

TRUST\WILL PLANNING FORM

Do you now or have you ever had a domestic partner? Yes _____ No _____

Name of domestic partner? _____ Are you still residing with this person?
Yes __ No __

Do you have any children? Yes? _____ No? _____

CHILDREN Name, Address, Date of Birth	Name of Both Grandparents of Child	Living?

GRANDCHILDREN Name, Address, Date of Birth	Name of Both Parents of Grandchild	Living?

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Your Parents (list both)

Still Living?

Yes No

Your Brother and Sisters (list all)
Name/Address

Yes No

Still Living?

Yes No

Yes No

Yes No

Yes No

Have you made a prior Will? Yes _____ No _____ (If yes, please provide a copy)

If Yes, when was the Will made (Date)? _____

Any Codicils? No _____ Yes _____ If yes, dates of Codicils _____

Was it revoked? No. _____ Yes _____ (See next item)

If Yes, when and how? _____

Where are the prior Wills? _____

Have you made prior Trusts? Yes _____ No _____ (If yes, please provide a copy)

If Yes, when was the Trust Made (Date)? _____

Was it revoked? _____ If Yes, when and how? _____

Where is the prior Trust? _____

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Have you made a prior Power of Attorney? Yes ____ No ____ (If yes, please provide a copy)

If Yes, when was the Power of Attorney Made (Date)? _____

Was it revoked? _____ If Yes, when and how? _____

Where is the prior Power of Attorney? _____

1. REAL ESTATE (Please provide copies of Deeds if available)

Street Address, City, State, ZIP APN (if known)	Persons holding title and nature of title (joint tenancy, etc.)	Market Value	Amount of Mortgage

2. BANK ACCOUNTS & SAFETY DEPOSIT BOXES (Please provide copies of statements)

Name/Address of Bank	Account Number & Type of Account (checking, savings, deposit box, etc.)	Title (single, joint, etc) and Beneficiaries (if any)	Balance - estimate

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3. STOCKS (Please provide copies of statements)

Do you have a brokerage account? _____

If, Yes, with whom and where? _____

4. OTHER STOCKS: (Please provide copies of statements)

Name and Number of Shares	Name of owners	Current Value/share

5. BONDS

Name and Face Value	Name of owners	Current Value

6. Do you have an ownership interest in any business? _____

If Yes, name and/or type of business? _____

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7. VEHICLES

MAKE, TYPE & LICENSE NUMBER	Name of owners	Current Value

8. Do you have any business benefits, i.e. pension plans, IRA's, profit-sharing funds, deferred compensation plans, stocks options? _____ If Yes, describe and list the designated beneficiary:

(Please provide copies of applicable statements)

BENEFIT	BENEFICIARY

9. LIFE INSURANCE (On your life)

Name of Company, Policy Number, Owner	Name of Beneficiaries	Current Value

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10. Are you a beneficiary of someone else's life insurance? Yes _____ No _____

11. Do you anticipate an inheritance? Yes _____ No _____

DISPOSITION OF SPECIFIC GIFTS - Please list ALL your assets including those previously listed (real estate, stocks, bonds, cars, jewelry, artwork, furniture) and a designated person you wish to receive them. If you want all your property to go to one person, you do not need to list it separately.

ASSET	FIRST CHOICE FOR BENEFICIARY	SECOND CHOICE FOR BENEFICIARY

RESIDUARY ESTATE - The residuary beneficiary takes everything else you own which was not listed separately above, i.e. the residue or what is left after specific gifts. You can leave all the residue of your estate to one person or different shares to different people. If you have left all your property to one or more persons, you do not need a residuary beneficiary.

Portion	Beneficiary	Alternate Beneficiary

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EXECUTOR/SUCCESSOR TRUSTEE - This is the person designated to see that your estate is distributed as you have indicated.

Name/ Address of your choice for Executor/Successor Trustee

Name/Address of your choice for alternate Executor/Successor Trustee

GUARDIAN of the Person and Estate of minor children - The Guardian of the Person and Estate need not be the same person.

Name/Address of your choice for Guardian of the Person _____

Name/Address of the choice for Guardian of the Estate _____
