

**PERSONAL AND FINANCIAL ORGANIZER FOR YOUR LIVING TRUST**

**SECTION 1 - GENERAL INFORMATION**

	You	Your Spouse
Legal Name:	_____	_____
Street Address:	_____	<input type="checkbox"/> Same
City, State, Zipcode:	_____	_____
Social Security No.:	_____	_____
Date of Birth:	_____	_____
Employer:	_____	_____
Occupation:	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____
Mobile Phone:	_____	_____
E-Mail:	_____	_____
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Single
	Date of Marriage: _____	Date of Marriage: _____
	Place of Marriage: _____	Place of Marriage: _____
	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	Date of Dissolution/Death: _____	Date of Dissolution/Death: _____
Currently have Will or Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expect to receive money or other assets (check all that apply)	<input type="checkbox"/> Gift <input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift <input type="checkbox"/> Inheritance
	<input type="checkbox"/> Lawsuit <input type="checkbox"/> Other	<input type="checkbox"/> Lawsuit <input type="checkbox"/> Other
If so, approximately how much?	\$ _____	\$ _____
Would you like us to retain your original estate planning documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 2 - ABOUT YOUR CHILDREN**

1. Legal Name: \_\_\_\_\_  Natural     Legally Adopted     Foster

Date of Birth: \_\_\_\_\_  Married     Needs Care     Dependent

Street Address, City, Zipcode: \_\_\_\_\_

Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Related to:  You Only     Spouse Only     Both
2. Legal Name: \_\_\_\_\_  Natural     Legally Adopted     Foster

Date of Birth: \_\_\_\_\_  Married     Needs Care     Dependent

Street Address, City, Zipcode: \_\_\_\_\_

Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Related to:  You Only     Spouse Only     Both
3. Legal Name: \_\_\_\_\_  Natural     Legally Adopted     Foster

Date of Birth: \_\_\_\_\_  Married     Needs Care     Dependent

Street Address, City, Zipcode: \_\_\_\_\_

Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Related to:  You Only     Spouse Only     Both

How many grandchildren do you have?    \_\_\_ Yours Only    \_\_\_ Yours Spouse's Only    \_\_\_ Both

**SECTION 3 - FINANCIAL INFORMATION**

1. Do you own a **home** or any **investment property**?

Description & Location	Titled in whose name	Purchase Price	Current Value (-)	Mortgage (=)	Equity
Total Net Value =					

2. Do you own any **Timshares or Vacant Land**?

Description	Titled in whose name	Current Value (-)	Loan (=)	Equity
Total Net Value =				

3. Do you own any **other titled property** such as a car, boat, mobile home, etc.?

Description	Titled in whose name	Current Value (-)	Loan (=)	Equity
Total Value =				

4. Do you have any **checking accounts**?

Name of Institution	Account Number	Titled in whose name	Approx. Balance
Total Value =			

5. Do you have any **interest bearing accounts** (savings, money market) and/or **CDs**?

Name of Institution	Account Number	Titled in whose name	Approx. Balance
Total Value =			

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

Name of Company	Broker's Name	Account Number	Titled in whose name	Purchase Price	Current Value
Total Value =					

**SECTION 3 - FINANCIAL INFORMATION (con't)**

6. Do you have any **profit sharing, IRA's, pension plans, 401k's, 403b's?**

Description/Location	Beneficiary	Current Value
Total Value =		

7. Do you or your spouse own any Cryptocurrency?

Cryptocurrency Provider	Current Value
Total Value =	

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

Description	Type of Ownership	Purchase Price	Current Value
Total Value =			

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

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary	Current Value
Total Value =				

10. Does anyone owe you money?

Description	Approx. Value
Total Value =	

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

Description	Approx. Value
Total Value =	

12. 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 ..... \$ \_\_\_\_\_

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

Description	Amount Owed
Total Debt =	

14. Total value of everything you (and your spouse) own (add totals of questions 1 through 11) \$ \_\_\_\_\_

15. Total amount you (and your spouse) owe (total of question 12 above) ..... \$ \_\_\_\_\_

16. Subtract line 14 from line 13..... **NET VALUE =** \$ \_\_\_\_\_

17. Do you have a **safe deposit box?**  Yes  No Where \_\_\_\_\_  
 Titled in Whose Name \_\_\_\_\_

**SECTION 4 - YOUR FINANCIAL TEAM**

	You			Your Spouse		
	"TRUST" Trustee	"WILL" Executor	"Power of Attorney" for BUSINESS Agent	"TRUST" Trustee	"WILL" Executor	"Power of Attorney" for BUSINESS Agent
1st Successor:						
2nd Successor:						
3rd Successor:						

**WILL**

**GUARDIAN FOR MINOR CHILDREN**

1st Successor:	
2nd Successor:	
3rd Successor:	

\* For married couples both shall act together where appropriate. If one cannot act, the other shall act alone. If both cannot act, then a successor nominated by you shall act in their place.

**SECTION 5 - YOUR HEALTH TEAM**

**"Power of Attorney" for HEALTH / Living Will / Advanced Directive**

**AGENT**

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.

	You			Your Spouse		
	Name	Address	Phone No.:	Name	Address	Phone No.:
1st Choice:						
2nd Choice:						
3rd Choice:						

**MEDICAL CARE**

*Check those that apply*

Life Support (apply or withdraw) \_\_\_\_\_

Right to Request Autopsy     Yes                       No

Authority to Donate Organs     Yes                       No

Funeral & Burial    or     Cremation

Where do you wish to have your remains disposed:

In a location as my agent shall direct

Specify \_\_\_\_\_

Life Support (apply or withdraw) \_\_\_\_\_

Right to Request Autopsy     Yes                       No

Authority to Donate Organs     Yes                       No

Funeral & Burial    or     Cremation

Where do you wish to have your remains disposed:

In a location as my agent shall direct

Specify \_\_\_\_\_

**SECTION 6 - BENEFICIARIES**

**1. SPECIAL GIFTS - (For example: wedding ring to your daughter, car to a son or nephew, etc.)**

Name of Person/Organization	Description of Gift
_____	_____
_____	_____
_____	_____

**2. REMAINDER OF TRUST ASSETS**

**a. SINGLE PERSON TRUST**

Primary Beneficiary			Contingent Beneficiary		
Name	Percentage	Amount	Name	Percentage	Amount
_____	_____ %	\$ _____	_____	_____ %	\$ _____
_____	_____ %	\$ _____	_____	_____ %	\$ _____
_____	_____ %	\$ _____	_____	_____ %	\$ _____
_____	_____ %	\$ _____	_____	_____ %	\$ _____
_____	_____ %	\$ _____	_____	_____ %	\$ _____
_____	_____ %	\$ _____	_____	_____ %	\$ _____

**b. MARRIED PERSON TRUST**

**i. Distribution at Death of First Spouse**

<b>You</b>	<b>Your Spouse</b>
All to the Survivor without restriction <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, where will your share of the Trust Estate be distributed, if your spouse dies first?

_____	_____
_____	_____
_____	_____

\*If a spouse is concerned about a "Black Widow" hijacking the Trust Estate or concerned about the Survivor becoming a victim of undue influence, duress or fraud, their share can be added to an Irrevocable Trust on their death.

**ii. Distribution at Death of Surviving Spouse**

**Primary Distribution Instructions at death of the Surviving Spouse**

Yes  No All to children equally with the issue of a predeceased child sharing their parents' inheritance.

If no, where will your share of the Trust Estate be distributed, if your spouse dies first?

<b>You</b>	<b>Your Spouse</b>
_____	_____
_____	_____
_____	_____

**3. INHERITING INSTRUCTIONS**

- a. Distribute all at once
- b. Hold in Sprinkling Trust?
  - i. Termination Age
  - ii. Distribution Standard

**Trust for Children**

- Yes  No
- Yes  No
- 18  25  30  Other \_\_\_\_\_
- Health, Education, Maintenance, Support
- Comfort, Welfare, Happiness
- Yes  No
- Please specify age \_\_\_\_\_

**Trust for Issue**

- Yes  No
- Yes  No
- 18  25  30  Other \_\_\_\_\_
- Health, Education, Maintenance, Support
- Comfort, Welfare, Happiness
- Yes  No
- Please specify age \_\_\_\_\_

- c. Hold the entire Trust in one Family Pot Trust until the youngest beneficiary reaches a certain age?

**4. FINAL DISTRIBUTION INSTRUCTIONS**

- i. Settlor's heirs-at-law  Yes  No If no, where \_\_\_\_\_

**5. DISINHERT THE FOLLOWING**

- 6. Do you provide for someone who requires special care?  Yes  No
- Are they currently receiving government benefits?  Yes  No

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_