

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

SECTION 1: GENERAL INFORMATION

Marital status: Married Single Divorced Widowed

Your Name (incl. middle initial) Soc. Sec. No. Date of Birth

Spouse's Name (incl. middle initial) Soc. Sec. No. Date of Birth

Address City Zip County

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Home phone Work phone

SECTION 2: PERSONAL INFORMATION

1. Are you and your spouse U.S. Citizens? ___ Yes ___ No
2. Do you or your spouse have a will or trust now? ___ Yes ___ No
3. List the names and ages of all of your living children.

Name Age

4. List the names of any deceased children that you have.

5. List any dependents who are disabled or have special needs.

SECTION 3: FINANCIAL INFORMATION

(attach separate sheet if necessary)

Attach copies of grant deeds and property tax statements for each piece of real property.

Address	Approx. value	Approx. mortgage
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2. Bank Accounts: (give approximate balance and indicate whether checking, savings, money market, or CD's):

3. Stocks & Bonds: (name of security, purchase price, current value)

4. IRA's, profit sharing, pension plans, Deferred Comp.: (description/location and current value)

5. Life insurance: (name of company and death benefit)

6. Promissory notes/trust deeds (owed to you): (**Attach copies**)
(list property address for deeds of trust)

7. Items of special value (coin collections, antiques, jewelry, etc.):

8. Are you expecting to receive additional property or money? (circle all that apply)
gift inheritance lawsuit other

If so, approximately how much?

SECTION 4: TRUST STRUCTURE

1. Trustee: Manages your trust now; usually you (and your spouse).

2. Back-up Trustee #1: Steps in at your disability or death.

Name	Address	Telephone
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3. Back-up Trustee #2

Name	Address	Telephone
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4. Guardians for minor children: Responsible adult who will raise your minor children if something happens to you.

#1 Choice:

Name	Address	Telephone
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#2 Choice:

Name	Address	Telephone
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SECTION 5: SPECIFIC GIFTS AND BENEFICIARIES

1. List any gifts (cash or a specific item) you would like to make to a charity, foundation, religious, or fraternal organization:

Name of organization	Address	Gift
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2. List gifts of any specific items you want to give to someone (for example, gun collection to your son or a specific sum of \$\$).

Name of person	Description of gift
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3. Beneficiaries: Who do you want to receive the rest of your estate after the gifts have been distributed?

Name of person/organization	Percentage of estate
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4. Alternate beneficiaries: If a beneficiary predeceases you, to whom do you want their share to go?

Standard (to decedent's living issue) _____ To the surviving named beneficiaries _____ Other _____

If other, please specify:

5. Age at which you want your primary or alternate beneficiaries to receive their inheritance?

6. List any children that you would like to specifically omit as beneficiaries:

Name

SECTION 6: SPECIAL INSTRUCTIONS FOR DURABLE POWERS OF ATTORNEY

1. Who do you want to make financial decisions for you if you are incapacitated?

Spouse _____ or Person other than spouse (name): _____

Husband's Alternate: _____

Wife's Alternate: _____

2. Who do you want to make health care decisions for you if you are incapacitated?

Spouse _____ or Person other than spouse (name): _____

Husband's Alternate: _____

Wife's Alternate: _____

3. Do you want artificial life support if there is no reasonable hope of recovery?

___ Yes ___ No ___ Other (please specify)

4. Do you wish to be an organ donor? ___ Yes ___ No

5. Wishes regarding your remains: _____burial _____cremation _____ let executor make decision.