

LIVING TRUST WORKSHEET

Today's Date: _____ Your email address: _____

How did you hear about us? (Friend, Newspaper)

Name: _____ U.S. Citizen? _____ SS # _____ - _____

Date of Birth: _____ / _____ Age _____ Spouse's Name: _____

U.S. Citizen? _____ Date of Marriage: _____ First or Second marriage? _____

Spouse's SS# _____ - _____ Spouse's Date of Birth: _____ / _____ / _____ Spouse's Age _____

Address: _____ City: _____ State & Zip: _____

County: _____ Home Phone: (_____) _____ Work Phone: _____

Total Estimated Estate Value (including all life insurance and IRAs)

Number of Deeds for Real Estate _____

Children (even if to be omitted from trust) or Non-Child Beneficiary:

Name: _____ Date of Birth: _____ / _____ / _____ Married? _____ Children? _____ This
is a child of (Circle One) **Husband** **Wife** **Both**
City and State of Child's Residence: _____

Name: _____ Date of Birth: _____ / _____ / _____ Married? _____ Children? _____
This is a child of (Circle One) **Husband** **Wife** **Both**
City and State of Child's Residence: _____

Name: _____ Date of Birth: _____ / _____ / _____ Married? _____ Children? _____
This is a child of (Circle One) **Husband** **Wife** **Both**
City and State of Child's Residence: _____

Name: _____ Date of Birth: _____ / _____ / _____ Married? _____ Children? _____
This is a child of (Circle One) **Husband** **Wife** **Both**
City and State of Child's Residence: _____

Name: _____ Date of Birth: _____ / _____ / _____ Married? _____ Children? _____
This is a child of (Circle One) **Husband** **Wife** **Both**
City and State of Child's Residence: _____

For Office Use Only

C.O.P. _____ N.O.T: _____ F.A. _____

DEP. _____ Deeds _____ S.D. _____ / _____ / _____

SUCCESSOR TRUSTEES

You will manage your own Trust as the initial Trustee (or Co-Trustees if you are married). The person, persons or institution that you name to manage the Trust in the future is called your Successor Trustee (If you are married, your spouse will automatically serve as your Successor Trustee unless you advise us otherwise, so you do not list the spouse below).

Please list here your choices for Successor Trustees (you can have more than one serve at a time if you desire).

Successor Trustee #1

Successor Trustee #2

Successor Trustee #3

THE OPTION OF CO-SUCCESSOR TRUSTEES

If you wish for any of the Successors to serve simultaneously as Co-Successor Trustees, please circle their names above and make a notation in the right margin. (Both signatures of Co-Successor Trustees will be required of those names circled, unless you state that only one signature is needed). For Co-Successors, do you prefer two signatures to be required or only one?

Both Co-Trustees should sign please

One signature is enough

SUCCESSORS IN OTHER DOCUMENTS

The persons you listed above as Trustees may also serve be named to help you in your Pour-Over Will, Durable Power of Attorney and Patient Advocate documents. These are the other legal documents that form a complete estate plan. If this is your desire, check this blank _____ If not, then please specify your preferences for these other documents on an attached page.

Occasionally, a client may prefer someone different to serve in the Patient Advocate form (also known as Health Care Proxy) because it deals with life and death. If you wish to use different names when it comes to the withdrawal of Artificial Life Support, please list them here.

Patient Advocate #1

Patient Advocate #2

Patient Advocate #3

DISTRIBUTION OF ASSETS

Having chosen Trustees to carry out your trust, you must now describe who will receive your assets. Please list their names (**exactly as you wish the names to appear in the documents**), dates of birth and relationship to you. You may also list the percentage of your estate to go to each beneficiary and whether it is to be distributed immediately or whether you would like their share to be held in the trust to be distributed over time. (This is called a staggered distribution.) If you prefer to have someone's share held in trust, please note when the share should be distributed. Age 21 or age 25 are typical ages used by many clients.

NAME OF BENEFICIARY BIRTHDATE RELATIONSHIP TO YOU

% SHARE IMMEDIATE /OR/ HELD IN TRUST and WHEN TO BE DISTRIBUTED

NAME OF BENEFICIARY BIRTHDATE RELATIONSHIP TO YOU

% SHARE IMMEDIATE /OR/ HELD IN TRUST and WHEN TO BE DISTRIBUTED

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% SHARE IMMEDIATE /OR/ HELD IN TRUST and WHEN TO BE DISTRIBUTED

PREDECEASED BENEFICIARIES

If one of your children (or other beneficiary) died before you, would you like for their share to pass downward to their own children in equal shares. _____ Yes _____ No

If you answered No to this question; please explain below what you would prefer instead (also please note below if you wish to include or not to include step grandchildren when passing assets downward):