

PERSONAL AND FINANCIAL ORGANIZER
FOR YOUR LIVING TRUST

1. GENERAL INFORMATION

DATE: _____

Marital Status Circle One: Married Single Divorced Widowed

Q1 Your Name (First, Middle, Last)	Q1 Soc. Sec. No.	Date of Birth
Q2 Spouse's Name (First, Middle Last)	Q2 Soc. Sec. No.	Date of Birth
Q3 Name of Your Trust		
Q1 Home Address (Number, Street)	Q1 City	Q1,5,7 State Q1 Zip Q4, Q6 Q8 County
Home Phone ()	Your Work Phone ()	Spouse's Work Phone ()

2. PERSONAL INFORMATION

	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
A. Are you a U.S. Citizen ?	YES	NO	YES	NO
B. Do you have a will or trust now ?	YES	NO	YES	NO
C. How many living children do you have ?				
D. How many children under 18 do you have ?				
E. How many grandchildren do you have ?				

Name of your children	Date of Birth
1	
2	
3	
4	
5	

3. TRUST DECISIONS: YOUR LIVING TRUST TEAM

Back-Up Trustee(s)- Steps in at your disability or death. Can be your adult children and/or trusted friends.

Q9	1st Successor Trustee:
Name:	
Q10	2nd Successor Trustee:
Name:	

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4. "POUROVER WILL "

This document provides for after-death distribution of your personal effects and "pours over" other assets not held in the name of the trust, at the time of death, to the trust (through probate, if necessary).
Nomination and Appointment of Executors Executor(s)- The person(s) that will distribute single person or husband's assets after death. *If you want your spouse, enter their name as 1st executor*
Q11 1st Executor Name:
Q12 2nd Executor Name:
Executor(s)- The person(s) that will distribute wife's assets after death. *If you want your spouse, enter their name as 1st executor*
W11 1st Executor: Name:
W12 2nd Executor (Alternate) Name:

5. "GUARDIANSHIP"

Nomination and Appointment of Guardians for minor children

Q13 1st Guardian Name:
Q14 2nd Guardian (Alternate) Name:

6. HUSBAND/WIFE'S or SINGLE PERSON'S ASSET DURABLE POWER OF ATTORNEY

This document authorizes you to name an agent to act for you in any way you can act for yourself.
Designation of agent(s) (attorney in fact) Agents: The persons that will make financial decisions for single person or husband . *If you want your spouse, enter their name as 1st Agent*
Q15 1st Agent: Name:
Q16 2nd Agent: (Alternate) Name:
Agents: The persons that will make financial decisions for wife . *If you want your spouse, enter their name as 1st Agent*
W15 1st Agent: Name:
W16 2nd Agent: (Alternate) Name:

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7. HUSBAND/WIFE'S or SINGLE PERSON'S HEALTH CARE DURABLE POWER OF ATTORNEY

This document authorizes you to name someone ("agent") to make health care decisions for you if you are no longer able to communicate your wishes regarding such care.	
Designation of agent(s) (attorney in fact) Agents: The person that will make health care decisions for single person or husband.	
If you want your spouse, enter their name as 1st Agent	
Q17 1st Agent:	
Name:	Phone #:
Address:	
Q18 2nd Agent:	
Name:	Phone #:
Address:	
Agents: The person that will make health care decisions for wife.	
If you want your spouse, enter their name as 1st Agent	
W17 1st Agent:	
Name:	Phone #:
Address:	
W18 2nd Agent (Alternate):	
Name:	Phone #:
Address:	

8. DISTRIBUTION TO FINAL BENEFICIARIES AFTER DEATH OF TRUSTOR(S)

Q21 Circle Age of Distribution to Final Beneficiaries (21) (25) ()	
Q22 Age and percentage each beneficiary is to receive. Example 1: Mary Allen, 100%. Example 2: Mary Allen 50%; Thomas Smith, 50%	
1. Name:	2. Name:
Percentage:	Percentage:
3. Name:	4. Name:
Percentage:	Percentage:

Q23 Distribution of deceased beneficiary's share.	
Official Language:	
...the share of such deceased beneficiary shall...	
Option 1: be distributed to his or her then living children, if there are no living children then distributed to other named beneficiaries.	
Option 2: be divided proportionately among the other named beneficiaries	
Option 1	Option 2

9. NAMES OF ALL CHILDREN OF HUSBAND FROM A PREVIOUS RELATIONSHIP

Q24 Name and Date of Birth	
1 Name:	D.O.B:
2 Name:	D.O.B:
3 Name:	D.O.B:
4 Name:	D.O.B:

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NAMES OF ALL CHILDREN OF WIFE FROM A PREVIOUS MARRIAGE

Q25 Name and Date of Birth	
1 Name:	D.O.B:
2 Name:	D.O.B:
3 Name:	D.O.B:
4 Name:	D.O.B:

10. FINANCIAL INFORMATION

This information is being entered for discussion purposes and will need to be added to the schedules in your trust

1. Do you own a **home** or any **other real estate** (Please attach a copy of the Grant Deed)

Description and location	Title in whose name

2. Do you have any **interest bearing accounts** (savings, money market) and/or **CD's** ?

Name and address of bank	Account Number(s)

3. Do you own any **stocks, bonds or mutual funds** (including company stock) ?

# of shares	Name of Security	Account Number(s)

4. Do you have any **profit sharing, IRA's** or pension plans ?

Description and location	Beneficiary

5. Do you have any **life insurance** policies and/or **annuities** ?

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary

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11. SPECIAL GIFTS OF TRUST PROPERTY

If you desire to give special gifts of trust property apart from a share of the remainder of the trust estate, write the names of the beneficiaries and a description of the gift(s) each is to receive.

Q 26 Examples of Special Gifts
Example 1 To Mary Allen, (10,000.00). To Susan Smith, Three Thousand Dollars
Example 2 To Thomas Smith, The real property situated in the County of Los Angeles etc. etc.

Description of Item	Name of Beneficiary

12. SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1	What type of service do you want, how to elaborate, and where? Any special people to contact? Do you want cremation? Do you have a pre-paid (pre-arranged) funeral plan?
2	What is the name and location of the cemetery? What are the plot and deed numbers? Name of Cemetery: City and State: Plot Number: Deed Number:
3	Have you discussed a budget for funeral and final expenses? If yes, where can instructions be found?