State _____ Zip _____

Select Three people to witness you signing this document:

1) Name _____
Address _____
City _____ State _____ Zip _____

2) Name _____
Address _____
City _____ State _____ Zip _____

3) Name _____
Address _____
City _____ State _____ Zip _____

INFORMATION NEEDED TO COMPLETE YOUR ESTATE PLANNING DOCUMENTS

Revocable Living Trust:

Your Revocable Living Trust is a legal document that is created by an individual or couple to hold and own their assets, which are in turn invested and spent for the benefit of the creators of the trust. If you are determined to be mentally incapacitated and can no longer function as the trustee then your "Successor Trustees" will take over the management of the trust. When you die your "Successor Trustees" will take over and pay all of your final bills, debts, taxes and then manage the trust and all of your assets according to the instructions you gave in your trust.

Revocable Living Trust:

Select one or two people that you would like to act as your "Successor Trustees"

1) Name _____
Address _____
City _____ State _____ Zip _____

2) Name _____
Address _____
City _____ State _____ Zip _____

List both of your full legal names (also your address) as you would like them on all your forms including you Wills and your Revocable Living Trust.

1) Name _____
Address _____
City _____ State _____ Zip _____

2) Name _____
Address _____
City _____ State _____ Zip _____



ADDITIONAL ESTATE PLANNING INFO. WEBSITES

Here are some websites that can provide you with additional information.

nolo.com/legal

Schwab.com

investopedia.com

forbes.com

Fidelity.com

estateplanning.com

legalzooms.com

newretirement.com

informationvine.com

Well that's about it for this issue of Uncle D's Take on it. I hope that I have provided you with some useful information about how Estate Planning works. There is no reason why you can't do your own Power of Attorney forms, your Will and even your own Revocable Living Trust. If you're feeling a little overwhelmed just fill out all the information and you should be able to get an estate attorney to complete it for you for a reasonable sum.

Completing your estate plan is one of the greatest things you can do for yourself and your loved ones. So, you need to get it complete now!! The Bottom Line is:

Read and understand what needs to be done and follow through on it.....

Please let me know if you enjoyed this issue on Estate Planning. Below I have listed some of the upcoming topics. Let me know if any of them sound interesting to you.

Loans & Refinancing

Annuities

Social Security

How to buy a house

Stock Market Basics

Life Insurance

Dollar Cost Averaging

Home and Auto Insurance

Drip Investing

Here's to Family, Friends & A Fine Bottle of Wine!!!!!!!!!!