

## PERSONAL INFORMATION

Husband's Legal Name: \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As: \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_  Okay to communicate with you via my E-mail address?

Date of Marriage \_\_\_\_\_

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Wife's Legal Name: \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As: \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_  Okay to communicate with you via my E-mail address?

## ADVISORS

	<b>Telephone</b>
Personal Attorney: _____	_____

Accountant: _____	_____
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Financial Advisor: _____	_____
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Life Insurance Agent(s): _____	_____
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_____	_____
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Other: _____	_____
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**FAMILY MEMBERS**

*(Use full legal name.)*

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Parent or Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Parent or Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Parent or Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Parent or Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Parent or Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Parent or Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Parent or Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



**IMPORTANT FAMILY QUESTIONS**

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe _____</i>		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do you provide primary or other major financial support to others?		

**ADDITIONAL RELEVANT INFORMATION**

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**DESIGN INFORMATION**

**INITIAL TRUSTEE(S):** Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. This allows you to continue to jointly control your assets as before.

<b>Name and Address</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

**FOR HUSBAND**

<b>Name and Address</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

**FOR WIFE**

<b>Name and Address</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

**FOR HUSBAND**

<b>Name and Address</b>	<b>Relationship</b>
_____	_____

FOR WIFE Name and Address	Relationship
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**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? Indicate if you have multiple first or secondary agents if you would like them to act independently or jointly.

HUSBAND'S AGENT(s)	First Agent(s) or Secondary Agent(s)
Name, Address and Phone Number(s)	
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WIFE'S AGENT(s)	First Agent(s) or Secondary Agent(s)
Name, Address and Phone Number(s)	
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**LIVING WILL:**

**HUSBAND'S AGENT(s)**

**Name, Address and Phone Number(s):**

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**WIFE'S AGENT**

**Name, Address and Phone Number(s):**

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**HEALTH CARE POWER OF ATTORNEY:**

**HUSBAND'S AGENT**

**Name, Address and Phone Number(s):**

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**WIFE'S AGENT**

**Name, Address and Phone Number(s):**

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Would you like to be in the Donor Registry? Yes  No  If Yes, fill in items below:

On my death, I make an anatomical gift of my organs, tissues, and eyes for any purpose authorized by law.

**-OR-**

On my death, I make an anatomical gift of the following specified organ, tissues, or eyes:

Any or all  
Veins

Liver  
Skin

Bone/Ligament  
Lung

Heart valves  
Pancreas

Heart  
Eyes

Nerves

Other: \_\_\_\_\_

for any purposes indicated below:

Transplantation

Therapy

Research

Education

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? **Husband:**  Yes  No **Wife:**  Yes  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? **Husband:**  Yes  No **Wife:**  Yes  No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

Disabled spouse, the needs of others.

Disabled spouse and other spouse, and then needs of others

Disabled spouse needs and the needs of others equally.

### DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?  Yes  No

Any property not listed on the memorandum should be distributed to:

#### FOR HUSBAND

Spouse

Spouse, then to balance of trust.

To the balance of the trust.

Spouse, then other named individuals

Other named individuals. List on next line.

#### FOR WIFE:

Spouse

Spouse, then to balance of trust.

To the balance of the trust.

Spouse, then other named individuals

Other named individuals. List on next line.

**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

#### FOR HUSBAND:

**Individual or Charity**

**Amount or Property**

**Contingent on Wife predeceasing?**

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**FOR WIFE:**  
**Individual or Charity**                      **Amount or Property**                      **Contingent on Husband predeceasing?**

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**DESIGN OF MARITAL SHARE:**

- OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce
- GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.
- ALL INCOME - PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

**DESIGN OF FAMILY SHARE:**

- ALL INCOME - PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).  
Are descendants permissible beneficiaries of principal?  Yes  No
- INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.  
Are descendants permissible beneficiaries of income and/or principal?  Yes  No
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving spouse the sole trustee with a right to appoint co-trustee (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the co-trustee with the surviving spouse?

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**LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way property is to be distributed upon his or her death?  Yes  No

If so, to whom may the surviving spouse distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses and charities
- Anyone, no limitations

**DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE**

**DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

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**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

- DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.
- STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

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