

PART I – YOUR FAMILY FACTS

A. Name (as written on Driver's License) _____
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
Marital Status: ☐ Single ☐ Divorced ☐ Married: Spouse's name: _____
☐ Widowed: Spouse's name / Date of Death _____

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

B. Children (Natural and/or Adopted)

Full Legal Name: _____
Date of Birth: _____
☐ Male ☐ Female ☐ Living ☐ Deceased

Full Legal Name: _____
Date of Birth: _____
☐ Male ☐ Female ☐ Living ☐ Deceased

Full Legal Name: _____
Date of Birth: _____
☐ Male ☐ Female ☐ Living ☐ Deceased

Full Legal Name: _____
Date of Birth: _____
☐ 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**? 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).)

1st Choice

Name: _____

Relationship: _____

Phone Number: _____

US Citizen: ☐ Yes ☐ No

2nd Choice

Name: _____

Relationship: _____

Phone Number: _____

US Citizen: ☐ Yes ☐ No

3rd 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**? 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

1st Choice

Name: _____

Relationship: _____

Phone Number: _____

US Citizen: ☐ Yes ☐ No

2nd Choice

Name: _____

Relationship: _____

Phone Number: _____

US Citizen: ☐ Yes ☐ No

3rd 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)? If you have no minor children, go to Section D below.

1st Choice

Name: _____

Relationship: _____

Phone Number: _____

2nd Choice

Name: _____

Relationship: _____

Phone Number: _____

3rd Choice

Name: _____

Relationship: _____

Phone Number: _____

- D. Who would you like to serve as your agent under a **Power of Attorney for financial purposes?** 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

1st Choice

Name: _____

Relationship: _____

Phone Number: _____

2nd Choice

Name: _____

Relationship: _____

Phone Number: _____

3rd Choice

Name: _____

Relationship: _____

Phone Number: _____

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

1st Choice

Name: _____

Relationship: _____

Phone Number: _____

2nd Choice

Name: _____

Relationship: _____

Phone Number: _____

3rd Choice

Name: _____

Relationship: _____

Phone Number: _____

- F. Your 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 your death 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 spouse	Description of Gift
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

B. Percentage Beneficiaries: After your 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 spouse	Percentage
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

C. Alternate Beneficiaries: If a beneficiary named above predeceases you, 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)

*If nothing is specified, the default 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 Spouse	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 To be gifted to: _____

Model: _____ Serial No. _____
Registered: ☐ Yes ☐ No To be gifted to: _____

Model: _____ Serial No. _____
Registered: ☐ Yes ☐ No To be gifted to: _____

H. Who do you want as contingent beneficiaries if all percentage beneficiaries from Section B above predecease you? *If nothing is specified by you, the default language is that distributions will take place to your “heirs at law” (lineal descendants).*

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

Please provide names and percentages for each beneficiary below.

PART IV – ASSET INFORMATION

REAL ESTATE AND TIMESHARES- ADDRESSES

1.

2.

3.

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

Name of Institution /Last 4 Digits of Account No.

1.

2.

3.

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

Name of Institution/ Type of Account, Last 4 Digits of Account No.

1.

2.

3.

NON-QUALIFIED RETIREMENT ACCOUNTS(straight brokerage, investments, etc.)

Name of Institution/ Type of Account, Last 4 Digits of Account No.

1.

2.

3.

Stocks

Number of Shares

1.

2.

3.

SAFE DEPOSIT BOX

Institution box is located (including address) and Box #

ACCOUNTS & NOTES RECEIVABLE

Name of Borrower	Secured?	Current Outstanding Balance
1.		
2.		

LIFE INSURANCE POLICIES

Company and Account No.	Amount
1.	
2.	
3.	
4.	

BUSINESS INTERESTS (EXAMPLE: LLC'S, GENERAL PARTNERSHIPS, CORPORATION, SOLE PROPRIETORSHIP)

Business Name	Type	% Owned
1.		
2.		

MAJOR TANGIBLE PERSONAL PROPERTY VALUED OVER \$5K (PER ITEM) (DO NOT INCLUDE DMV REGISTERED VEHICLES, SUCH AS CARS/ BOATS/ RVS)

Asset
1.
2.
3.

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

Additional Information or Specific Questions:
