

# LIVING TRUST INFORMATION FORM

## **Attorney Assisted California Centers**

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*PLEASE PRINT CLEARLY TO PREVENT SPELLING ERRORS IN YOUR TRUST DOCUMENTS*

**NOTE: It is important that all questions be responded to. Use “N/A” if question doesn’t apply to you**

**TRUST TYPE:**     \_\_\_ Single Person   \_\_\_ Couple (Small Estate)   \_\_\_ Couple (\$600,000 - \$1million)  
                  \_\_\_ Couple (Over \$1million estate)

### **CLIENT INFORMATION**

First, Middle & Last Name, include Jr, III, etc. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Sex: Male: \_\_\_ Female: \_\_\_

County of residence: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_

Telephone number: (\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_

Marital Status: Single: \_\_\_ Married: \_\_\_ Unmarried: \_\_\_

Date of Marriage: \_\_\_\_\_

If separated, date of separation: \_\_\_\_\_

Any previous marriages? \_\_\_\_\_

### **SPOUSE INFORMATION**

First, Middle & Last Name, include Jr, III, etc. \_\_\_\_\_

Address: \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_

City, State, Zip: \_\_\_\_\_

Sex: Male: \_\_\_ Female: \_\_\_

County of residence: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_

Telephone number: (\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_

Any previous marriages? \_\_\_\_\_

### **INFORMATION ABOUT CLIENT’S LIVING CHILDREN**

Does client have any living children? Yes \_\_\_ No \_\_\_

Full name of first living child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is this child of the current marriage? Yes \_\_\_\_ No \_\_\_\_

Full name of second living child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is this child of the current marriage? Yes \_\_\_\_ No \_\_\_\_

Full name of third living child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is this child of the current marriage? Yes \_\_\_\_ No \_\_\_\_

Full name of fourth living child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is this child of the current marriage? Yes \_\_\_\_ No \_\_\_\_

**List information about additional children on a separate piece of paper**

Do you or your spouse have any children by previous relationships? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you or your spouse have children who died leaving children? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you want any minors (such as children and/or grandchildren) to whom you may be leaving all or part of your estate to receive their money:

Outright (regardless of their age) Yes \_\_\_\_ No \_\_\_\_ or

in a trust until a specified age Yes \_\_\_\_ No \_\_\_\_

**INFORMATION REGARDING THE ASSETS IN YOUR ESTATE**

**Income-Producing Assets**

For example, bank accounts, CD's brokerage accounts, stocks, or corporate or U.S. bonds

Description and location of property	Value	Acct. #	Beneficiary Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Alternate Beneficiaries for the above property(ies):**

Item	Alternate Beneficiary Name
_____	_____
_____	_____
_____	_____

**Real Estate**

Description and location of property	Value	Beneficiary Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note: You will need to know the legal description for each property listed or you will need to provide a copy of the most recent deed at the time of the initial meeting.**

Do you or your spouse have any interest in any business? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain;

\_\_\_\_\_

**Life Insurance**

Whose life? Is insured	Company Name	Face Value	Cash Value	Policy Number	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are the owners of any policy different from the person whose life is insured? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain

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**Other Property with Designated Beneficiaries**

Do you have IRAs, vested pension plans, annuities, or other assets that would pass on your death to a particular beneficiary that you have designated? Yes \_\_\_\_ No \_\_\_\_ . If yes, please provide the following information:

Description	Value	Designated beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or your spouse expect an inheritance? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain:

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Do you or your spouse expect the value of your estate to increase by a significant amount? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain:

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**Personal Property**

For example, autos, RVs, boats, antiques, heirlooms, jewelry, and collections

Description of property	Value	Beneficiary Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Legal Papers**

	Date made	Location of original
Last will and testament	_____	_____
Durable power of attorney (s)	_____	_____
Living will/health care power of attorney	_____	_____
Living trust	_____	_____

**Miscellaneous**

Are you a legally appointed guardian? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain:

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Have you been appointed under a power of attorney? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain:

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Do you currently serve as executor or administrator of an estate? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain:

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Are you involved in a lawsuit? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain:

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**DISTRIBUTION OF YOUR ESTATE:**

**Special gifts of Personal Property**

Before your estate is distributed, will there be any special gifts of personal property made? Yes \_\_\_\_ No \_\_\_\_ . If yes,

Recipient of gift	Description of gift	Pay at death of :
_____	_____	[ ]Single Settlor [ ]Surviving Spouse [ ]Husband [ ]Wife
_____	_____	[ ]Single Settlor [ ]Surviving Spouse [ ]Husband [ ]Wife
_____	_____	[ ]Single Settlor [ ]Surviving Spouse [ ]Husband [ ]Wife
_____	_____	[ ]Single Settlor [ ]Surviving Spouse [ ]Husband [ ]Wife

**Special cash gifts**

Before your estate is distributed, will there be any special cash gifts made? Yes \_\_\_\_ No \_\_\_\_ . If yes,

Recipient of cash gift	Amount of cash gift	Pay at death of :
_____	_____	[ ]Single Settlor [ ]Surviving Spouse [ ]Husband [ ]Wife
_____	_____	[ ]Single Settlor [ ]Surviving Spouse [ ]Husband [ ]Wife
_____	_____	[ ]Single Settlor [ ]Surviving Spouse [ ]Husband [ ]Wife

\_\_\_\_\_

Single Settlor  Surviving Spouse  
 Husband  Wife

**How do you want the remainder of your estate distributed after the death of the surviving spouse, if applicable?**

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

**TRUSTEE INFORMATION**

**Who will be the initial Trustee(s):**

- Single Settlor (unmarried person)
- Both Settlers (Husband and Wife)
- One of the Settlers (Husband only or Wife only): \_\_\_\_\_
- One Settlor and another individual (Specify) \_\_\_\_\_
- One Settlor and a corporation (Specify) \_\_\_\_\_
- Corporation (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

**Successor Trustee(s):**

On death of one of the Settlor's:

- The remaining Settlor serves alone
- Named individual becomes co-trustee with the surviving Settlor  
Name of individual: \_\_\_\_\_
- Named individual becomes trustee  
Name of individual: \_\_\_\_\_
- Named individuals becomes co-trustees  
Name of individual: \_\_\_\_\_  
Name of individual: \_\_\_\_\_
- Other: \_\_\_\_\_

**POUR-OVER WILL EXECUTOR CHOICES**

Same persons and order as Trustees above [ ]

If married, Executor will be surviving spouse Yes \_\_\_\_ No \_\_\_\_

Executors (after surviving spouse) will serve [ ] Jointly [ ] In Succession

Name of Successor #1: \_\_\_\_\_

Name of Successor #2: \_\_\_\_\_

Name of Successor #3: \_\_\_\_\_

If serving jointly, and one of the executors can no longer serve, the remaining co-executor will [ ] serve alone [ ] choose an acceptable co-executor.

**Guardian of minor children, if any:**

**I/We nominate as Guardians for my/our minor children in the event of requirement of same:**

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

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

WE DO NOT WANT THE FOLLOWING PERSON(S) TO BE APPOINTED:

\_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR PROPERTY/FINANCIAL AGENT CHOICES**

Same persons and order as Trustees above [ ]

If married, Agent will be spouse Yes \_\_\_\_ No \_\_\_\_

Agents (after surviving spouse) will serve [ ] In Succession [ ] Jointly, two at a time [ ] Spouse will serve jointly with Next Successor

Name of Successor #1: \_\_\_\_\_

Name of Successor #2: \_\_\_\_\_

Name of Successor #3: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE AGENT CHOICES**

Same persons and order as Trustees above [ ]

If married, Agent will be spouse Yes \_\_\_\_ No \_\_\_\_

Agents (after surviving spouse) will serve [ ] In Succession [ ] Jointly, two at a time [ ] Spouse will serve jointly with Next Successor

Name of Successor #1: \_\_\_\_\_

Name of Successor #2: \_\_\_\_\_

Name of Successor #3: \_\_\_\_\_

**Health Care/Anatomical Gifts/Internment Desires**

**Client states:**

I DO authorize my Agent to make Anatomical Gifts  I DO NOT authorize my Agent to make Anatomical Gifts

Desires regarding life-sustaining treatment:

\_\_\_\_\_

\_\_\_\_\_

Desires regarding funeral/burial:

\_\_\_\_\_

\_\_\_\_\_

**Spouse states:**

I DO authorize my Agent to make Anatomical Gifts  I DO NOT authorize my Agent to make Anatomical Gifts

Desires regarding life-sustaining treatment:

\_\_\_\_\_

\_\_\_\_\_

Desires regarding funeral/burial:

\_\_\_\_\_

\_\_\_\_\_

**Physicians Information:**

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

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_