## 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. I    | No.     | Date of Birth |
| Spouse's Name (                | incl. middle ini | tial)             | Soc. Sec. I    | lo.     | Date of Birth |
| Address                        |                  | City              |                | Zip     | County        |
| ( )<br>Home phone              |                  | ( )<br>Work phone |                |         |               |
| SECTION 2: PER                 | SONAL INFOR      | RMATION           |                |         |               |
| 1. Are you and y               | our spouse U.    | S. Citizens? _    | Yes            | No      |               |
| 2. Do you or you               | r spouse have    | a will or trust   | : now? Ye      | s No    |               |
| 3. List the names              | and ages of a    | all of your livir | ng children.   |         |               |
| Name                           |                  |                   | Age            |         |               |
|                                |                  |                   |                |         |               |
|                                |                  |                   |                |         |               |
|                                |                  |                   |                |         |               |
|                                |                  |                   |                |         |               |
|                                |                  |                   |                |         |               |
| 4. List the name               | s of any decea   | ased children t   | that you have  |         |               |
|                                |                  |                   |                |         |               |
| 5. List any depe               | ndents who ar    | e disabled or     | have special ı | 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              |
|--|--------------------------------|-------------------------------|
|  |                                |                               |
|  |                                |                               |
|  |                                |                               |
|  |                                |                               |
| 2. Bank Accounts: (give approximate ba or CD's): | lance and indicate whether che | cking, savings, money market, |
|  |                                |                               |
|  |                                |                               |
|  |                                |                               |
|  |                                |                               |
|  |                                |                               |
| 3. Stocks & Bonds: (name of security, j          | 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 |
|----------------------------|---------|-----------|
| 3. Back-up Trustee #       | 2       |           |
| Name                       | Address | Telephone |
| Law Ossiosa os Journ E. Ta |         |           |

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

| #1  | Choice: |
|-----|---------|
| # I | Choice: |

| Name  | Address                    | Telephone  |
|---|----------------------------|--|
| #2 Choice:  |                            |  |
| Name  | Address                    | Telephone  |
| SECTION 5: SPECIFIC GIFT  | S AND BENEFICIARIES        |  |
| 1. List any gifts (cash or a s fraternal organization:                            | pecific item) you would li | ke to make to a charity, foundation, religious, or |
| Name of organization  | Address                    | Gift   |
|   |                            |  |
| <ol> <li>List gifts of any specific it<br/>or a specific sum of \$\$).</li> </ol> | ems you want to give to s  | someone (for example, gun collection to your son   |
| Name of person  |                            | Description of gift                                |
|   |                            |  |
| 3. Beneficiaries: Who do  | you want to receive the    | e rest of your estate after the gifts have been    |
| distributed?  |                            |  |
| Name of person/organization   | 1                          | Percentage of estate                               |
|   |                            |  |
|   |                            |  |
|   |                            |  |
|   |                            |  |
|   |                            |  |

| 4.   | Alternate beneficiaries: If a beneficiary predeceases you, to whom do you want their share to go?              |
|------|--|
| Sta  | andard (to decedent's living issue) To the surviving named beneficiaries Other                                 |
| lf c | other, please specify:   |
|      | Age at which you want your primary or alternate banaficiaries to reacive their inheritence?                    |
| 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:                                   |
| Na   | me   |
|      |  |
| SE   | CTION 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?<br>YesNoOther (please specify) |
|      |  |
| 4.   | Do you wish to be an organ donor?Yes No  |
|      | Wishes regarding your remains:burialcremation let executor make cision.  |
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