

\$10.00

# **\$top robbing Peter to pay Paul**

## **Forms Packet**

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This Forms Packet is a supplement to the book, Stop Robbing Peter to Pay Paul. For complete instructions on the use of these forms, please consult the book, Stop Robbing Peter to Pay Paul, available online at [www.StopRobbingPeter.com](http://www.StopRobbingPeter.com).

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## Prayer of Faith for Your Finances

*“In the name of Jesus Christ, I renounce the spirit of debt and poverty on my finances. I renounce every generational curse of lack and ignorance in the name of Jesus. I am released from financial bondage by the blood of Jesus. I cancel every curse that has been spoken over my finances in the name of Jesus. I commit my finances to you, God, 100%. Teach me how to manage money. I release the spirit of discipline in my life to help me manage my finances. I thank you God, that I have been set free to receive the blessings of God in my life. I am obedient to your Word. I am a tither and a giver. I confess and forsake all sin in my life. I pay all my bills before they are due. All of my needs are met according to your riches in glory by Christ Jesus, in Jesus Name, Amen.”*

# Seven Blessings on Tithers

By Benny Hinn

**“If I will not open you the windows of heaven”** (verse 10). The windows of heaven always deal with revival. The Lord promises to revive every person who obeys Him.

**“And pour you out a blessing, that there shall not be room enough to receive it”** (verse 10). Think about it! God Almighty declares clearly in His Word that the tither will be prosperous—so prosperous, in fact, that there will not be room enough to receive the prosperity and blessings God has in store for the one who obeys Him.

**“I will rebuke the devourer for your sakes”** (verse 11). Years ago when I taught on this subject in Orlando, I discovered that *rebuke*, to my amazement, means “to cripple” or “to paralyze.” God Almighty will actually cripple the enemy on your behalf when you tithe. The tithe is so important to the Lord that He promises to paralyze and cripple the enemy so that he will not be able to touch your life! Remember, the Lord said to prove Him. These things will happen, for this is the Word of the Lord!

**“He shall not destroy the fruits of your ground”** (verse 11). This means that the enemy, whom God has crippled on your behalf, will not be able to touch your finances. The “fruits of your ground” refers to your money. The enemy will not be able to touch your money as a result of your obedience to the Lord in the tithe.

**“Neither shall your vine cast her fruit before the time in the field, saith the LORD of hosts”** (verse 11). It is remarkable that in John 15:5, Jesus said, “I am the vine, ye are the branches.” The vine, therefore, means the family, and God gives this amazing promise to the tither when He says that the enemy will not touch your family, if you obey the Lord.

**“All nations shall call you blessed”** (verse 12). In this most amazing blessing and promise, God will bless and prosper you so that the nations of the world will see the blessings of God upon you. In other words, you will be a mighty witness of the power and blessings of God.

**“Ye shall be a delightsome land, saith the LORD of hosts”** (verse 12). *Delightsome* means “highly desired.” As you obey the Lord with the tithe, God will so highly desire you that He will use you.

These seven most amazing blessings of the tithe can be summarized:

- You will have revival.
- You will experience great prosperity.
- The enemy will be crippled and will not touch your life.
- Your finances will be safe.
- Your family will be safe from the hand of the enemy.
- You will be a great witness of the power and blessings of the Lord to the nations.
- You will be highly desired, and God will use you for His glory!



# Net Worth Statement

**Assets (Market Values):**

Savings Account \_\_\_\_\_  
Checking Account \_\_\_\_\_  
Real Estate \_\_\_\_\_  
Investment Accounts \_\_\_\_\_  
Pensions/401K (vested amount) \_\_\_\_\_  
Life Insurance (cash value) \_\_\_\_\_  
Automobiles \_\_\_\_\_  
  
Household Furnishings \_\_\_\_\_  
Other Assets \_\_\_\_\_  
\_\_\_\_\_

**TOTAL ASSETS:** \_\_\_\_\_

**Liabilities:**

Mortgage \_\_\_\_\_  
  
Car Loans \_\_\_\_\_  
  
Charge Cards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Other Debts \_\_\_\_\_  
\_\_\_\_\_

**TOTAL LIABILITIES:** \_\_\_\_\_

**Total Assets – Total Liabilities = NET WORTH:** \_\_\_\_\_  
=====

# Monthly Budget

| <b>INCOME</b>              | <b>AMOUNT</b> |
|----------------------------|---------------|
| Your Gross Salary          |               |
| Your Spouse's Gross Salary |               |
| Commissions/Bonuses        |               |
| Tips                       |               |
| Dividends                  |               |
| Rental Property Income     |               |
| Social Security            |               |
| Pension Benefits           |               |
| Other                      |               |
|                            |               |
|                            |               |
| <b>TOTAL INCOME:</b>       |               |
|                            |               |
| <b>EXPENSES:</b>           |               |
| Tithes (10% of gross)      |               |
| Offerings                  |               |
| Taxes & Withholdings       |               |
| Savings                    |               |
| Short-term goals           |               |
| Long-term goals            |               |
| House                      |               |
| Mortgage/Rent              |               |
| Insurance                  |               |
| Taxes                      |               |
| Maintenance                |               |
| Insurance                  |               |
| Medical                    |               |

|                        |  |
|------------------------|--|
| Life                   |  |
| Disability             |  |
| Transportation         |  |
| Car note               |  |
| Insurance              |  |
| Maintenance            |  |
| Household Expenses     |  |
| Groceries              |  |
| Gas                    |  |
| Electric               |  |
| Telephone              |  |
| Water                  |  |
| Cable                  |  |
| Charge Cards           |  |
|                        |  |
|                        |  |
|                        |  |
|                        |  |
|                        |  |
| Personal Expenses      |  |
| Medical Doctors        |  |
| Personal/Pocket Money  |  |
| Clothing               |  |
| Entertainment          |  |
| Gifts                  |  |
| Other                  |  |
|                        |  |
|                        |  |
|                        |  |
| <b>TOTAL EXPENSES:</b> |  |

## Bi-Weekly Budget

| INCOME                     | 1 <sup>ST</sup> PAY | 2 <sup>ND</sup> PAY |
|----------------------------|---------------------|---------------------|
| Your Gross Salary          |                     |                     |
| Your Spouse's Gross Salary |                     |                     |
| Commissions/Bonuses        |                     |                     |
| Tips                       |                     |                     |
| Dividends                  |                     |                     |
| Rental Property Income     |                     |                     |
| Social Security            |                     |                     |
| Pension Benefits           |                     |                     |
| Other                      |                     |                     |
|                            |                     |                     |
|                            |                     |                     |
| <b>TOTAL INCOME:</b>       |                     |                     |
|                            |                     |                     |
| <b>EXPENSES:</b>           |                     |                     |
| Tithes (10% of gross)      |                     |                     |
| Offerings                  |                     |                     |
| Taxes & Withholdings       |                     |                     |
| Savings                    |                     |                     |
| Short-term goals           |                     |                     |
| Long-term goals            |                     |                     |
| House                      |                     |                     |
| Mortgage/Rent              |                     |                     |
| Insurance                  |                     |                     |
| Taxes                      |                     |                     |
| Maintenance                |                     |                     |
| Insurance                  |                     |                     |

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|                        |  |  |
|------------------------|--|--|
| Medical                |  |  |
| Life                   |  |  |
| Disability             |  |  |
| Transportation         |  |  |
| Car note               |  |  |
| Insurance              |  |  |
| Maintenance            |  |  |
| Household Expenses     |  |  |
| Groceries              |  |  |
| Gas                    |  |  |
| Electric               |  |  |
| Telephone              |  |  |
| Water                  |  |  |
| Cable                  |  |  |
| Charge Cards           |  |  |
|                        |  |  |
|                        |  |  |
|                        |  |  |
|                        |  |  |
|                        |  |  |
| Personal Expenses      |  |  |
| Medical Doctors        |  |  |
| Personal/Pocket Money  |  |  |
| Clothing               |  |  |
| Entertainment          |  |  |
| Gifts                  |  |  |
| Other                  |  |  |
|                        |  |  |
|                        |  |  |
|                        |  |  |
| <b>TOTAL EXPENSES:</b> |  |  |

## Weekly Budget

| INCOME                     | 1 <sup>ST</sup> WEEK | 2 <sup>ND</sup> WEEK | 3 <sup>RD</sup> WEEK | 4 <sup>TH</sup> WEEK |
|----------------------------|----------------------|----------------------|----------------------|----------------------|
| Your Gross Salary          |                      |                      |                      |                      |
| Your Spouse's Gross Salary |                      |                      |                      |                      |
| Comm./Bonuses              |                      |                      |                      |                      |
| Tips                       |                      |                      |                      |                      |
| Dividends                  |                      |                      |                      |                      |
| Rental Property            |                      |                      |                      |                      |
| Social Security            |                      |                      |                      |                      |
| Pension Benefits           |                      |                      |                      |                      |
| Other                      |                      |                      |                      |                      |
|                            |                      |                      |                      |                      |
|                            |                      |                      |                      |                      |
|                            |                      |                      |                      |                      |
| <b>TOTAL INCOME:</b>       |                      |                      |                      |                      |
|                            |                      |                      |                      |                      |
| <b>EXPENSES:</b>           |                      |                      |                      |                      |
| Tithes (10% gross)         |                      |                      |                      |                      |
| Offerings                  |                      |                      |                      |                      |
| Taxes & Withholdings       |                      |                      |                      |                      |
| Savings                    |                      |                      |                      |                      |
| S-T Goals                  |                      |                      |                      |                      |
| L-Term goals               |                      |                      |                      |                      |
| House                      |                      |                      |                      |                      |
| Mortgage/Rent              |                      |                      |                      |                      |
| Insurance                  |                      |                      |                      |                      |
| Taxes                      |                      |                      |                      |                      |
| Maintenance                |                      |                      |                      |                      |

|                            |  |  |  |  |
|----------------------------|--|--|--|--|
| Insurance                  |  |  |  |  |
| Medical                    |  |  |  |  |
| Life                       |  |  |  |  |
| Disability                 |  |  |  |  |
| Transportation             |  |  |  |  |
| Car note                   |  |  |  |  |
| Insurance                  |  |  |  |  |
| Maintenance                |  |  |  |  |
| Household Expenses         |  |  |  |  |
| Groceries                  |  |  |  |  |
| Gas                        |  |  |  |  |
| Electric                   |  |  |  |  |
| Telephone                  |  |  |  |  |
| Water                      |  |  |  |  |
| Cable                      |  |  |  |  |
| Charge Cards               |  |  |  |  |
|                            |  |  |  |  |
|                            |  |  |  |  |
|                            |  |  |  |  |
|                            |  |  |  |  |
| Personal Expenses          |  |  |  |  |
| Medical Drs                |  |  |  |  |
| Personal \$                |  |  |  |  |
| Clothing                   |  |  |  |  |
| Entertainment              |  |  |  |  |
| Gifts                      |  |  |  |  |
| Other                      |  |  |  |  |
|                            |  |  |  |  |
|                            |  |  |  |  |
| <b>TOTAL<br/>EXPENSES:</b> |  |  |  |  |

# Financial Goals Worksheet

## Changing Dreams into Goals

Writing down your dreams is the first step. The next step is to convert your dreams into goals. This happens when you make them specific, measurable and achievable. Think about what you would like to achieve with your finances in three time frames – short term (1-3 years), mid-term (3-7 years), and long-term (7+ years).

Examples of financial goals that you may want to list include: car, furniture, boat, family vacation, buy a new home, save for children’s college, save for retirement, reduce or payoff mortgage, pay off credit cards/other debts, help support aging parents, build savings in emergency fund, or save money to start a business.

### Short Term Financial Goals (1-3 Years):

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### Mid Term Financial Goals (3-7 Years):

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### Long Term Financial Goals (7+ Years):

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Of the goals listed above, which is the most important to you?

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What are you doing today to accomplish these goals?

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How much do you believe you can comfortably set aside each month to achieve these goals?

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**Start now.** Don’t let the fact that you can’t do everything you want stop you from doing anything. Even if you can only save a small amount towards your goals, make saving a priority. Paying yourself first – and saving that money – is one key to financial success.

# Get Out of Debt Plan of Action

If you follow these ten steps, you will develop your plan of action and implement it to become debt-free.

1. Make a commitment to get out of debt and stick with the plan. Set a deadline date for completion.
2. List all debts including loans from family members.
3. Find an extra \$100-200 per month in your budget.
4. Put debts in order of priority to pay them off. Put them in order by highest interest rate to lowest, or by lowest balance to highest.
5. Separate debts into categories, in this order: Credit cards and lines of credit, student loans, personal debts, car loans, mortgage debt. List them on the Plan of Action.
6. Start with bill #1 as your targeted bill. On the targeted bill, you are going to pay the minimum due plus the extra \$100-200 you located in your budget. Pay only the minimum due on all other debts.
7. Once bill #1 is paid off, target bill #2. Take everything you were paying on bill #1 plus the minimum you were paying on bill #2 and begin paying it all on bill #2 each month.
8. Once bill #2 is paid off, repeat Step 7 with bill #3. Continue this process until all your debts are paid.
9. Close credit card accounts as they are paid off. Keep one MasterCard or Visa account for emergency purposes only. Write a letter to close each account, and to tell them not to have their telemarketers call. If you call to request the account closed, the creditor will offer you something tempting to convince you to keep it open.
10. During this process, you must pay cash for all purchases and not incur any new debts.



## Life Insurance Needs Calculator

|   |     |
|---|-----|
| Total annual income to be replaced:                 | \$  |
| : Minus annual social security benefits             | \$  |
| : Minus annual pension benefits                     | \$  |
| <b>INCOME SHORTAGE</b>                              | \$  |
| Divide by rate of return on conservative investment | .04 |
| <b>ASSETS NEEDED</b>                                | \$  |
| : Plus final expenses                               | \$  |
| : Plus debts to pay off                             | \$  |
| : Minus savings/other life insurance                | \$  |
| <b>INSURANCE NEEDED</b>                             | \$  |

# ESTATE PLANNING QUESTIONNAIRE

Fill out this form and take it to your attorney to prepare your estate documents.

## SECTION I. PERSONAL INFORMATION

DATE OF COMPLETION: \_\_\_\_\_

### A. CLIENT 1 INFORMATION

Name (as it will be printed on all documents): \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Full (and any previous) name(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (including zip code): \_\_\_\_\_

County: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ U.S. Citizen Y/N

Employer's name: \_\_\_\_\_ Business phone: (\_\_\_\_) \_\_\_\_\_

Are you married now? \_\_\_\_\_ (If so, complete Section I, B and C)

Have you been married previously? \_\_\_\_\_ ( If so, please complete Section I.D)

Have you ever had children? \_\_\_\_\_ (If so, please complete Sections I.E, II.C, III and IV)

Do you plan on having (more) children? Y/N \_\_\_\_\_

Living parents (name(s) and city(ies) and state(s) of residence(s)): \_\_\_\_\_

Brothers/sisters (name(s) and city(ies) and state(s) of residence(s)): \_\_\_\_\_

### B. CLIENT 2 INFORMATION (spouse)

Name (as it will be printed on all documents): \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Full (and any previous) name(s): \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (including zip code): \_\_\_\_\_

County: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_ U.S. Citizen Y/N

Employer's name: \_\_\_\_\_ Business phone: (\_\_\_\_) \_\_\_\_\_

Are you married now? \_\_\_\_\_ (If so, complete Section I, B or C)

Have you been married previously? \_\_\_\_\_ ( If so, please complete Section I.D)

Have you ever had children? \_\_\_\_\_ ( If so, please complete Section I.E, II.C, III and IV)

Do you plan on having (more) children? Y/N \_\_\_\_\_

Living parents (name(s) and city(ies) and state(s) of residence(s)): \_\_\_\_\_

Brothers/sisters (name(s) and city(ies) and state(s) of residence(s)): \_\_\_\_\_

**C. INFORMATION RELATING TO PRESENT MARRIAGE**

Date you came to California: Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Is all your property community property? (e.g. acquired in CA from earnings while married?) Y/N \_\_\_\_\_

Do you own separate property? (e.g., gifts, inheritance, earnings before marriage) Y/N \_\_\_\_\_

If you want to keep your property separate, please place an "S" with your initials next to that item on your Financial Statement.

Do you have a written agreement concerning separate and/or community property? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when was it made? \_\_\_\_\_ Please provide a copy of the agreement.

**D. PREVIOUS MARRIAGE(S)**

**Client 1:** Name of former or deceased spouse: \_\_\_\_\_

Date of death or divorce: \_\_\_\_\_ Name of probate or divorce court: \_\_\_\_\_

Case number: \_\_\_\_\_ Other information: \_\_\_\_\_

**Client 2 :** Name of former or deceased spouse: \_\_\_\_\_

Date of death or divorce: \_\_\_\_\_ Name of probate or divorce court: \_\_\_\_\_

Case number: \_\_\_\_\_ Other information: \_\_\_\_\_

**E. CHILDREN** (Please include name and date of death for any children who have died)

**Children of present marriage** (Please list their names, addresses, telephone numbers and birth dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children of \_\_\_\_\_'s prior marriage to \_\_\_\_\_**

(Please list names, addresses, telephone numbers and birth dates)

\_\_\_\_\_

**Children of \_\_\_\_\_'s prior marriage to \_\_\_\_\_**

(Please list names, addresses, telephone numbers and birth dates)

\_\_\_\_\_

**SECTION II. NOMINATIONS**

**A. TRUSTEES OF YOUR TRUST**

The successor trustee(s) is/are the person(s) who will manage the trust assets for you if you become incapacitated or if you pass away. For a couple, if one person passes away or becomes incapacitated, then the other person would usually take over as trustee. But if both people are incapacitated or pass away, the successor trustee(s) takes over. Who would you like to be your successor trustee(s)? Two people can be co-trustees. You may have a first and second (and third) choice.

**Starting trustee or co-trustees:** \_\_\_\_\_

Address and Phone: \_\_\_\_\_

**First successor trustee(s):** \_\_\_\_\_

Address and Phone: \_\_\_\_\_

**Second successor trustee(s):** \_\_\_\_\_

Address and Phone: \_\_\_\_\_

**Third successor trustee(s):** \_\_\_\_\_

Address and Phone: \_\_\_\_\_

**B. EXECUTOR OF YOUR WILL**

The executor is the person you appoint through a will to gather assets and distribute your estate and to bring any assets that were not put into the trust through a court process. Whenever a trust is prepared, a "pour-over will" is also prepared. It is called a pour-over will because it picks up any assets that you may have forgotten to put into the trust and it pours them into your trust. But to do this, the forgotten assets must go through a court process. Who would you like to be the first and second (and third) choice as executor(s) for your will(s)? If not listed previously, please give addresses and phone numbers.

**First:** (client 1: ) \_\_\_\_\_ (client 2: ) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

**Second:** (client 1: ) \_\_\_\_\_ (client 2: ) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

**Third:** (client 1: ) \_\_\_\_\_ (client 2: ) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

**C. PROPOSED GUARDIAN OF MINOR CHILDREN (person & estate)**

There are two types of guardians--guardians of the person and guardians of the estate. The guardian of the person takes care of the child's physical needs and the guardian of the estate manages any money that the child inherits after the parents pass away. Who would you like to nominate as the guardian of the person and the guardian of the estate for your child/children? Again, there can be co-guardians. You may select an alternate guardian.

**Guardian of the Person**

**First:** \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

**Second:** \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

**Third:** \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

**Guardian of the Estate**

**First:** \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

**Second:** \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

**Third:** \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

**D. ADVANCE HEALTH CARE DIRECTIVE**

The Advance Health Care Directive enables an "agent" under a Durable Power of Attorney for Health Care to make health care decisions for you in the event that you become incapacitated. If you would like to select an agent, please list the address, home phone number and work phone number for your agents (if not listed elsewhere in this questionnaire):

**First** (client 1: ) \_\_\_\_\_ (client 2: ) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

**Second:** (client 1: ) \_\_\_\_\_ (client 2: ) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Third:** (client 1:) \_\_\_\_\_ (client 2:) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
If you choose to enact the Advance Health Care Directive, you will have the opportunity to express your desires for or against life support systems on the form by choosing to sign a prepared statement on the form. You may make additional statements regarding your desires for medical treatment or limitations. You may also state your desires regarding donation of body parts. The space below is for any additional statement that you would like to make (besides the prepared statement about life support systems). For more information on Advance Health Care Directives, see [www.cmanet.org](http://www.cmanet.org).

\_\_\_\_\_  
\_\_\_\_\_  
**E. DURABLE POWER OF ATTORNEY FOR FINANCES**

The Durable Power of Attorney for Finances (DPAF) enables an “agent” to make financial decisions for you in the event that you become incapacitated. If you would like to have a Durable Power of Attorney for Finances form completed, please list your choice of agents.

**First:** (client 1:) \_\_\_\_\_ (client 2:) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

\_\_\_\_\_  
County(ies): \_\_\_\_\_  
**Second:** (client 1:) \_\_\_\_\_ (client 2:) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

\_\_\_\_\_  
County(ies): \_\_\_\_\_  
**Third:** (client 1:) \_\_\_\_\_ (client 2:) \_\_\_\_\_  
Address(es) and phone: \_\_\_\_\_

\_\_\_\_\_  
County(ies): \_\_\_\_\_

Choice of immediately effective or “springing” DPAF

The DPAF can be drafted so that it will either go into effect **immediately**, or “**spring**” into effect when you are incapacitated. Please indicate whether you would like the DPAF to spring into effect if you become incapacitated.

Yes -- (I/we would like to DPAF(s) to spring into effect only if I/we become incapacitated.) \_\_\_\_\_

No -- (Instead, I/we would rather have the DPAF(s) take effect immediately after signing.) \_\_\_\_\_

Standard for Incapacity: The question whether you are incapacitated can be decided by a list of people you yourself choose. Your treating physician, family members or close friends can be a part of this list. Please list the names, addresses and relationships to yourself of the people you choose to make your capacity decision. You can

list your “treating physician” without naming any particular doctor so the term “treating physician” will apply to any doctor who is helping you in the future. The list of people can be as short or as long as you wish.  
Client 1 Client 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write the specific number of people on your list who must make a determination about your incapacity.

You can choose as few as one person or as many as the number of people on your list. Please write the specific number:

This same standard for incapacity will apply to your trust unless you indicate otherwise.

*Note: When we meet in person I will ask you whether or not you would like to give this Law Office permission to disclose your confidential information to your successor trustee and/or your agent(s) for your Power of Attorney.*

**Optional Long Term Care Preference Choices**

In your power of attorney for finances, it is possible to write a statement about your preference for long term care.

Would you like to learn more about these statements? Yes \_\_\_\_ No \_\_\_\_

**Power of Agent to Change IRA beneficiaries**

In the DPAF, you have the option of allowing your agent to change the beneficiaries under any IRAs you may own. Would you like to give your agent this power? (There may be negative tax consequences for the agent.)

Yes \_\_\_\_ No \_\_\_\_

If yes, please list any IRAs and policy numbers: \_\_\_\_\_

**Personal Care Decisions**

The DPAF can include a statement which enables your agent to make **personal care decisions** for you (e.g., regarding location of residence, mail, religious needs, travel, clothing). The personal care statement may also be included in a separate power of attorney form. Please indicate whether you would like a statement regarding personal care to be included in your DPAF form.

Yes--(I would like a statement about personal care included in the DPAF.) \_\_\_\_

No--(I do not want a statement about personal care included in the DPAF.) \_\_\_\_

**F. CONSERVATOR.** A conservator is someone who is appointed by the court to manage your affairs in the event that you become incapacitated. It is unlikely that you would need to have a conservator appointed if you are having a Revocable Trust and DPAF drafted. However, in the event that a conservator must be appointed, you may list your choice of conservators in the DPAF. Most people choose the same person(s) for conservator as the person (s) they chose to be their agent in the DPAF. Is this what you would like to do? Yes \_\_\_\_ No \_\_\_\_

If not, please list your choices for conservator below.

**First:** (client 1) \_\_\_\_\_ (client 2) \_\_\_\_\_

**Second:** (client 1) \_\_\_\_\_ (client 2) \_\_\_\_\_

**Third:** (client 1) \_\_\_\_\_ (client 2) \_\_\_\_\_

**SECTION III. DISTRIBUTION OF ESTATE TO CHILDREN AND/OR BENEFICIARIES**

If you do not have children, please skip this section and answer Questions 1 and 4 on Attachment A.

1. If you are married, upon the death of your spouse, will your children become your sole beneficiaries? Yes\_\_\_ No\_\_\_ If your answer is no, please answer Question 1 on Attachment A.

If you are not married and you have children, please answer the aforementioned question ignoring reference regarding the spouse.

2. Will your children receive equal shares? Yes\_\_\_No\_\_\_ If no, please answer Question 2 on Attachment A.

3. What age or ages would you like your children to be before they receive the assets from the trust?

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4. If your children predecease you and leave issue (children), that share will go to your grandchildren unless you would like another disposition. Please fill out Question 3 on Attachment A, Page 8, if you would like another disposition.

5. If all your children and their issue predecease you, the contingent disposition clause provides that the heirs (i.e., parents, siblings, nephews, nieces) of the Husband and Wife shall each receive 1/2 of the trust estate. Would you like this type of disposition? Yes\_\_\_ No\_\_\_ If your answer is no, please answer Question 4 on Attachment A, Page 8.

6. If your children predecease you, would you like the deceased child's share of money or assets to be held by a custodian for that child's children (your grandchildren)? Alternatively, the money could be held in trust for the grandchildren. \_\_\_\_\_

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**SECTION IV. QUESTIONS FOR PEOPLE WITH MINOR CHILDREN**

The trust provides for the following disposition if both married settlors or the unmarried settlor pass(es) away:

The income from the trust is added to the principal. The successor trustee has discretion to use the principal for the children's health, education, support and maintenance. If you choose to have a "Family Pot Trust" drafted, the trust will remain in one lump sum until your children reach a designated age. The advantage of the Family Pot Trust is that a larger sum of money will be available for emergencies in the event that one of your children needs more money than the others while he/she is young. When one of your children reaches a designated age, the Family Pot Trust would be divided into separate trusts for each of your children.

1. Do you want a Family Pot Trust set up? Yes\_\_\_ No\_\_\_

2. When do you want the Family Pot Trust to be divided? (e.g., when the oldest child turns 18 years old)

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3. Would you like your children's guardian to have the same legal authority as a parent? Yes\_\_\_ No\_\_\_

4. If the guardian that you are nominating lives outside California, would you like the guardian to be able to petition in their own state to bring your child to the state where the guardian resides? Yes\_\_\_ No\_\_\_

5. Would you like to include instructions that the trustee is to spend money from your trust liberally on behalf of your children in order not to pose a burden on the children's guardian? (e.g., money to build additional rooms to the guardian's home or money for extra child care.) Yes\_\_\_ No\_\_\_

6. It is better to write down the reasons why you are choosing the person(s) you are selecting to be the guardian for your child(ren). What are the reasons why you have chosen that (those) person(s)?

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**SECTION V. MISCELLANEOUS QUESTIONS**

1. Would you like a trust that eases the application process for Medi-Cal benefits? In some cases, a settlor may need to utilize the Medi-Cal program to obtain assistance for long term nursing home costs. There are hurdles involved in obtaining Medi-Cal assistance to pay for long term nursing home care. We can provide you with documents to coordinate with Medi-Cal application regulations. Please note that the cost will be higher to set up an estate plan that takes Medi-Cal laws into consideration because of the complexity of the Medi-Cal laws and because extra documents may be necessary. Yes \_\_\_\_\_ No \_\_\_\_\_

2. Would you like to make specific gifts of personal property or money to anybody? If so, please indicate which gifts you would like to make to which persons.

\_\_\_\_\_

\_\_\_\_\_

3. Does anybody owe you debts? Do you want those debts to be forgiven when you pass away?

4. Is there anybody who you would like your trustee(s) to pay if you become incapacitated? \_\_\_\_\_

5. Under the California Uniform Transfers to Minors Act, when property is given through a will or trust, a custodian can hold money for “children” until the child reaches an age between 18 and 25. Please choose an age, between 18 and 25, for a custodian to hold money on behalf of beneficiaries who are under the age of 26. \_\_\_\_\_

**Please answer this question even if you do not expect any young children to inherit.**

6. The word “issue” means children and descendants. When the word issue is defined in your trust, would you like me to write anything about the inclusion or exclusion of half bloods (e.g. children by different marriages), adopted children, children born out of wedlock, stepchildren or foster children as issue?

7. Would you like to include your wishes about burial or cremation instructions or about wishes regarding services in your will?

Would you like to write a special letter to your survivors about these matters?

8. Who would you like to carry out these last wishes regarding burial or cremation? Please list alternates as well. \_\_\_\_\_

9. How much, if anything, do you expect to inherit from your parents or others? \_\_\_\_\_

10. Do you have any interest in a trust? \_\_\_\_\_

11. Do you have an interest in a buy-sell agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

12. (Note: Do not answer this question if the assets in your trust will be distributed immediately after you pass away.) A spendthrift clause is a clause in a trust that could help to protect your beneficiaries from creditors’ claims to the trust assets. The disadvantage of the spendthrift clause is that your beneficiaries would not be able to give away their share in the trust, by will or by trust, before distribution of the trust. For example, if your trust had a spendthrift clause, your child would not be able to give away his/her share of your trust to his/her children or spouse before the distribution of his/her share. Would you like to include a spendthrift clause in your trust? Yes \_\_\_\_\_ No \_\_\_\_\_

**ATTACHMENT A**

If you do not have any children, please answer Questions 1 and 4 below. If you have children, the following items should only be completed if you responded negatively to any of the items in Section IV on Page 6. If a husband and wife are providing different dispositions, please provide each spouse's name and his/her desires.

**1. The following are to be my beneficiaries:**

Name/address/phone number Relationship Percentage

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**2. Instead of equal shares to my children, they shall receive:**

Name Percentage

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**3. If a child does not survive you and you do not want that share to be distributed to the child's issue (your grandchildren), please provide the name(s) of the recipient of that child's share.**

Name of child Name of recipient of share Percentage

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**4. If you do not want your heirs to be your contingent beneficiaries, please provide the requested information for your contingent beneficiaries.**

Client 1's contingent beneficiaries: Name/address/phone number Percentage

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Client 2's contingent beneficiaries: Name/address/phone number Percentage

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |