

WE HELP YOU

L E G A L

Legal Document Assisting

PASO ROBLES

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WWW.WEHELPLYOULEGAL.COM

Se Habla Español

Mobile Services Available!

LET US HELP YOU WITH:

LIVING TRUST | ESTATE PLAN | WILLS

Avoids probate, protects family and provides peace of mind

LLC | CORPORATION

Articles, bylaws, Secretary of State filing and tax ID number

DIVORCE | LEGAL SEPARATION

Uncontested dissolutions, addresses children and property

NOTARY

Loan documents, legal and personal documents

DEEDS

Transferring ownership, adding or removing owners

POWER OF ATTORNEY | HEALTH DIRECTIVE

Appoint agents for health and financial control



OTHER SERVICES

SIMPLE PROBATE

EVICCTIONS | UNLAWFUL DETAINER

CUSTODY | SUPPORT MODIFICATION

NAME CHANGE

ADOPTION *Step-Parent & Adult*

GUARDIANSHIP | CONSERVATOR *Minor & Adult*

We Help You Legal, LLC is a "self-help" legal document assistance company that provides document preparation assistance without the high cost of an attorney. We Help You Legal, LLC is not a law firm. We cannot represent you in court, advise you about your legal rights or the law, or select legal forms for you.

San Luis Obispo County LDA #260 Exp. 10/26/26 | Bond #64424622 | Business License #6893





Easy • Affordable • Professional

Differences Between Wills and Living Trusts

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

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

Source: <http://www.lectlaw.com/files/qf105.htm> (9/06)



Easy • Affordable • Professional

Living Trust Package

(\$565)

Includes:

1. Living Trust Document

- Avoid Probate Court and Fees
- Name executors to manage your estate
- Name beneficiaries; who receives your property/estate
- Designate specific distribution of your estate property
- Preparation of one Trust Transfer Deed for your real property (additional property Deeds are \$135/each, \$150/each for out of state)
- Create sub trust(s) for minor beneficiaries
- Create a Special Needs sub trust for beneficiaries with special needs*

2. Certification of Trust

- Document that states the generalities of the trust
- Used to fund new property(ies), bank accounts, or investments into your trust

3. Pour Over Will

- States that all property at the time of death shall be transferred to your trust
- Name guardian(s) to care for children
- Forgive debts to others
- Establish care for pets

Estate Plan Package

(\$875)

Includes:

1. Living Trust Document

2. Certification of Trust

3. Pour Over Will

4. Advance Healthcare Directive

- Establish end of life decisions
- Appoint an Agent (person your trust) to carry out your Healthcare decisions
- Includes a HIPAA Release Authorization

5. Durable Power of Attorney for Finances

- Appoint a person you trust as a legal authority (Agent) to manage your finances/property on your behalf if you become incapacitated or unable to manage on your own

6. Final Arrangements

- Establish your choice for burial or cremation
- Where you would like to be laid to rest or where you would like your ashes to be kept or scattered
- Dictate your preferences for ceremonies or funeral

Other Services Available

Advance Healthcare Directive \$130

Durable Power of Attorney \$130

Filing Deed with County Recorder \$50

Deed Title Search \$10

Will - Single \$155 Couple \$260

***Special Needs Trust – additional \$275**

Printed Copy of Trust \$20

Scanned PDF of the Trust \$10

Scanned PDF of the Trust on USB \$30

Trust delivery at your Residence \$30-\$50

(price varies based on location)

Paso Robles (805) 237-7770 • 720 10th Street, Paso Robles, CA 93446

San Luis Obispo (805) 221-7300 • 3594 Broad St. 100A, San Luis Obispo, CA 93401

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**Estate Plan/Living Trust/Will
Timeline Process**

1. **Consultation:**
 - At our office in Paso Robles or San Luis Obispo
 - In person at your residence*
 - Over the Phone

2. **Review Completed Questionnaires and property Deeds.**
 - Review questionnaires to answer any remaining questions
 - We can obtain a property deed for 15 dollars per deed if needed

3. **Estate Plan/Living Trust/Will Prepared**
 - One week delivery
 - Expedited delivery for an additional fee*

4. **Delivery of Estate Plan/Living Trust/Will**
 - Meet with you in person
 - Review completed documents (Make changes, if necessary)
 - Sign, Notarize and Witness documents

5. **Fund the Living Trust**
 - You file property deeds with the county recorder (We can file the deeds for an additional fee*)
 - Fund financial accounts beneficiary in the name of the trust

*Fees can vary based on travel time, expedited turn around, and /or county recorders fees

LIVING TRUST / WILL QUESTIONNAIRE

SECTION 1 - PERSONAL INFORMATION

1. What type of Service are you interested in?

- | | | |
|--|--|--|
| <p>_____ Full Estate Plan</p> <ul style="list-style-type: none"> Living Trust Certification of Trust Pour over Will One Property Deed* Power of Attorney for Healthcare Durable Power of Attorney for Finances Final Arrangements | <p>_____ Living Trust</p> <ul style="list-style-type: none"> Living Trust Certification of Trust Pour over Will One Property Deed* | <p>_____ Will</p> <ul style="list-style-type: none"> Simple estate No real property Assets under \$185k |
|--|--|--|

* additional Deeds are \$135 each, out of state Deeds are \$150

2. You and your Spouse's* information:

Your name (as it appears on your Drivers License) Spouse's name (as it appears on your Drivers License)

Home Phone Cell Phone Spouse Cell Phone

Your Email Spouse Email

Home Address City State Zip

Mailing Address: Same as above _____

Mailing Address City State Zip

3. Do you have Children born biologically to you or adopted by you?

First, middle initial, last name (indicate if Child is a minor)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

4. Do you have any Grandchildren?

First, middle initial, last name (indicate if Child is a minor)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

* Spouse and Domestic Partner are referred to as "Spouse"

LIVING TRUST / WILL QUESTIONNAIRE

**SECTION 2: INDIVIDUALS / INSTITUTIONS WHO WILL STEP IN UPON YOUR DEATH:
MINOR CHILDREN**

1. Guardians of Minor Children - *The person who will raise your children if both parents were to pass.*

1st Choice: (first, middle initial, last name) Phone Number Relation

Home Address City State Zip

1st Alternate: (first, middle initial, last name) Phone Number Relation

Home Address City State Zip

2. Trustee/Custodian for Minor Children - *The person who manages your children's inheritance. This can be the same person as the guardian, executor, or a corporate trustee.*

1st Choice: (first, middle initial, last name) Phone Number Relation

Home Address City State Zip

1st Alternate: (first, middle initial, last name) Phone Number Relation

Home Address City State Zip

3. Do you want the inheritance for your children to be distributed as:

Note: funds will be available for minor children for education, medical, and living purposes, this distribution deals with the remaining funds.

Same distribution for all children: _____

Different distribution for each child: *Please complete different distribution for each individual child on the back of this sheet or a separate sheet.*

Full inheritance at age (check one): 18 ___ 21 ___ 25 ___ 30 ___ 35 ___

Multiple inheritance distributions:

First distribution:

Dollar amount: _____ Percentage: _____ at age: 18 ___ 21 ___ 25 ___ 30 ___ 35 ___

Second distribution:

Dollar amount: _____ Percentage: _____ at age: 18 ___ 21 ___ 25 ___ 30 ___ 35 ___

LIVING TRUST / WILL QUESTIONNAIRE

TRUST/WILL EXECUTORS

4. **Executor / Executor (s):** Person who will serve as personal representative in the administration of your estate. Your executor is the person who will distribute your assets according to your wishes. This is usually a close relative or friend.

Note: Unless you choose otherwise, your spouse usually is your first choice by default, the person listed below will act only if your spouse is unable to serve.

1. _____
1st Alternate (first, middle, last name) Phone Number Relation

Home Address City State Zip

2. _____
2nd Alternate (first, middle, last name). Phone Number Relation

Home Address City State Zip

Do you want them to act as co-executors: Yes _____ No _____

If Yes, do you want them to be able to act independently of each other: _____

or must they agree on all matters: _____

SECTION 3 - BENEFICIARIES - YOUR HEIRS

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

If you are completing a Joint Trust your spouse is your first beneficiary by default.

First, middle initial, last name, Dollar Amount, or Percentage of whole estate

1. _____ \$ _____ or % 4. _____ \$ _____ or %

2. _____ \$ _____ or % 5. _____ \$ _____ or %

3. _____ \$ _____ or % 6. _____ \$ _____ or %

(Note: Indicate if any beneficiaries listed above are minors)

2. **Alternate beneficiaries** - If one of your beneficiaries pre-deceases their inheritance, do you want to divide their share among the other remaining beneficiaries (Redistribute) or do you want to leave their share to someone else.

Redistribute to remaining Beneficiaries: _____

Distribute as follows:

Name of the alternate Beneficiary for above # (first, middle, last name):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

LIVING TRUST / WILL QUESTIONNAIRE

3. **Special gifts to organizations:** Do you want to make a gift (in cash or a specific article) to a charity, foundation, religious, fraternal organization, or individuals?

Name of Organization / Description of gift:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

4. **Special gifts to individuals:** Do you want to give any specific items or personal mementos to a family member or another person? (For example: wedding ring to your daughter, collection of coins to a son, etc.)

Name of the person / Description of gift:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

6. **Forgiving Debts:** Do you want to forgive any personal loans to family or friends upon your death? If so, describe the debt indicating the amount and the name and address of the debtor:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

SECTION 4: PROPERTY

1. List all real property you own that has a recorded title - house or land.

(You will need to bring in your property deed(s) to your consultation appointment. If you do not have your deed we can look it up for \$10 per deed.) *

Address and Description of property: (Please indicate which Spouse the property belongs to, or if it is Joint Property.)

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |
| 5. _____ |

*** TAX ADVICE.**

We Help You Legal, INC does not give tax advice.

You will need to seek the advice of a tax professional regarding possible applicable changes.

You may also go to the County Assessor's website regarding the new changes as the result of Proposition 19.



LIVING TRUST / WILL QUESTIONNAIRE

2. List any bank accounts, investments, retirement accounts, or any financial accounts only if you would like listed in your Trust.

(IMPORTANT Note: Once the Trust is created, signed, and notarized you will need to contact the companies listed below and have the beneficiary of those accounts in the name of the Trust)

Account Name and Description: *(Please indicate which Spouse the Account belongs to, or if it is a Joint Account.)*

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

3. List any business or percentage of business ownership.

Business name and/or percentage of ownership in business: *(Please indicate which Spouse the Business belongs to, or if it is a Joint Business.*

- 1. _____ 3. _____
- 2. _____ 4. _____

ESTATE PLAN ONLY

SECTION 5: FINAL ARRANGEMENTS

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

- 1. Would you like to be buried or cremated? _____
- 2. Where would you like to be buried? _____
- 3. Would you like your ashes to be kept with family? _____
- 4. Would you like your ashes to be scattered and where? _____
- 5. Do you have any specific wishes for ceremonies or obituary? _____

If these wishes are different for each spouse please complete these questions on a new sheet or on the back of this page

RECOGNITION AND AUTHORIZATION

I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, cannot select the forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to write and perform certain services as indicated in the service contract that each executed in relation to this matter. I further more declare that the information I have provided is, to the best of my knowledge, true and correct.

Date: _____ Signature : _____



HEALTHCARE DIRECTIVE AND DURABLE POWER OF ATTORNEY FOR FINANCES QUESTIONNAIRE

Healthcare Directive Only: ____ Durable Power of Attorney for Finances Only: ____ Both: ____

1. You and Your Spouse's* Information

Your name (as it appears on your Drivers License) Spouse's name (as it appears on your Drivers License)

Home Phone Cell Phone Spouse Cell Phone

Home Address City State Zip

3. Healthcare Power of Attorney/Agent

a. **Your Attorney-in-fact/Agent:** This is the person who will make medical decisions on your behalf if you become incapacitated.

Note: Unless you choose otherwise, your spouse usually is your first choice by default, the person listed below will act only if your spouse is unable to serve.

1. _____
1st Alternate (first, middle initial, last name). Phone Number Relation

Home Address City State Zip

2. _____
2nd Alternate (first, middle initial, last name). Phone Number Relation

Home Address City State Zip

b. **SPOUSE : Attorney-in-fact/Agent:** This is the person who will make medical decisions on your behalf if you become incapacitated.

Note: Unless you choose otherwise, your spouse usually is your first choice by default, the person listed below will act only if your spouse is unable to serve.

Check here if the Attorney-in-fact/Agent are the same choices as your spouse: _____

If your Attorney-in-fact/Agent choices are different, please complete below and on the next page:

* Spouse and Domestic Partner are referred to as "Spouse"

1. _____
1st Alternate (first, middle initial, last name) Phone Number Relation

Home Address City State Zip



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HEALTHCARE DIRECTIVE AND DURABLE POWER OF ATTORNEY FOR FINANCES QUESTIONNAIRE

2. _____
 2nd Alternate (first, middle initial, last name). Phone Number Relation

 Home Address City State Zip

3. Healthcare Directive Care Choices

a. **You:** If a medical professional has diagnosed you as being incapacitated, such as permanent coma or vegetative state, with no chance of recovery, and you can no longer direct your medical care:

I **do** _____ **do not** _____ want procedures to prolong life if I am permanently incapacitated (check one)

(If you checked **do**) I want some procedures to prolong life if I am permanently incapacitated (check all that apply):

Blood and blood products: _____ CPR: _____ Diagnostic tests: _____ Dialysis: _____

Medications: _____ Respirators: _____ Surgery: _____

I **do** _____ **do not** _____ want food and water artificial administration/tubes if I am permanently incapacitated: (check one)

I **do** _____ **do not** _____ want pain reduction and comfort care if I am permanently incapacitated: (check one)

b. **SPOUSE*:** If a medical professional has diagnosed you as being incapacitated, such as permanent coma or vegetative state, with no chance of recovery, and you can no longer direct your medical care:

Check here if the choices are the same as your spouse: _____

If your choices are different, please complete the below:

I **do** _____ **do not** _____ want procedures to prolong life if I am permanently incapacitated (check one)

(If you checked **do**) I want some procedures to prolong life (check all that apply):

Blood and blood products: _____ CPR: _____ Diagnostic tests: _____ Dialysis: _____

Medications: _____ Respirators: _____ Surgery: _____

I **do** _____ **do not** _____ want food and water artificial administration/tubes if I am permanently incapacitated: (check one)

I **do** _____ **do not** _____ want pain reduction and comfort care if I am permanently incapacitated: (check one)



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HEALTHCARE DIRECTIVE AND DURABLE POWER OF ATTORNEY FOR FINANCES QUESTIONNAIRE

4. Durable Power for Finances

a. **Your Attorney in fact / Agent:** This is the person who will intervene if you become incapacitated and who will make medical decisions on your behalf.

I choose the same Attorney in fact / Agent as listed in the Healthcare Directive: _____

If you would like a different Attorney in fact / Agent please complete below:

1. _____
1st Alternate (first, middle, last name) Phone Number Relation

Home Address City State Zip

2. _____
2nd Alternate (first, middle, last name) Phone Number Relation

Home Address City State Zip

b. **SPOUSE** : Same Attorney in fact / Agent as listed in the Healthcare Directive: _____

If you would like a different Attorney in fact / Agent please complete below:

1. _____
1st Alternate (first, middle, last name) Phone Number Relation

Home Address City State Zip

2. _____
2nd Alternate (first, middle, last name) Phone Number Relation

Home Address City State Zip



**HEALTHCARE DIRECTIVE AND
DURABLE POWER OF ATTORNEY FOR FINANCES QUESTIONNAIRE**

5. Powers, Duties and Responsibilities of your Agent

Usually the Power of Attorney for Finances will have all 14 powers listed below in order to fully act upon your behalf if any situation were to arise. You can also choose individual powers if you would like but this would limit the Power of Attorney to only be able to act upon those choices.

I would like my Power of Attorney to have FULL power of my finances _____

I would like to choose which powers my Power of Attorney with have (check all that apply):

- | | |
|---|--|
| X_____ (1) To conduct real estate transactions for you. | X_____ (8) Escrow transactions in life. |
| X_____ (2) To conduct personal property transactions. | X_____ (9) Legal actions. |
| X_____ (3) To conduct sale of stocks and bonds, commodities, options and other securities transactions. | X_____ (10) caring for family and personal things. |
| X_____ (4) To conduct banking and other operations of financial institutions. | X_____ (11). governmental benefits. |
| X_____ (5) To make business operation decisions. | X_____ (12) Retirement and retirement plan transactions. |
| X_____ (6) To conduct insurance and annuity transactions. | X_____ (13). Fiscal situation. |
| X_____ (7) Domain, trust and other beneficiary transactions. | X_____ (14). gift transactions. |

RECOGNITION AND AUTHORIZATION

I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, cannot select the forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to write and perform certain services as indicated in the service contract that each executed in relation to this matter. I further more declare that the information I have provided is, to the best of my knowledge, true and correct.

Date: _____ Signature : _____