

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 "settlor") may amend or revoke during your lifetime. You are also the initial trustee of the living trust, and you choose trustee(s) (known as "successor trustees") that will take over as trustee upon your death.

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

The \_\_\_\_\_ Living Trust

Information about you, the **SETTLOR**

Name \_\_\_\_\_  MALE  FEMALE

Address \_\_\_\_\_

City and County of Residence \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status  SINGLE  DIVORCED  LEGALLY SEPARATED  
 WIDOWED  MARRIED to \_\_\_\_\_



(\_\_\_\_\_) \_\_\_\_\_



e-mail \_\_\_\_\_

**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 (or charity) to take the deceased beneficiary's share.

<p>_____</p> <p>Full Legal Name of Beneficiary # 1</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>_____</p> <p>Relationship to the Settlor</p> <p># _____ His/Her Children # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____</p>	<p>_____</p> <p>% or fraction</p>
<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>_____</p> <p>Relationship to the Settlor</p> <p># _____ His/Her Children # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____</p>	<p>_____</p> <p>% or fraction</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 # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____</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 # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____</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 # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____</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 # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____</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 # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____</p>
<p>_____</p> <p>Full Legal Name of Beneficiary # 8</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 # _____ The other primary beneficiary/ries # _____ Someone else (specify): _____</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.

**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?
_____	____/____/____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	____/____/____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	____/____/____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	____/____/____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	____/____/____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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**

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**

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"*