

JOINT LIVING TRUST

By completing this workbook, you are providing the necessary information so that we may draft a revocable living trust on your behalf. A revocable living trust creates a trust that you (known as the "settlers") may amend or revoke during your lifetime. You are also the initial trustees of the living trust, and you choose trustee(s) (known as "successor trustees") that will take over as trustee(s) upon your death. The revocable living trust outlines the duties of the successor trustee(s) in managing the assets you transfer to the trust.

NAME OF THE TRUST. For example: "The Jane and John Doe Living Trust"

The _____ Living Trust

Information about you, the **SETTLORS**

Name _____ MALE FEMALE

Name _____ MALE FEMALE



His (_____) _____



Her (_____) _____

Address _____

City and County of Residence _____

State _____ Zip Code _____ @ e-mail _____

TYPE OF TRUST.

If either of you are not U.S. citizens, we can help you only with a Joint A Trust.

If you are both U.S. citizens, then you can choose which Trust best fits your needs.

Choose the type of trust JOINT A TRUST JOINT AB TRUST

BENEFICIARIES:

Beneficiaries are those individuals to whom you would like to leave the remaining assets in your trust upon your death. You may give these trust assets to one or more individuals.

Please identify the individuals who you wish to receive the trust assets and the percentage of the trust assets each will receive, if you name more than one beneficiary.

If a beneficiary dies while you are still alive, you have a choice of whether (i) you want the other beneficiaries you have named (if any) to take the deceased beneficiary's share (ii) you want the children of the deceased beneficiary to take the deceased beneficiary's share or (iii) you want some other unrelated individual to take the deceased beneficiary's share.

Full Legal Name of Beneficiary # 1	Relationship to the Settlor	% or fraction
If this beneficiary predecease you, who should be the alternate beneficiary for this percentage? Indicate by rank (for ex. first his/her children [1], then, the other primary beneficiary/ries [2], etc.)	# _____ His/Her Children # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____	

<p>_____</p> <p>Full Legal Name of Beneficiary # 2</p> <p>If this beneficiary predecease you, who should be the alternate beneficiary for this percentage? Indicate by rank (for ex. first his/her children [1], then, the other primary beneficiary/ries [2], etc.)</p>	<p>_____ % or fraction</p> <p>Relationship to the Settlor</p> <p># _____ His/Her Children</p> <p># _____ The other primary beneficiary/ries</p> <p># _____ Someone else (specify):</p> <p>_____</p>
<p>_____</p> <p>Full Legal Name of Beneficiary # 3</p> <p>If this beneficiary predecease you, who should be the alternate beneficiary for this percentage? Indicate by rank (for ex. first his/her children [1], then, the other primary beneficiary/ries [2], etc.)</p>	<p>_____ % or fraction</p> <p>Relationship to the Settlor</p> <p># _____ His/Her Children</p> <p># _____ The other primary beneficiary/ries</p> <p># _____ Someone else (specify):</p> <p>_____</p>
<p>_____</p> <p>Full Legal Name of Beneficiary # 4</p> <p>If this beneficiary predecease you, who should be the alternate beneficiary for this percentage? Indicate by rank (for ex. first his/her children [1], then, the other primary beneficiary/ries [2], etc.)</p>	<p>_____ % or fraction</p> <p>Relationship to the Settlor</p> <p># _____ His/Her Children</p> <p># _____ The other primary beneficiary/ries</p> <p># _____ Someone else (specify):</p> <p>_____</p>
<p>_____</p> <p>Full Legal Name of Beneficiary # 5</p> <p>If this beneficiary predecease you, who should be the alternate beneficiary for this percentage? Indicate by rank (for ex. first his/her children [1], then, the other primary beneficiary/ries [2], etc.)</p>	<p>_____ % or fraction</p> <p>Relationship to the Settlor</p> <p># _____ His/Her Children</p> <p># _____ The other primary beneficiary/ries</p> <p># _____ Someone else (specify):</p> <p>_____</p>
<p>_____</p> <p>Full Legal Name of Beneficiary # 6</p> <p>If this beneficiary predecease you, who should be the alternate beneficiary for this percentage? Indicate by rank (for ex. first his/her children [1], then, the other primary beneficiary/ries [2], etc.)</p>	<p>_____ % or fraction</p> <p>Relationship to the Settlor</p> <p># _____ His/Her Children</p> <p># _____ The other primary beneficiary/ries</p> <p># _____ Someone else (specify):</p> <p>_____</p>
<p>_____</p> <p>Full Legal Name of Beneficiary # 7</p> <p>If this beneficiary predecease you, who should be the alternate beneficiary for this percentage? Indicate by rank (for ex. first his/her children [1], then, the other primary beneficiary/ries [2], etc.)</p>	<p>_____ % or fraction</p> <p>Relationship to the Settlor</p> <p># _____ His/Her Children</p> <p># _____ The other primary beneficiary/ries</p> <p># _____ Someone else (specify):</p> <p>_____</p>

SPECIFIC GIFTS (OPTIONAL): Enter the individuals or organizations to receive specific gifts or property after your death.

<u>GIFT (Describe)</u>	<u>TO (Full legal name of beneficiary)</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISINHERITING CLAUSE (OPTIONAL) - Most states do not allow you to completely disinherit your spouse or minor children. But if there are any relatives that you wish not to be given a share of your living trust, please list them here:

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____

DISTRIBUTION TO YOUNGER BENEFICIARIES (OPTIONAL) - The successor trustee you appoint has two options regarding minor beneficiaries. The trustee can either manage the minor beneficiary's share until the minor attains the age of majority, and make distributions for his or her support, comfort and education, or distribute the minor beneficiary's share to a custodian to manage the share under California's Uniform Transfer to minor's Act (UTMA). Such a custodian is nominated by you. Please list the custodian you would like to nominate, in the event that the successor trustee decides to distribute the minor beneficiary's share to a custodian, below.

The default age where a minor reaches the age of majority, and for these rules to remain in effect, is 18. If you would like to increase the age until which the trustee or custodian will manage such young beneficiary's share, please designate that age here _____ (optional).

NOMINATION OF A CUSTODIAN (OPTIONAL) - Whom do you nominate as the custodian?

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

NOMINATION OF ALTERNATE CUSTODIAN (OPTIONAL)

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

SUCCESSOR TRUSTEE(S) - Upon your death, or in the event that you become incapacitated, the successor trustee(s) you designate will manage the living trust in accordance with your wishes. Please list below the successor trustee(s) you would like to designate. These successor trustees will also serve as personal representatives(s) (also known as executor) of your Pour Over Will.

This/these successor trustee(s) will also serve as personal representative(s) (also known as executor) of your Pour Over Will. If you would prefer to have your spouse serve as your first personal representative (executor) if he or she is able, please indicate that selection by checking this box =====>

FIRST SUCCESSOR TRUSTEE

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

SECOND SUCCESSOR TRUSTEE (OPTIONAL)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

THIRD SUCCESSOR TRUSTEE (OPTIONAL)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

If you listed MULTIPLE SUCCESSOR TRUSTEES, indicate how they should serve (one option only)

- Each successor Trustee will serve in the order listed
- All successor Trustees will serve together as co-Trustees
- The first two will serve as co-Trustees; the third will serve if either of the first two is unable
- The first two will serve as co-Trustees; the third will serve if both of the first two are unable
- The first will serve alone; the second and third will serve as co-Trustees if the first one is unable

If you selected a successor co-Trustee option, do they act jointly or separately?

- successor co-Trustees must act jointly successor co-Trustees may act separately

LIVING CHILDREN - Enter the information for you living children.

<u>FULL LEGAL NAME</u>	Date of Birth	Is child a minor?	WHOSE CHILD?
_____	__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife
_____	__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife
_____	__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife
_____	__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife
_____	__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife
_____	__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife

NOMINATION OF GUARDIAN - If at the time of your death any of your children are minors and a guardian is necessary, enter the name of the adult you would like to nominate as guardian for your minor child(ren). This is the person who will raise your minor children if something happens to both parents.

NOMINATION OF A GUARDIAN

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

NOMINATION OF ALTERNATE GUARDIAN (OPTIONAL)

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

If you listed TWO GUARDIANS, indicate how they should serve (one option only)

- Each guardian will serve in the order listed
- Both guardians will serve together as co-guardians

POWER OF ATTORNEY FOR FINANCE FOR HUSBAND

The power of attorney for finances and property matters should be:

- Effective Now OR
- Effective upon Disability (also known as "springing")

FIRST FINANCIAL AGENT

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

SECOND FINANCIAL AGENT (OPTIONAL)

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

THIRD FINANCIAL AGENT (OPTIONAL)

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

If you listed MULTIPLE AGENTS ABOVE, indicate how they should serve (one option only)

- Each agent will serve in the order listed
- All agent will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if either of the first two is unable
- The first two will serve as **co-agents**; the third will serve if both of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first one is unable

If you selected a co-agent option, do they act jointly or separately?

- Agents must act jointly Agents may act separately

POWER OF ATTORNEY FOR FINANCE FOR (WIFE)

The power of attorney for finances and property matters should be:

- Effective Now OR
- Effective upon Disability (also known as "springing")

FIRST FINANCIAL AGENT

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

SECOND FINANCIAL AGENT (OPTIONAL)

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

THIRD FINANCIAL AGENT (OPTIONAL)

Name _____ MALE FEMALE
Address _____
City _____ State _____ Zip Code _____ Phone _____

If you listed MULTIPLE AGENTS ABOVE, indicate how they should serve (one option only)

- Each agent will serve in the order listed
- All agent will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if either of the first two is unable
- The first two will serve as **co-agents**; the third will serve if both of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first one is unable

If you selected a co-agent option, do they act jointly or separately?

- Agents must act jointly Agents may act separately

POWER OF ATTORNEY FOR HEALTH CARE DECISIONS FOR HUSBAND

Are your choices for health care agents the same as the ones for financial agents?

- YES - You are done! NO - Please make your choices below...

FIRST HEALTH CARE AGENT

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

SECOND HEALTH CARE AGENT (OPTIONAL)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

THIRD HEALTH CARE AGENT (OPTIONAL)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

If you listed MULTIPLE AGENTS ABOVE, indicate how they should serve (one option only)

- Each agent will serve in the order listed
- All agent will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if either of the first two is unable
- The first two will serve as **co-agents**; the third will serve if both of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first one is unable

If you selected a co-agent option, do they act jointly or separately?

- Agents must act jointly Agents may act separately

POWER OF ATTORNEY FOR HEALTH CARE DECISIONS FOR WIFE

Are your choices for health care agents the same as the ones for financial agents?

- YES - You are done! NO - Please make your choices below...

FIRST HEALTH CARE AGENT

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

SECOND HEALTH CARE AGENT (OPTIONAL)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

THIRD HEALTH CARE AGENT (OPTIONAL)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

If you listed MULTIPLE AGENTS ABOVE, indicate how they should serve (one option only)

- Each agent will serve in the order listed
- All agent will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if either of the first two is unable
- The first two will serve as **co-agents**; the third will serve if both of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first one is unable

If you selected a co-agent option, do they act jointly or separately?

- Agents must act jointly Agents may act separately

Please sign here _____

"All answers are provided by me and I did NOT receive any legal advice from the store staff"