

## Marital 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

First Spouse 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.)*

male                  female

date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

US citizen?    yes        no

Second Spouse 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.)*

male                  female

date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

US citizen?    yes        no

home address \_\_\_\_\_

mailing address *(If different)* \_\_\_\_\_

## Phone numbers / email addresses

home phone # \_\_\_\_\_

First Spouse work phone # \_\_\_\_\_

cell phone # \_\_\_\_\_

email \_\_\_\_\_

Second Spouse phone # \_\_\_\_\_

cell phone # \_\_\_\_\_

email \_\_\_\_\_

## MARRIAGE INFORMATION

### Your wedding

date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

place \_\_\_\_\_

### Any previous marriage(s)?

First Spouse: \_\_\_\_\_ **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 \_\_\_\_\_

**Second Spouse:** \_\_\_\_\_ **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 \_\_\_\_\_

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

### Children of this marriage

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Children of First spouse

**no yes** (complete the following)

1. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Children of Second spouse

**no yes** (complete the following)

1. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Do either of you have children who are now deceased?**

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

**First Spouse**

- 1. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 2. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Second Spouse**

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

- 1. child's full name \_\_\_\_\_ birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 2. 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

First spouse \_\_\_\_\_  
\_\_\_\_\_  
Second spouse \_\_\_\_\_  
\_\_\_\_\_

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

#### First Spouse

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 _____

#### Second Spouse

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?**

if yes, please provide us with a copy

no  yes

**Do you have any written marital agreements?**

no  yes

**Do you have any adopted children?**

if yes, are they to be treated as your natural child(ren)?

no  yes

no  yes

**Do you have any step-children?**

if yes, are they to be treated as your natural child(ren)?

no  yes

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

**Is any property held as separate property?** \_\_\_no\_\_\_yes

**Is it to remain separate property or to become community property?**

\_\_\_ separate property \_\_\_ community property

**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 both your real property      \$ \_\_\_\_\_

**ESTIMATED ANNUAL INCOME**

First spouse: \_\_\_\_\_      \$ \_\_\_\_\_

Second spouse: \_\_\_\_\_      \$ \_\_\_\_\_

total 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 either of you have retirement accounts?**

\_\_\_ **no** (skip this section) \_\_\_ **yes**

	<b>First Spouse</b>	<b>Second Spouse</b>
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 both spouses' 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)

- \_\_\_ We have the certificates for each stock and/or bond at home or in my safe deposit box.
- \_\_\_ We have account(s) with broker(s), and all of my stocks, bonds and mutual funds are in these account(s).
- \_\_\_ We 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 insured \_\_\_\_\_ insurance policy \_\_\_\_\_ death benefit \$ \_\_\_\_\_
2. name of insured \_\_\_\_\_ insurance policy \_\_\_\_\_ death benefit \$ \_\_\_\_\_
3. name of insured \_\_\_\_\_ insurance policy \_\_\_\_\_ death benefit \$ \_\_\_\_\_
4. name of insured \_\_\_\_\_ insurance policy \_\_\_\_\_ death benefit \$ \_\_\_\_\_
5. name of insured \_\_\_\_\_ 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

- 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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

4. 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 \$ _____
16. item _____	value \$ _____
17. item _____	value \$ _____
18. item _____	value \$ _____
19. item _____	value \$ _____
20. 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 neither of you were 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 (after each other) with power of attorney for financial purposes** (able to sign for you if you can't) and the conservators of your estate, if that becomes necessary. When the last of you has died, who would you trust to distribute your assets? Those you name here will become your **successor trustees** and the **executors** of your will.*

**(note: Remember that the two of you will be acting as primary trustee; those you list below will only take over as successor when neither of you can act as trustee due to disability or death. The spouse is automatically considered number 1. You may designate up to three alternates here. We recommend that you name at least two.)**

**PRIMARY TRUSTEES / EXECUTORS / AGENTS**

**1. The two of us and then, if one of us has died, the survivor of us**

**SUCCESSOR TRUSTEES / EXECUTORS / AGENTS**

**2. Name** \_\_\_\_\_ age \_\_\_\_\_  
 address \_\_\_\_\_  
 telephone number (         ) \_\_\_\_\_  
 relationship \_\_\_\_\_

**3. Name** \_\_\_\_\_ age \_\_\_\_\_  
 address \_\_\_\_\_  
 telephone number (         ) \_\_\_\_\_  
 relationship \_\_\_\_\_

*(optional)*

**4. 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*) \_\_\_\_\_





## 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 wills**

**guardianship of your child(ren)**

*If you have a minor child or children, who would you want to care for them? Your surviving spouse would automatically be first unless he/she is not the child(ren)'s legal parent. 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 (complete the following)

**1. Name** \_\_\_\_\_ age \_\_\_\_\_  
 address \_\_\_\_\_  
 \_\_\_\_\_  
 telephone number (         ) \_\_\_\_\_  
 relationship \_\_\_\_\_

**2. Name** \_\_\_\_\_ age \_\_\_\_\_  
 address \_\_\_\_\_  
 \_\_\_\_\_  
 telephone number (         ) \_\_\_\_\_  
 relationship \_\_\_\_\_

**3. Name** \_\_\_\_\_ age \_\_\_\_\_  
 address \_\_\_\_\_  
 \_\_\_\_\_  
 telephone number (         ) \_\_\_\_\_  
 relationship \_\_\_\_\_

(optional)

4. Name \_\_\_\_\_ age \_\_\_\_\_

address \_\_\_\_\_

telephone number ( ) \_\_\_\_\_

relationship \_\_\_\_\_

**BURIAL INSTRUCTIONS**

**First Spouse:** \_\_\_\_\_

\_\_\_ 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**

\_\_\_\_\_  
\_\_\_ adjacent to spouse *(if applicable)*

**Religious/memorial services** *(specify)*

\_\_\_\_\_  
\_\_\_\_\_

**Military services** *(specify)*

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

\_\_\_\_\_  
\_\_\_\_\_

**Other instructions**

\_\_\_\_\_  
\_\_\_\_\_

**Second Spouse:** \_\_\_\_\_

\_\_\_ 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**

---

\_\_\_ adjacent to 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? (Spouse would automatically be the first agent.) 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)

**First Spouse**

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

**Second Spouse**

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