

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

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:

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

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:

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

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

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

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: _____