

PART I – YOUR FAMILY FACTS

A. Partner #1 Name (as written on Driver’s License) ***Last, First, Middle***

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Male Female

Email Address _____

Date of Birth _____ U.S. Citizen Yes No Green Card Holder Yes No

B. Partner #2 Name(as written on Driver’s License) ***Last, First, Middle***

Same Address Yes No Male Female

Home Address _____ City _____ Zip _____

Cell Phone _____

Email Address _____ Date of Birth _____

U.S. Citizen Yes No Green Card Holder Yes No

Married Domestic Partners Other _____

D. Preferred Name of Trust (if left unanswered, Trust name will follow this format: THE LAST NAME FAMILY TRUST)

Is this a blended family? Yes No

If this is a blended family, allow for amendments after first death? Yes No

E. Children (Natural and/or Adopted)

Full Legal Name: _____

Date of Birth: _____

Child of: Husband Wife Both

Male Female Living Deceased

Full Legal Name: _____

Date of Birth: _____

Child of: Husband Wife Both

Male Female Living Deceased

Full Legal Name: _____

Date of Birth: _____

Child of: Husband Wife Both

Male Female Living Deceased

Additional Children (attach additional page)

Full Legal Name: _____

Date of Birth: _____

Child of: Husband Wife Both

Male Female Living Deceased

If there is a deceased child, did they leave any surviving children? Yes No



PART II – TRUSTEE/ EXECUTOR/ AND AGENT INFORMATION

A. Who would you like to act as Successor Trustee(s) of your Trust? NOT INCLUDING YOU AND YOUR SPOUSE. 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.) **Please specify the relationship ex: husband's sister**

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: _____
Citizen: Yes No

B. Who would you like to act as Executor(s) of your Last Will and Testament? NOT INCLUDING YOU AND YOUR SPOUSE. 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 1st Choice
Name: _____
Relationship: _____
Phone Number: _____
US Citizen: Yes No

Partner #2's 1st Choice
Name: _____
Relationship: _____
Phone Number: _____
US Citizen: Yes No

Partner #1's 2nd Choice
Name: _____
Relationship: _____
Phone Number: _____
US Citizen: Yes No

Partner #2's 2nd Choice
Name: _____
Relationship: _____
Phone Number: _____
US Citizen: Yes No

Partner #1's 3rd Choice
Name: _____
Relationship: _____
Phone Number: _____
US Citizen: Yes No

Partner #2's 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)? (It is assumed that you and your spouse will act as the initial guardian of your minor children and the surviving spouse will act as the sole guardian). 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? (NOT INCLUDING YOU AND YOUR SPOUSE) 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 1st Choice

Name: _____

Relationship: _____

Phone Number: _____

Partner #2's 1st Choice

Name: _____

Relationship: _____

Phone Number: _____

Partner #1's 2nd Choice

Name: _____

Relationship: _____

Phone Number: _____

Partner #2's 2nd Choice

Name: _____

Relationship: _____

Phone Number: _____

Partner #1's 3rd Choice

Name: _____

Relationship: _____

Phone Number: _____

Partner #2's 3rd Choice

Name: _____

Relationship: _____

Phone Number: _____

E. Who would you like to serve as your agent for health care purposes? NOT INCLUDING YOU AND YOUR SPOUSE. 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 1st Choice
 Name: _____
 Relationship: _____
 Phone Number: _____

Partner #2's 1st Choice
 Name: _____
 Relationship: _____
 Phone Number: _____

Partner #1's 2nd Choice
 Name: _____
 Relationship: _____
 Phone Number: _____

Partner #2's 2nd Choice
 Name: _____
 Relationship: _____
 Phone Number: _____

Partner #1's 3rd Choice
 Name: _____
 Relationship: _____
 Phone Number: _____

Partner #2's 3rd Choice
 Name: _____
 Relationship: _____
 Phone Number: _____

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

Do you desire to be buried or cremated? Buried Cremated Undecided
 Do you desire to be an organ donor? Yes No Undecided

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
 Undecided

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

Do you desire to be buried or cremated? Buried Cremated Undecided
 Do you desire to be an organ donor? Yes No Undecided

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
 Undecided

PART III – BENEFICIARY INFORMATION

A. Special Gifts to individuals/charities. After the death of you and your spouse 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. _____	_____	_____

Will there be a distribution upon first death? Yes No

Which Partner? #1 #2 Both

What will be the distribution?

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

C. Alternate Beneficiaries: If a beneficiary named above predeceases you and your spouse, 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? (default 1/3 at 21, 1/3 at 25 and remainder at 30)

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
_____	_____
_____	_____

Who will be the successor Trustee(s) of the Special Needs Trust?

Who will remaining assets go to?

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

Type of animal: _____ Amount: \$ _____
Lump Sum _____ Monthly _____
Annual _____ Max Amount _____

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: _____

Who do you designate as successor trustee?

I. 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) (listed below)

Charitable Organization (listed below)

Other

Please provide names and percentages for each beneficiary below.

PART IV – ASSET INFORMATION

REAL ESTATE

Address	How Title Held
1.	<input type="checkbox"/> Part #1 <input type="checkbox"/> Part #2 <input type="checkbox"/> Joint
2.	<input type="checkbox"/> Part #1 <input type="checkbox"/> Part #2 <input type="checkbox"/> Joint
3.	<input type="checkbox"/> Part #1 <input type="checkbox"/> Part #2 <input type="checkbox"/> Joint
If property is only in the name of one of you as your separate property 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"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
2.	<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
3.	<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
4.	<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
5.	<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2

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"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
2.	<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
3.	<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
4.	<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2

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"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
2.		<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2
3.		<input type="checkbox"/> Joint (Married) Asset <input type="checkbox"/> Inherited / Separate Property <input type="checkbox"/> Partner #1 <input type="checkbox"/> Partner #2

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

ACCOUNTS & NOTES RECEIVABLE (I.E. PROMISSORY NOTES/ MONEY OWED TO YOU)

Name of Borrower	Secured?	Who is Note Payable To?	Current Outstanding Balance
1.			
2.			

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

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

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 prenuptial or postnuptial agreement in place? Yes No

Additional Information or Specific Questions:
