

**PART I – YOUR FAMILY FACTS**

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

Marital Status:  Single  Divorced  Married: Spouse’s name: \_\_\_\_\_

Widowed: Spouse’s name / Date of Death \_\_\_\_\_

Male  Female

**Preferred Name of Trust** (if left unanswered, Trust name will follow this format: THE LAST NAME LIVING 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

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 remaining assets go to:

**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.)

1<sup>st</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
US Citizen:  Yes  No

2<sup>nd</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
US Citizen:  Yes  No

3<sup>rd</sup> 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

1<sup>st</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
US Citizen:  Yes  No

2<sup>nd</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
US Citizen:  Yes  No

3<sup>rd</sup> 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.

1<sup>st</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2<sup>nd</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3<sup>rd</sup> 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

1<sup>st</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2<sup>nd</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3<sup>rd</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

E. Who would you like to serve as your agent under a **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.

1<sup>st</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2<sup>nd</sup> Choice  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3<sup>rd</sup> 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  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-  No life-sustaining treatment

sustaining treatment in the event that you are  Life-sustaining treatment to allow

terminally ill or in an irreversible coma or  me to live as long as possible vegetative

state?  Undecided

**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: 1/3 at 21, 1/3 at 25, and remainder at 30)

\_\_\_\_\_

If nothing is indicated, we will default to 1/3 at 21, 1/3 at 25, and remainder at 30.

E. 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 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.

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**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.		

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:

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