



ALTERNATIVE LEGAL SOLUTIONS

d/b/a ATTORNEY SERVICES OF EL DORADO COUNTY

1950 Lake Tahoe Blvd. #7
SOUTH LAKE TAHOE, CA 96150

(530) 541-2473 * (800) 339-6779 * (775) 841-9494 * Fax (530) 544-4176

www.alternativelegalsolutions.net

E-Mail: info@alternativelegalsolutions.net

INTAKE FOR LIVING TRUST/WILL

JOINT TRUST: _____ INDIVIDUAL TRUST: _____

NAME: _____

TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SS# _____ / _____ DATE OF BIRTH _____ / _____

SPOUSE NAME: _____

TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SS# _____ / _____ DATE OF BIRTH _____ / _____

CHILDREN (ADD ADDITIONAL SHEETS IF NECESSARY):

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH: _____

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH: _____

GRANDCHILDREN (ADD ADDITIONAL SHEETS IF NECESSARY):

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE ___ ZIP _____

DATE OF BIRTH: _____

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE ___ ZIP _____

DATE OF BIRTH: _____

TRUST INFORMATION

*SUCCESSOR TRUSTEE: _____

ADDRESS: _____ CITY _____ STATE ___ ZIP _____

TEL# _____ DATE OF BIRTH _____

*ALTERNATE SUCCESSOR TRUSTEE _____

ADDRESS: _____ CITY _____ STATE ___ ZIP _____

TEL# _____ DATE OF BIRTH _____

***TRUST COMMITTEE: LIST THREE INDIVIDUALS WHOM YOU WISH TO DECIDE, SHOULD YOU BECOME INCAPACITATED, THAT YOUR TRUST SHOULD GO INTO EFFECT (CANNOT BE YOUR SUCCESSOR TRUSTEE OR ALTERNATE SUCCESSOR TRUSTEE)**

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE ___ ZIP _____

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE ___ ZIP _____

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PROPERTY TO INCLUDE IN YOUR TRUST:

REAL PROPERTY: LIST ADDRESS

BENEFICIARY:

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ALTERNATE BENEFICIARY:

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

BANK ACCOUNTS

ACCOUNT #1

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCT# _____ CHECKING _____ SAVINGS _____ CD _____

BENEFICIARY:

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ALTERNATE BENEFICIARY:

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT #2

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCT# _____ CHECKING ___ SAVINGS ___ CD _____

BENEFICIARY:

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ALTERNATE BENEFICIARY:

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ANY OTHER PROPERTY:

BENEFICIARY:

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ALTERNATE BENEFICIARY:

NAME: _____ TEL# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

RESIDUARY BENEFICIARIES (THOSE WHO RECEIVE ANY PROPERTY NOT LISTED HERE); CANNOT BE BENEFICIARIES ALREADY NAMED:

NAME: _____

ALTERNATE: _____

FINANCIAL POWER OF ATTORNEY

Do you want it in effect now or only if you are incapacitated? _____

Who do you want to appoint as your attorney in fact? _____

Who as your alternate? _____

Do you want the attorney in fact to have the power to exercise any powers of your trust?

What other powers do you want the attorney in fact to have _____

HEALTHCARE POWER OF ATTORNEY

WHO AS YOUR REPRESENTATIVE: _____

WHO AS AN ALTERNATE: _____

These questions are for a coma and terminal illness:

DO YOU WANT ANY LIFE PROLONGING PROCEDURES? Yes No

DO YOU WANT FOOD AND WATER: Yes No

DO YOU WANT PAIN MEDICATION: Yes No.

BURIAL INSTRUCTIONS:

WHO DO YOU WANT TO CARRY OUT YOUR INSTRUCTIONS?:

NAME: _____

ALTERNATE: _____

Do you want to be cremated or buried? _____

Where? _____

Do you want a ceremony? _____

Do you want any organs donated? _____

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RETAINER AGREEMENT FOR LIVING TRUST

We/I _____ / _____ client, agree to pay to Alternative Legal Solutions the sum of \$ _____ the typing of a Living Trust, Health Care Power of Attorney, Burial Instructions and Power of Attorney for Finances, plus extra blank forms. Client understands that Alternative Legal Solutions is a typing service only and Client assumes full responsibility for all errors and omissions and agrees to hold Alternative Legal Solutions harmless from any legal action or liability that may result from the preparation of these forms.

Client agrees that upon receipt of completed documents that she/he will sign a Will Receipt Acknowledgment and Disclaimer.

Dated: _____

Client

Dated: _____

Document Preparer, Judy Simpson
D/b/a Alternative Legal Solutions