

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: _____