

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

husband's 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 ____ / ____ / ____

social security number ____ / ____ / ____

US citizen ___no___yes

wife's 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 ____ / ____ / ____

social security number ____ / ____ / ____

US citizen ___no___yes

home address _____

mailing address *(If different)* _____

Phone numbers / email addresses

home phone # _____

husband's work phone # _____

wife's work phone # _____

husband's cell phone # _____

wife's cell phone # _____

husband's email _____

wife's email _____

MARRIAGE INFORMATION

Your wedding

date ____ / ____ / ____

place _____

Any previous marriage(s)?

Husband

___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 _____

Wife

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 husband's previous marriage

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 wife's previous marriage

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)

Husband

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

Wife

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

husband's _____

wife's _____

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

Husband's

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 _____

Wife's

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

Husband

no yes

Wife

no yes

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

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

husband \$ _____

wife \$ _____

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**

	husband	wife
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

- | | |
|--|--|
| <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

- | | |
|--|--|
| <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 \$ _____

4. 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 \$ _____

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 (husband and wife) or 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

Husband

___ 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

Wife

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)

Husband

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)

Wife

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)