When acting as a Trustee during life (upon incapacity) or at death (or acting in any FIDUCIARY CAPACITY) you act as a business person, a CEO of a company. You will need to hire professionals & other folks to accomplish your fiduciary duties under the Probate Code. Below are some of the resources we use to find ethical and competent professionals.

Certified Specialist in Attorneys For California:
California Bar
Association **- https://apps.calbar.ca.gov/members/ls_search.aspx**
Elder Law
Estate Planning & Probate Law
Taxation Law

National Directory
National Elder Law Foundation – American Bar Association: **https://nelf.org/**
National Academy of Elder Law Attorneys: **https://www.naela.org/**

Medical Decision Making Assistance:
Ageing Life Care Association: **https://www.aginglifecare.org/**
Council on Ageing: **https://www.coasc.org/about/**

Professional Fiduciaries:
State of California Licensing Bureau: **https://www.fiduciary.ca.gov/**
Professional Fiduciary Association of California: **https://pfac-pro.org/**

Note: Recommend you ask your elder law attorney for a recommendation since most elder law attorneys work with professional fiduciaries on a regular basis. Also, there is **NOT** a lot of investment management experience amongst professional fiduciaries and recommend highly you seek out a fee-only fiduciary registered investment manager for ongoing financial investments.

Fee-Only Financial Planning Networks: **https://www.napfa.org/find-an-advisor**

Accountants
CPA for California: **https://www.dca.ca.gov/cba/consumers/**
Be sure they have experience in Fiduciary Accounting & Tax Returns

Be sure to use the **ASK FIRST** form with any professional you hire! Remember it is not always a good thing to be licensed in a particular area. For example; an attorney who is licensed in the insurance or securities I would see this as a red flag. Licenses are **NOT** credentials **(think of your drivers license)** – minimum level of knowledge to be in the license area.

"Ask First!" *This form is to be filled out by any person who is offering legal, financial, retirement, insurance, accounting, estate, long-term care or similar planning services. Respond to **ALL** categories completely; sign and date at the bottom of the page.*

MY EDUCATION- I have achieved the following level of education (check HIGHEST level achieved):

□ Some High School	□ High School Diploma	□ Bachelors Degree
□ GED	□ Some College	□ Masters or other Advanced Degree

MY CREDENTIAL(S)- I have the following specialized credential(s) and training (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience):

MY RELEVANT LICENSE(S)- I have the following license(s) giving me the legal authority to provide the services I am offering to you (examples: bar license (attorney); securities license; insurance license):

License Type	Covers What Activities	Issued By	License No.

LEGAL SERVICES- (Check ONE):

□ I DO NOT practice law, and the services I am offering to you do not involve practicing law.
□ I DO practice law, and have an active license to practice law in California.
□ I DO practice law, but DO NOT have an active license to practice law in California.

OUR BUSINESS RELATIONSHIP- Check TRUE or FALSE:

□ True / □ False: In our business relationship, I will at all times serve as a fiduciary and put your interests before my interests and those of my employer.

MY COMPENSATION- I will be paid in the following way (commission, fee, salary, etc.), by the named person or company, in connection with the services I am offering to you:

Way(s) I'll Be Paid	Payment Will Be Made By (name each person or company)

FINANCIAL PRODUCTS / AFFILIATED ORGANIZATIONS- Check TRUE or FALSE:

□ True / □ False: I offer or sell annuities, insurance, mutual funds or other financial products; or I am, or my employer is, affiliated with a person or organization that offers or sells annuities, insurance, mutual funds or other financial products.

I certify under penalty of perjury that the responses herein are true to the best of my knowledge.

Date:	Business Name:
Signature:	Address:
Print Name:	Email: