

PERSONAL AND FINANCIAL ORGANIZER FOR YOUR LIVING TRUST

I. GENERAL INFORMATION

Home Phone Work Phone

Marital Status: Married _____ Single _____
Widowed _____ Divorced _____

Your Legal Name (and Nickname)

Spouse's Legal Name

Date of Birth City/State/Country

Date of Birth City/State/Country

Your Social Security Number

Spouse's Social Security Number

Street Address

City, State, Zip Code

Mailing Address (if different)

Mailing Address (if different)

Your Occupation

Employer's Address and Phone

Spouse's Occupation

Spouse's Employer's Address and Phone

Are you a U.S. Citizen? You _____

Spouse _____

Do you currently have a Will or Trust? You _____

Spouse _____

Do you expect to receive money or assets from a Gift _____ Will _____ Inheritance _____
If so, approximately how much? _____

II. ABOUT YOUR CHILDREN

Legal Name (Nickname)

Date of Birth

Address

Social Security #

City/State/Zip

Phone Number

Natural _____ Legally Adopted _____

Foster _____

Married _____ Needs Special Care _____

Dependent _____

Related to You Only _____ Spouse Only _____

Both _____

Grandchildren _____

Legal Name (Nickname)

Date of Birth

Address

Social Security #

City/State/Zip

Phone Number

Natural _____ Legally Adopted _____

Foster _____

Married _____ Needs Special Care _____

Dependent _____

Related to You Only _____ Spouse Only _____

Both _____

Grandchildren _____

Legal Name (Nickname)

Date of Birth

Address

Social Security #

City/State/Zip

Phone Number

Natural _____ Legally Adopted _____

Foster _____

Married _____ Needs Special Care _____

Dependent _____

Related to You Only _____ Spouse Only _____

Both _____

Grandchildren _____

Legal Name (Nickname)

Date of Birth

Address

Social Security #

City/State/Zip

Phone Number

Natural _____ Legally Adopted _____

Foster _____

Married _____ Needs Special Care _____

Dependent _____

Related to You Only _____ Spouse Only _____

Both _____

Grandchildren _____

III. FINANCIAL INFORMATION

1. Do you own a **home** or any other **real estate** (including rental, family property)?

| Description/Location | *Titled in Whose Name | Current Value | Mortgage | Equity |
|----------------------|-----------------------|---------------|----------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | | Total Net Value _____ |

2. Do you own any **other titled property** (cars, boats, etc.)?

| Description/Location | *Titled in Whose Name | Current Value | Mortgage | Equity |
|----------------------|-----------------------|---------------|----------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | | Total Net Value _____ |

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

| Name of Institution | Account Number | Titled in Whose Name | Balance |
|---------------------|----------------|----------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Total Net Value _____ |

4. Do you have any **savings accounts, money market, and/or CDs**?

| Name of Institution | Account Number | Titled in Whose Name | Balance |
|---------------------|----------------|----------------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Total Value _____ |

5. Do you have any **stocks, bonds, mutual funds** (including company stock)?

| # of Shares | Description | Account Number | How Titled | Purchase Price | Current Value |
|-------------|-------------|----------------|------------|----------------|-------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | Total Value _____ |

* sole ownership
joint tenancy
tenants in common
community property

6. Do you have **any profit sharing, IRAs, pension plans or other retirement 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 | Value |
|-------------|-------------------|----------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Total Value _____ |

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

| Name of Company | Policy Owner/# | 1st Beneficiary | 2nd Beneficiary | Death Benefit |
|-----------------|----------------|-----------------|-----------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | | Total Value _____ |

8.a. Life Insurance **Cash Value?**

| Name of Policy | Owner | Cash Value |
|----------------|-------|-------------------|
| _____ | _____ | _____ |
| | | Total Value _____ |

9. Does anyone owe you money? (**notes receivable**)

| Description | Approximate Value | |
|-------------|-------------------|-------------------|
| _____ | _____ | |
| _____ | _____ | |
| | | Total Value _____ |

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

| Description | Approximate 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.)

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. Do you have any **farm or ranch interests (including equipment)**? _____

14. Do you have any **oil & gas interests**? _____

15. Do you have a **safe deposit box**? _____

| Location | Box Number | Titled in whose name |
|----------|------------|----------------------|
| _____ | _____ | _____ |

16. Do you have a funeral plan/program? _____

Funeral home preference _____

IV. 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 _____

V. BENEFICIARIES

1. **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 a son or nephew, etc.)

2. **Special Gifts To Organizations**

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

| Name of Organization | Address | Description of Gift |
|----------------------|---------|---------------------|
|----------------------|---------|---------------------|

3. **Beneficiaries**

Who do you want to receive the rest of your estate (residue) 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 inheritance 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?

| Name | Relationship |
|------|--------------|
| | |
| | |

VI. SPECIAL INSTRUCTIONS AT INCAPACITY

1. **Keeping/Selling Assets? Long term care insurance?**

If it becomes necessary to sell assets to pay for you 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: Yes _____ No _____ | Your Spouse: Yes _____ No _____ |
|--------------------------------|--|

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

| | |
|--------------------------------|--|
| You: Yes _____ No _____ | Your Spouse: Yes _____ No _____ |
|--------------------------------|--|

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 | Your Spouse |
|------------------------------|------------------------------|
| <i>#1 Choice:</i> Name _____ | <i>#1 Choice:</i> Name _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Phone _____ | Phone _____ |
| | |
| <i>#2 Choice:</i> Name _____ | <i>#2 Choice:</i> Name _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Phone _____ | Phone _____ |

