

## 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

social security number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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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

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## 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)*

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### Cremation, ashes to be

scattered at sea

scattered at other location \_\_\_\_\_

interred at \_\_\_\_\_

### Burial at

\_\_\_\_\_  with deceased spouse *(if applicable)*

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

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### Military services *(specify)*

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

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### Other instructions

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**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*)