

## PART I – YOUR FAMILY FACTS

A. Partner #1 Name (as written on Driver's License) \_\_\_\_\_  
Partner #1 Name (as you wish to appear in Trust) \_\_\_\_\_  
Home Address \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ U.S. Citizen ☐ Yes ☐ No

B. Partner #2 Name (as written on Driver's License) \_\_\_\_\_  
Partner #2 Name (as you wish to appear in Trust) \_\_\_\_\_  
Home Address \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
U.S. Citizen ☐ Yes ☐ No Date and Place of Registration \_\_\_\_\_

**Preferred Name of Trust** (if left unanswered, Trust name will follow this format: JOHN SMITH AND JANE DOE (YEAR) REVOCABLE TRUST)

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C. Children (Natural and/or Adopted)

Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Child of: ☐ Partner #1 ☐ Partner #2 ☐ Both  
☐ Male ☐ Female ☐ Living ☐ Deceased

Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Child of: ☐ Partner #1 ☐ Partner #2 ☐ Both  
☐ Male ☐ Female ☐ Living ☐ Deceased

Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Child of: ☐ Partner #1 ☐ Partner #2 ☐ Both  
☐ Male ☐ Female ☐ Living ☐ Deceased

Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Child of: ☐ Partner #1 ☐ Partner #2 ☐ Both  
☐ Male ☐ Female ☐ Living ☐ Deceased

☐ Additional Children (attach additional page)

☐ If there is a deceased child, did they leave any surviving children? ☐ yes ☐ no

D. Name and telephone number of Accountant/ CPA:

\_\_\_\_\_

E. Name and telephone number of Financial Advisor (e.g., Stock Broker, Financial Planner, etc)

\_\_\_\_\_

F. Employment: Occupation \_\_\_\_\_

Employer's Name: \_\_\_\_\_

G. Referred by: \_\_\_\_\_

## PART II – TRUSTEE/ EXECUTOR/ AND AGENT INFORMATION

- A. Who would you like to act as **Successor Trustee(s) of your Trust**? (It is assumed that you and your partner will act as the initial Trustees and the surviving partner will act as the sole Trustee. The Trustee's job is to manage the assets of the trust(s) created under the Living Trust or Will and make distributions to the beneficiaries of the trust(s) in accordance with the provisions of the trust(s).)

1<sup>st</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

2<sup>nd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

3<sup>rd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

- B. Who would you like to act as **Executor(s) of your Last Will and Testament**? (It is assumed that your partner will act as your initial Executor. The primary purpose of the pour-over will is to administer probate for any assets that were not properly transferred to the Trust.)

☐ CHECK BOX IF EXECUTORS WILL BE SAME AS TRUSTEES

Partner #1's 1<sup>st</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

Partner #2's 1<sup>st</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

Partner #1's 2<sup>nd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

Partner #2's 2<sup>nd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

Partner #1's 3<sup>rd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

Partner #2's 3<sup>rd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No

- C. Who would you like to serve as **guardian of your minor child(ren)** (under 18)? (It is assumed that you and your partner will act as the initial guardian of your minor children and the surviving partner will act as the sole guardian). If you have no minor children, go to Section D below.

1<sup>st</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2<sup>nd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3<sup>rd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- D. Who would you like to serve as your agent under a **Power of Attorney for financial purposes?** (It is assumed that your partner will act as your initial agent.) The person you designate to act as your agent will have the power to sign your name as your “attorney in fact” during certain specified financial transactions. In the event of your incapacity, the person you have designated as your “attorney in fact” shall also be the person to be appointed the Conservator of your estate:

☐ CHECK BOX IF AGENTS WILL BE SAME AS TRUSTEES

Partner #1's 1<sup>st</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #2's 1<sup>st</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #1's 2<sup>nd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #2's 2<sup>nd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #1's 3<sup>rd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #2's 3<sup>rd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- E. Who would you like to serve as your agent under a **Power of Attorney for health care purposes?** (It is assumed that your partner will act as your initial agent). The person you designate to act as your agent will have the power to make health care decisions on your behalf.

☐ CHECK BOX IF AGENTS WILL BE SAME AS TRUSTEES

Partner #1's 1<sup>st</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #2's 1<sup>st</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #1's 2<sup>nd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #2's 2<sup>nd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #1's 3<sup>rd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Partner #2's 3<sup>rd</sup> Choice

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- F. Partner #1's desires regarding organ donation, disposition of remains and life-sustaining treatment:

Do you desire to be buried or cremated?

☐ Buried ☐ Cremated ☐ Agent Decides

Do you desire to be an organ donor?

☐ Yes ☐ No ☐ Agent Decides

Purposes for which your organs can be used: ☐ Transplant ☐ Research ☐ Education

What are your desires regarding life-sustaining treatment in the event that you are terminally ill or in an irreversible coma or vegetative state?

☐ No life-sustaining treatment  
☐ Life-sustaining treatment to allow me to live as long as possible  
☐ Agent Decides

- G. Partner #2's desires regarding organ donation, disposition of remains and life-sustaining treatment:

Do you desire to be buried or cremated?

☐ Buried ☐ Cremated ☐ Agent Decides

Do you desire to be an organ donor?

☐ Yes ☐ No ☐ Agent Decides

Purposes for which your organs can be used: ☐ Transplant ☐ Research ☐ Education

What are your desires regarding life-sustaining treatment in the event that you are terminally ill or in an irreversible coma or vegetative state?

☐ No life-sustaining treatment  
☐ Life-sustaining treatment to allow me to live as long as possible  
☐ Agent Decides

### PART III – BENEFICIARY INFORMATION

A. **Special Gifts** to individuals/charities. After the death of you and your partner but prior to making the distributions listed in Section B, do you want to give any specific items to a family member or other individual or charity? (example: charitable donation, high-end heirloom items, real property) *\*Specific Gifts are not a requirement and we will provide you with a “Personal Letter of Instruction” to add personal items at a later time, if you wish.*

Name of Person/Charity	Relationship to you and/or partner	Description of Gift
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

B. **Percentage Beneficiaries:** After you and your partner’s death who should receive your **remaining** estate (also known as “the residue”)?

☐ Check box if your remaining estate is to be divided equally between your children

Name of Person/Charity	Relationship to you and/or partner	Percentage
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

C. **Alternate Beneficiaries:** If a beneficiary named above predeceases you and your partner, will that deceased beneficiary’s share go to that person’s lineal descendants? (i.e. children)

☐ Yes   ☐ No   **OR**

to the other surviving named beneficiaries listed above in equal shares ☐ Yes   ☐ No

*If nothing is specified by you, the deceased-beneficiary’s share will go to his or her lineal descendants.*

D. **Separate Share Trust Distribution Instructions:** If you have **minor beneficiaries**, or if there is possibility of a minor beneficiary (i.e. grandchild if a child of yours is deceased) at what specified age(s) do you want your beneficiaries to receive their inheritance? (example: 50% at age 25 and remainder at age 30)

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*If nothing is specified, the default 100% distribution will occur upon the beneficiary attaining **twenty-five (25)** years of age.*

E. Are any of your beneficiaries listed above disabled and require special care? Are they currently receiving (or will likely in the future) government benefits? If yes, a "Special Needs Trust" may be necessary. Please discuss your circumstances with the attorney.

Name	Age/Relationship to you and/or Partner	Explanation
_____	_____	_____
_____	_____	_____

F. Do you have any pets that you want to provide for their care and welfare?

Type of animal: \_\_\_\_\_  
Amount of caretaking funds (if any): \$ \_\_\_\_\_  
Name of initial caretaker: \_\_\_\_\_  
Name of successor caretaker: \_\_\_\_\_

G. Do you have any firearms that will need to be transferred upon your death? If so, please list model, serial number, and name of beneficiary below:

Model: \_\_\_\_\_ Serial No. \_\_\_\_\_  
Registered: ☐ Yes ☐ No Who is the registered owner? \_\_\_\_\_  
To be gifted to: \_\_\_\_\_

Model: \_\_\_\_\_ Serial No. \_\_\_\_\_  
Registered: ☐ Yes ☐ No Who is the registered owner? \_\_\_\_\_  
To be gifted to: \_\_\_\_\_

Model: \_\_\_\_\_ Serial No. \_\_\_\_\_  
Registered: ☐ Yes ☐ No Who is the registered owner? \_\_\_\_\_  
To be gifted to: \_\_\_\_\_

H. Who do you want as contingent beneficiaries if all percentage beneficiaries from Section B above predecease you?

- ☐ Heirs at Law (lineal descendants: parents, then siblings, then nieces/ nephews, etc.)
- ☐ Friend(s)
- ☐ Charitable Organization
- ☐ Other

Please provide names and percentages for each beneficiary below.

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

## PART IV – ASSET INFORMATION

### REAL ESTATE

Address	How Title Held
1.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint
2.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint
3.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint
If property is only in the name of one of you <b>as your separate property</b> do you wish to make it community property before transferring it into the trust?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

### CASH (SAVINGS, CHECKING, MONEY MARKET, CD'S)

Name of Institution/ Last 4 Digits of Account No.	Type of Account
1.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
2.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
3.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
4.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
5.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property

### TAX QUALIFIED RETIREMENT ACCOUNTS (401K, 403B, IRA, ROTH IRA, ETC.)

Name of Institution/ Type of Account, Last 4 Digits of Account No.	How Title Held
1.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> (Inherited) Separate Property
2.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> (Inherited) Separate Property
3.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> (Inherited) Separate Property
4.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> (Inherited) Separate Property

**NON-QUALIFIED RETIREMENT ACCOUNTS****(straight brokerage, investment accounts, etc.)**

Name of Institution/ Type of Account, Last 4 Digits of Account No.	How Title Held
1.	<input type="checkbox"/> Part. #1 <input type="checkbox"/> Part. #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
2.	<input type="checkbox"/> Part. #1 <input type="checkbox"/> Part. #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
3.	<input type="checkbox"/> Part. #1 <input type="checkbox"/> Part. #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
4.	<input type="checkbox"/> Part. #1 <input type="checkbox"/> Part. #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property

**SAFE DEPOSIT BOX**

Located At (Bank and Address)	Box #	Belonging To:
		<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint

**STOCKS/BONDS/TREASURIES**

Stock/Bond/Treasuries and Last 4 Digits of Account No.	No. of Shares	How Title Held
1.		<input type="checkbox"/> Part. #1 <input type="checkbox"/> Part. #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
2.		<input type="checkbox"/> Part. #1 <input type="checkbox"/> Part. #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
3.		<input type="checkbox"/> Part. #1 <input type="checkbox"/> Part. #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property
4.		<input type="checkbox"/> Part. #1 <input type="checkbox"/> Part. #2 <input type="checkbox"/> Joint <input type="checkbox"/> (Inherited) Separate Property

**LIFE INSURANCE POLICIES**

Company and Account No.	Amount	Owned By
1.		<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
2.		<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
3.		<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
4.		<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2



<b>ACCOUNTS &amp; NOTES RECEIVABLE (I.E. PROMISSORY NOTES/ MONEY OWED TO YOU)</b>			
Name of Borrower	Secured?	Who is Note Payable To?	Current Outstanding Balance
1.			
2.			
<b>BUSINESS INTERESTS (EXAMPLE: LLC'S, GENERAL PARTNERSHIPS, CORPORATION, SOLE PROPRIETORSHIP)</b>			
Business Name	Type	% Owned	How Title Held
1.			<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint
2.			<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint
<b>MAJOR TANGIBLE PERSONAL PROPERTY VALUED OVER \$5K (PER ITEM) (DO NOT INCLUDE DMV REGISTERED VEHICLES, SUCH AS CARS/ BOATS/ RVS)</b>			
Asset	How Title Held		
1.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint		
2.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint		
3.	<input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2 <input type="checkbox"/> Joint		

Estimated Fair Market Value of Estate (approx.): includes real estate, retirement accounts, life insurance, bank accounts, and personal property (including vehicles): \_\_\_\_\_

Do you have a property or asset agreement in place (pre/post nuptial agreement)? ☐ Yes ☐ No

Additional Information or Specific Questions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_