



AHAVA LAW

THE FREE DO-IT-YOURSELF
ESTATE PLAN

My Why

- ▶ Estate Planning: Planning for Life with YOUR Love!





By the numbers 2022

Now with

Klinedinst
ATTORNEYS

- Launched AHAVA Law, P.C. on September 20, 2018
- 260+ Comprehensive Estate Plans Drafted
 - 160+ Provided Pro Bono through Veterans Legal Institute & other charitable organizations (estimated \$500,000 value)
- More than \$35,000 donated
 - To organizations that support veterans, community, and local charitable funds
- More than 1500 hours volunteered
 - OCBA/OCWLA/OCJBA/VLI

JOINED KLINEDINST PC in 2023!!



2019
Inaugural
California Lawyers Association
Excellence in Service Award

2020
Congressman Lou Correa
Woman of the Year

2021
Veterans Legal Institute
Lawyers for Warriors
Advocate of the Year

2022
CLIO Conference Finalist
Community Impact Award

What is in the folder?

- Bio & Speaking Topics
- ABA GP Solo Article 2015 – Planning for Old Age & Incapacity
- ABA GP Solo Article 2016 – Powers of Attorney
- ABA GP Solo Article 2019 – How to become a VA Accredited Attorney
- Uniform Statutory Power of Attorney
- California Statutory Advance Health Care Directive
- California Statutory Will
- An awesome pocket multi tool because today is about being prepared to DIY!

LEGAL DISCLAIMER

THE PURPOSE OF THIS PRESENTATION IS
ENTIRELY EDUCATIONAL.

TO PROVIDE INFORMATION ON THE
AVAILABLE RESOURCES.

THIS PRESENTATION IS NOT LEGAL ADVICE
AND DOES NOT CREATE AN ATTORNEY CLIENT
RELATIONSHIP.

UNIFORM POWER OF ATTORNEY

General Information

- Very Important to select someone you trust as your agent!
 - Powers are broad and sweeping!
 - I do not recommend co-agents!
- Read A through N first.
 - Then initial next to the powers you want to give.
- Special instructions, e.g. access to safe deposit box.
- “Springing” Power UNLESS you mark the box
- Durable = effective even when you are incapacitated
 - Strike out if you don’t want that
- Needs to be notarized!

UNIFORM POWER OF ATTORNEY

Specific Information

I, _____*your name*_____, of _____*your city*_____, California, appoint my _____*relationship + your agent's name*_____ as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects.

Example: I, Sarah Goldstein of Mission Viejo, California, appoint my husband Abraham Goldstein as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects.

UNIFORM POWER OF ATTORNEY

Specific Information

READ ALL OF THE POWERS FIRST!

Then if you want to grant all the powers, only initial next to the letter “N.”
If you only want to grant some of the powers, then initial next to those powers.

Special Instructions: such as safe deposit boxes.

Check the box if you want the powers to be effective immediately.
Otherwise, the powers will become effective upon your incapacity.

UNIFORM POWER OF ATTORNEY

The Power of Attorney MUST be notarized to be effective.

We brought a notary here today
\$15/signature (CA Rate)

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

- Very Important to select someone you trust as your agent
- Pay attention to your own religious requirements..
- “Springing” Power UNLESS you mark the box
- “Pull the Plug?”
- Donate or Not? (State registry supersedes this).
- Can be witnessed, but this version needs to be notarized!

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

By this document, I, _____*your name*_____, intend to create and Advance Health Care Directive....

Example: By this document, I, *Sarah Goldstein*, intend to create and Advance Health Care Directive....

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 1.

I designate my _____ *relationship+ name* _____, as my agent to make health care decisions for me.

Example: I designate my *husband*, Abraham Goldstein, as my agent to make health care decisions for me.

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 1.

1.2. Agent's Authority: List any limits to their authority, such as:

- ▶ Religious objections and expectations
- ▶ Personal objections

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 1.

1.3. Check the box if you want the Health Care Directive to be effective immediately, otherwise it will become effective upon your incapacity.

1.5. List any limitations to autopsy/organ donations

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 2.

2.1 Do you want to “pull the plug?”

2.2. Do you want to limit the relief from pain? (i.e. morphine)

2.3. Any other wishes?

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Part 3.

- 3.1 (a) Do NOT donate any organs (*check your ID*)
- (b) Donate ANY organs
- (c) Donate only SOME organs
- (d) Purpose of donation?

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

The Health Care Directive **MUST** be notarized to be effective.

We brought a notary here today
\$15/signature (CA Rate)

CALIFORNIA STATUTORY WILL

Probate Code Section 6240

- Read the entire will before you begin filling it out.
- Fill in the blanks but DO NOT add or cross out any words
- Executor = Person in charge when you are gone
- Bond = like an insurance policy
- Make sure you have two witnesses who ARE NOT beneficiaries
- Name Guardian if you have children under 18

CALIFORNIA STATUTORY WILL

Probate Code Section 6240

1. PRINT your FULL name
2. Personal Residence:
 - a) ALL to spouse or registered domestic partner (then to children)
 - b) Nothing to spouse ALL to children
 - c) ALL to someone else entirely (Print their name on the line)
 - d) EQUAL SHARES to (Print the names of the specific other people)

CALIFORNIA STATUTORY WILL

Probate Code Section 6240

3. Autos, and Personal Effects

- (a) ALL to Spouse/RDP, then to children
- (b) ALL to children, NONE to Spouse
- (c) ALL to someone else (Print their name on the line)
- (d) EQUALLY to others (Print their names on the lines)

CALIFORNIA STATUTORY WILL

Probate Code Section 6240

4. Specific Gifts of Cash (Optional)

Print name of charity(ies) and amount(s)

5. Balance of My Assets (i.e. whatever is left)

(a) ALL to Spouse/RDP, then to children

(b) ALL to children, NONE to Spouse

(c) ALL to someone else (Print their name on the line)

(d) EQUALLY to others (Print their names on the lines)

CALIFORNIA STATUTORY WILL

Probate Code Section 6240

6. Guardian(s) of minor Children

Print names in order

7. Custodian for assets to persons under 25

Print names in order.

(Otherwise it will go to the parents for anyone under 18, or to the person for anyone over 18)

CALIFORNIA STATUTORY WILL

Probate Code Section 6240

8. Executor

Someone you trust (FYI you are assigning them a headache)

List in order

9. Bond

If it is someone you truly trust, then sign the box to waive bond. If it's someone you don't fully trust then leave it blank.

CALIFORNIA STATUTORY WILL

Probate Code Section 6240

You must sign the will in the presence of two (2) DISINTERESTED parties.

They must sign the Will as witnesses. We can be your witnesses.

Final Instructions

- Power of Attorney needs to be notarized.
- Advance Health Care Directive needs to be notarized.
- Will needs two (2) disinterested witnesses.
- Store documents in a safe place (but not a safe deposit box).
- THIS IS A BARE MINIMUM PLAN!!!! We are happy to help you create a more personalized plan tailored to your specific needs.

Any Questions?



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ATTORNEYS

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