

PERSONAL AND FINANCIAL ORGANIZER FOR YOUR LIVING TRUST

SECTION

1 GENERAL INFORMATION

Home Phone _____ Date _____

Marital Status: Married Single Divorced Widowed

Your Legal Name _____

Spouse's Legal Name _____

Street Address _____

City _____ State _____ ZIP _____

Mailing Address (if different) _____

Your Employer _____

Address _____

Your Occupation _____ Work Phone _____

Spouse's Employer _____

Address _____

Spouse's Occupation _____ Work Phone _____

	You	Your Spouse
Social Security #		
Date of Birth		
U.S. citizen?	Yes No	Yes No
Currently have Will or Trust? If so, give year & state in which prepared.	Yes No Yr. _____ State _____	Yes No Yr. _____ State _____
Expect to receive money or other assets from (circle all that apply):	Gift Inheritance Lawsuit Other	Gift Inheritance Lawsuit Other
If so, approximately how much?	\$ _____	\$ _____

SECTION

2 ABOUT YOUR CHILDREN

1. _____

Legal Name _____ Date of Birth _____ Natural Legally Adopted Foster

Goes by _____ Soc. Sec. # _____ Married Needs Special Care Dependent

Street Address _____ *Related To:*

City _____ State _____ ZIP _____ Phone _____ You Only Spouse Only Both

2. _____

Legal Name _____ Date of Birth _____ Natural Legally Adopted Foster

Goes by _____ Soc. Sec. # _____ Married Needs Special Care Dependent

Street Address _____ *Related To:*

City _____ State _____ ZIP _____ Phone _____ You Only Spouse Only Both

3. _____

Legal Name _____ Date of Birth _____ Natural Legally Adopted Foster

Goes by _____ Soc. Sec. # _____ Married Needs Special Care Dependent

Street Address _____ *Related To:*

City _____ State _____ ZIP _____ Phone _____ You Only Spouse Only Both

How many grandchildren do you have? _____ Yours only _____ Your Spouse's Only _____ Both

6. Do you have any profit sharing, IRAs or pension plans ?

Description/Location	Beneficiary	Current Value
Total Value =		

7. Do you or your spouse own a business or have any partnership interests ?

Description	Type of Ownership	Purchase Price	Current Value
Total Value =			

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

Name of Company/Policy Number	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit
Total Value =				

9. Does anyone owe you money?

Description	Approx. Value	
Total Value =		

10. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value	
Total Value =		

11. What is the approximate total value of all your remaining personal property- whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate.....\$ _____

12. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.) ?

Description	Amount owed	
Total Debt =		

13. Total value of everything you (and your spouse) own (add totals of lines 1 thru 11 above)\$ _____

14. Total amount you (and your spouse) owe (total of line 12 above)- _____

15. Subtract line 14 from line 13.

NET ESTATE = \$

16. Do you have a **safe deposit box**?

Location

Titled in whose name

SECTION

4 TRUST DECISIONS: YOUR LIVING TRUST TEAM

1. **Trustee(s)** - Manages your trust now; usually you (and your spouse) and/or a Corporate Trustee.

2. **Successor Trustee(s)** - Steps in at your incapacity or death. Can be adult children, trusted friend, and/or a Corporate Trustee.

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

#3 Choice: Name _____ Phone _____
Address _____

3. **Guardian For Minor Children** - Responsible adult who will raise your minor children if something happens to you.

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

4. **Trustees For Minor Children** - Manages inheritance. Can be same person as Guardian, another adult and/or a Corporate Trustee.

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

SECTION

5 BENEFICIARIES

1. **Special Gifts To Organizations**

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Address	Description of Gift

2. Special Gifts To Individuals

Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, gun collection to son or nephew, etc.)

Name of Person	Address	Description of Gift

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person/Organization	Address	Amount/Percentage

4. Inheriting Instructions

Do you want your Beneficiaries to receive their inheritances in installments, at certain ages, or all at once?

5. Do you provide for someone who requires special care?

Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet) ?

Name	Age	Relationship	Explanation

6. Alternate Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the Beneficiaries you've named above?

Name of Person/Organization	Address	Amount/Percentage

7. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

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SPECIAL INSTRUCTIONS AT INCAPACITY

1. Keeping/Selling Assets

If it becomes necessary to sell assets to pay for your or your or your spouse's care, are there certain ones you prefer to be sold first? Are there potential buyers you want contacted? Are there certain assets you prefer not be sold unless absolutely necessary?

2. Medical Care:

Do you prefer (or want to avoid) a certain hospital/nursing home? Do you have strong feelings about blood transfusions, life support, etc.?

You _____ Your Spouse _____

3. Do you want a **Living Will**? This lets others know how you feel about life support treatment if you become terminally ill.....

You		You Spouse	
Yes	No	Yes	No
Yes	No	Yes	No

4. Do you want a **Durable Power of Attorney for Health Care**?

This document lets you choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. You can choose anyone you trust: your spouse, friend or other relative, etc. List your choices below:

You
#1 Choice: Name _____
Address _____

Phone _____

Your Spouse
#1 Choice: Name _____
Address _____

Phone _____

#2 Choice: Name _____
Address _____

Phone _____

#2 Choice: Name _____
Address _____

Phone _____

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QUESTIONS TO ASK YOUR ATTORNEY ABOUT YOUR LIVING TRUST

Please return completed form to:

SPOLTER, McDONALD & MANNION
A PROFESSIONAL CORPORATION
PIER 9
SAN FRANCISCO 94111-1497
(415) 956-0211