

Individual trust

Please print your entries clearly and legibly. Fill this workbook out in its entirety to the best of your ability. If you need more space, use another sheet of paper and attach it.

a. family facts

Personal information

your full legal name _____

name as it will appear on your trust documents _____
(Should match most commonly used signature, i.e., with or without middle initial or middle name.)

date of birth ____ / ____ / ____

US citizen ___no___yes

occupation _____

home address _____

mailing address *(If different)* _____

Phone numbers / email addresses

home phone # _____

work phone # _____

cell phone # _____

email _____

MARITAL STATUS

Are you currently married?

no **yes** *(complete the following)*

name of spouse _____

date of wedding ____ / ____ / ____

Any previous marriage(s)?

no **yes** *(complete the following)*

date of wedding ____ / ____ / ____

date marriage ended ____ / ____ / ____

divorced **no** **yes** widowed **no** **yes**

name of former spouse _____

date of wedding ____ / ____ / ____

date marriage ended ____ / ____ / ____

divorced **no** **yes** widowed **no** **yes**

name of former spouse _____

date of wedding ____ / ____ / ____

date marriage ended ____ / ____ / ____

divorced **no** **yes** widowed **no** **yes**

name of former spouse _____

CHILDREN (if you don't have children, skip this section)

Living children

- 1. child's full name _____ birth date ___ ___ / ___ ___ / ___ ___
- 2. child's full name _____ birth date ___ ___ / ___ ___ / ___ ___
- 3. child's full name _____ birth date ___ ___ / ___ ___ / ___ ___
- 4. child's full name _____ birth date ___ ___ / ___ ___ / ___ ___
- 5. child's full name _____ birth date ___ ___ / ___ ___ / ___ ___

Do you have any children who are now deceased? ___no___yes

- 1. child's full name _____ birth date ___ ___ / ___ ___ / ___ ___
- 2. child's full name _____ birth date ___ ___ / ___ ___ / ___ ___
- 3. child's full name _____ birth date ___ ___ / ___ ___ / ___ ___

Do any of your children have special needs or circumstances? ___no___yes

- 1. child's full name _____

nature or special circumstance (please select all that apply)

- medical educational
- physical substance abuse/addiction
- psychological not financially responsible
- other _____

please explain special need or diagnosis

2. child's full name _____

nature or special circumstance *(please select all that apply)*

___ medical

___ educational

___ physical

___ substance abuse/addiction

___ psychological

___ not financially responsible

___ other _____

please explain special need or diagnosis

FAMILY MEMBERS

Living parents _____

father's full name _____

mother's full name _____

Living brother(s) and/or sister(s) *(circle 'B' for brother, 'S' for sister)*

B / S full name _____

B / S full name _____

B / S full name _____

B / S full name _____

B / S full name _____

B / S full name _____

B / S full name _____

B / S full name _____

Grandchild(ren)

full name _____
full name _____
full name _____
full name _____
full name _____

Related parent *(your child)*

full name _____
full name _____
full name _____
full name _____
full name _____

GENERAL INFORMATION

Do you have a will or trust now? ___no___yes
if yes, please provide us with a copy

Do you have any written marital agreements? ___no___yes

Do you have any adopted children? ___no___yes
if yes, are they to be treated as your natural child(ren)? ___no___yes

Do you have any step-children? ___no___yes
if yes, are they to be treated as your natural child(ren)? ___no___yes

Do any of your beneficiaries owe you money? ___no___yes
if yes, and money is still owed at the time of your death, please select what you would like to do?

- ___forgive the loan
- ___forgive part of the loan \$ _____
- ___offset the amount due from that beneficiary's inheritance

b. your assets

The purpose of this section is to determine the approximate total value of what you own, that is, the size of your estate. We do not need exact numbers, and we understand asset values can change with time. Remember, we are not financial planners.

real estate

*This includes your home and any rental property, timeshares, lots, etc. We will need a copy of the **grant deed** for any property we will be transferring to your trust. (If you cannot locate your grant deed(s), we may be able to obtain a copy for you at an additional cost.)*

YOUR HOME

Do you own your home? ___no___yes

APN (Assessor's Parcel Number) _____
 (this number can be found on your property tax bill.)

- | | | |
|--|----|--|
| 1. how much could you sell this property for? | \$ | |
| 2. how much do you owe on this property? | \$ | |
| 3. to determine your equity, subtract 2 from 1 | \$ | |

OTHER PROPERTY

Do you own other real property? ___no___yes

1. **Address** _____

APN (Assessor's Parcel Number) _____

is this property in California? ___no___yes, which county _____

- | | | |
|--|----|--|
| 1. how much could you sell this property for? | \$ | |
| 2. how much do you owe on this property? | \$ | |
| 3. to determine your equity, subtract 2 from 1 | \$ | |

2. Address _____

APN (Assessor's Parcel Number) _____

is this property in California? ___no ___yes, which county _____

- 1. how much could you sell this property for? \$ _____
- 2. how much do you owe on this property? \$ _____
- 3. to determine your equity, subtract 2 from 1 \$ _____

3. Address _____

APN (Assessor's Parcel Number) _____

is this property in California? ___no ___yes, which county _____

- 1. how much could you sell this property for? \$ _____
- 2. how much do you owe on this property? \$ _____
- 3. to determine your equity, subtract 2 from 1 \$ _____

4. Address _____

APN (Assessor's Parcel Number) _____

is this property in California? ___no ___yes, which county _____

- 1. how much could you sell this property for? \$ _____
- 2. how much do you owe on this property? \$ _____
- 3. to determine your equity, subtract 2 from 1 \$ _____

total value of equity in your real property \$ _____

ESTIMATED ANNUAL INCOME

\$ _____

IRA's, 401-Ks and the like

In this section, we are asking about the value of your IRA's, 401-K's and other retirement accounts that are tax deferred until you start taking distributions when you reach a certain age.

Do you have retirement accounts?

___ **no** (skip this section) ___ **yes**

IRA(s) with a total value of

\$ _____

Roth IRA(s) with a total value of

\$ _____

401-K(s) with a total value of

\$ _____

Keogh Plan with a total value of

\$ _____

other plan(s) with a total value of

\$ _____

total value of these accounts

\$ _____

stocks, bonds, mutual funds, etc.

We know stocks, bonds and mutual funds go up and down in value; all we need is an estimate. Do not include retirement funds (IRA's or 401-K's, etc.)

Do you have these type of investments? **no** (skip this section) **yes**

How do you hold your stocks and bonds? (select all that apply)

- I have the certificates for each stock and/or bond at home or in my safe deposit box.
- I have account(s) with broker(s), and all of my stocks, bonds and mutual funds are in these account(s).
- I have certificates in my possession and account(s) with broker(s).

total value of stocks, bonds and mutual funds \$

certificates of deposit

Do you have money in CDs? **no** (skip this section) **yes**

if yes, how many different certificates of deposit do you have? _____

total value of your certificate of deposit \$

checking, savings and money market accounts

We understand that the balances in checking, savings and money market accounts fluctuate. What we're looking for here is your best estimate of the average balances in these accounts. Do not include business or commercial accounts.

Do you have personal checking account(s)? ___no___yes

what is the total average monthly balance in your checking account(s)? \$ _____

Do you have personal savings account(s)? ___no___yes

what is the total average monthly balance in your saving account(s)? \$ _____

Do you have money market account(s)? ___no___yes

what is the total average monthly balance in your money market account(s)? \$ _____

total checking, savings & money market account(s) \$

life insurance

Life insurance is a part of your estate for estate tax (death tax) purposes. Remember you may have life insurance as part of your benefits at work.

Do you have life insurance? ___no___yes

if yes, please supply information on each policy

1. name of insurance policy _____ death benefit \$ _____

2. name of insurance policy _____ death benefit \$ _____

3. name of insurance policy _____ death benefit \$ _____

4. name of insurance policy _____ death benefit \$ _____

5. name of insurance policy _____ death benefit \$ _____

total value of life insurance death benefits \$

businesses, etc.

In this part, we need some information on any businesses you own. How you are doing business, and how much the business would be worth if you died? We realize that the value may be difficult to determine, but do your best. If you have a CPA, (s)he may be able to help you.

Do you own an interest in business(es)?

no **yes**

if yes, please provide the following information for each business

1. Name of business _____

type of business

- | | |
|--|--|
| <input type="checkbox"/> sole proprietorship | <input type="checkbox"/> s-corp |
| <input type="checkbox"/> california corporation | <input type="checkbox"/> non-california corporation located in _____ |
| <input type="checkbox"/> california ltd. partnership | <input type="checkbox"/> non-california ltd. partnership, located in _____ |
| <input type="checkbox"/> california llc | <input type="checkbox"/> non-california llc, located in _____ |
| <input type="checkbox"/> california llp | <input type="checkbox"/> non-california llp, located in _____ |

percentage of ownership _____% estimated value of your interest \$ _____

2. Name of business _____

type of business

- | | |
|--|--|
| <input type="checkbox"/> sole proprietorship | <input type="checkbox"/> s-corp |
| <input type="checkbox"/> california corporation | <input type="checkbox"/> non-california corporation located in _____ |
| <input type="checkbox"/> california ltd. partnership | <input type="checkbox"/> non-california ltd. partnership, located in _____ |
| <input type="checkbox"/> california llc | <input type="checkbox"/> non-california llc, located in _____ |
| <input type="checkbox"/> california llp | <input type="checkbox"/> non-california llp, located in _____ |

percentage of ownership _____% estimated value of your interest \$ _____

3. Name of business _____

type of business

- | | |
|---------------------------------|---|
| ___ sole proprietorship | ___ s-corp |
| ___ california corporation | ___ non-california corporation located in _____ |
| ___ california ltd. partnership | ___ non-california ltd. partnership, located in _____ |
| ___ california llc | ___ non-california llc, located in _____ |
| ___ california llp | ___ non-california llp, located in _____ |

percentage of ownership _____% estimated value of your interest \$ _____

other assets of value

Include things like collectibles, stamp or coin collection; RVs, boats, antique cars, rare and/or very expensive items; oil or mineral rights, inheritance or expected inheritance, etc. (Again, you may have to estimate the value of these assets.)

- | | |
|----------------|----------------|
| 1. item _____ | value \$ _____ |
| 2. item _____ | value \$ _____ |
| 3. item _____ | value \$ _____ |
| 4. item _____ | value \$ _____ |
| 5. item _____ | value \$ _____ |
| 6. item _____ | value \$ _____ |
| 7. item _____ | value \$ _____ |
| 8. item _____ | value \$ _____ |
| 9. item _____ | value \$ _____ |
| 10. item _____ | value \$ _____ |
| 11. item _____ | value \$ _____ |
| 12. item _____ | value \$ _____ |
| 13. item _____ | value \$ _____ |
| 14. item _____ | value \$ _____ |
| 15. item _____ | value \$ _____ |

total estimated value of other assets \$ _____

summary of your assets

This is just a summary of the values you have indicated in each of the previous asset categories. Write in the total amounts for each category in the space provided below:

real property	\$ <input type="text"/>
IRA's, 401-K's, etc.	\$ <input type="text"/>
stocks, bonds & mutual funds	\$ <input type="text"/>
certificates of deposit	\$ <input type="text"/>
checking, savings & money market accounts	\$ <input type="text"/>
life insurance benefits	\$ <input type="text"/>
business interests	\$ <input type="text"/>
other assets of value	\$ <input type="text"/>

now add up these totals to determine the estimated total value of your estate

estimated total value of your estate \$

c. your living trust

who do you trust?

*If you were not able to manage your financial affairs due to illness or disability, who would you trust to manage your affairs? Those you list below will be your **agents with power of attorney for financial purposes** (able to sign for you if you can't). Those you name here will become your **successor trustees** and the **executors** of your will who will distribute your assets after your death.*

(note: Remember that you will be acting as primary trustee; those you list below will only take over as successor trustees when you can no longer act as trustee due to disability or death. You may designate up to three successors here. We recommend that you name at least two.)

SUCCESSOR TRUSTEES / EXECUTORS / AGENTS

1. **Name** _____ age _____
 address _____

 telephone number () _____
 relationship _____

2. **Name** _____ age _____
 address _____

 telephone number () _____
 relationship _____

3. **Name** _____ age _____
 address _____

 telephone number () _____
 relationship _____

GENERAL DISTRIBUTION

Who do you want to receive your estate (your money and property) after your death?

___ your child(ren) in equal shares

___ other instructions (*see below*)

1. Beneficiary's name _____

address _____

telephone number () _____

relationship _____

share (*percentage*) _____

2. Beneficiary's name _____

address _____

telephone number () _____

relationship _____

share (*percentage*) _____

3. Beneficiary's name _____

address _____

telephone number () _____

relationship _____

share (*percentage*) _____

4. Beneficiary's name _____
address _____

telephone number () _____
relationship _____
share (*percentage*) _____

5. Beneficiary's name _____
address _____

telephone number () _____
relationship _____
share (*percentage*) _____

6. Beneficiary's name _____
address _____

telephone number () _____
relationship _____
share (*percentage*) _____

At what age would you like your beneficiaries to receive their share of your estate?

1. all at once when you die? ___no___yes
2. if no, at what age? (*select one*)
___18 (*not advised*) ___21 ___25 ___30 ___other_____

If one of the beneficiaries you named above should die before you, who would you want to receive the deceased's share?

the deceased beneficiary's children

the surviving named beneficiaries

other _____

If all of the beneficiaries you named above should die before you, who would you want to receive your estate?

your brothers and sisters

your nieces and nephews

your "heirs-at-law"

your favorite charity _____

SPECIFIC GIFTS

Before the general distribution of your estate is made, as you designated in the previous section, would you like to make any specific distributions? For instance, a gift of cash or real property to a charity, an institution, or a specific person?

no yes (complete the following)

1. Name _____

relationship _____ amount of gift \$ _____

address _____

telephone number () _____

2. Name _____

relationship _____ amount of gift \$ _____

address _____

telephone number () _____

3. **Name** _____
relationship _____ amount of gift \$ _____
address _____

telephone number () _____

DISINHERITANCE

Are there any of your heirs you plan to specifically omit? ___no___yes *(complete the following)*

1. **Name** _____
relationship _____
please explain why _____

2. **Name** _____
relationship _____
please explain why _____

3. **Name** _____
relationship _____
please explain why _____

d. your will

guardianship of your child(ren)

If you have a minor child or children, who would you want to care for them? If you would like to use the same people you selected as successor trustees/executors/agents on page 15, check the box "same as successor trustees" and skip to the next section. You do not need to list them again. Only if you check the "other" box below, is it necessary to fill in the name, address, telephone number and relationship for each.

n / a, no minor child(ren)

same as successor trustees

other _____

1. Name _____ age _____
address _____

telephone number () _____
relationship _____

2. Name _____ age _____
address _____

telephone number () _____
relationship _____

3. Name _____ age _____
address _____

telephone number () _____
relationship _____

BURIAL INSTRUCTIONS

executor will choose

will leave a letter for executor

prior arrangements have been made *(please explain briefly below)*

Cremation, ashes to be

scattered at sea

scattered at other location _____

interred at _____

Burial at

_____ with deceased spouse *(if applicable)*

Religious/memorial services *(specify)*

Military services *(specify)*

(note: only available to those who were members of the armed forces)

Other instructions

e. health care power of attorney

If you were so ill you could not make health care decisions for yourself, who would you want to make those decisions for you? If you would like to use the same people you selected as successor trustees/executors/agents on page 15, check the box "same as successor trustees" and skip to the next section. You do not need to list them again. Only if you check the "other" box below, is it necessary to fill in the name, address, telephone number and relationship for each.

same as successor trustees

other (complete the following)

1. Name _____ age _____

address _____

telephone number () _____

relationship _____

2. Name _____ age _____

address _____

telephone number () _____

relationship _____

3. Name _____ age _____

address _____

telephone number () _____

relationship _____

At your death, would you be willing to donate your organs?

no yes

(check all that apply)

transplant

therapy

research

education

How many physicians do you want your health care agent to rely on?

___one

___two

How many days do you want your health care agent to wait before life-sustaining treatment be removed or withheld?

___number of days (*three is average*)