

## LIVING TRUST CONSULTATION

Date: \_\_\_\_\_  Married  Widowed  Divorced  Domestic Partners  Single

PARTNER A, please print your full name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

A's Citizenship \_\_\_\_\_ PARTNER A's email \_\_\_\_\_

Mailing Address \_\_\_\_\_

PARTNER B, please print your full name \_\_\_\_\_

PARTNER B's Work Phone \_\_\_\_\_ PARTNER B's Date of Birth \_\_\_\_\_

B's Citizenship \_\_\_\_\_ PARTNER B's email \_\_\_\_\_

Children's Full Names (List deceased children also)	Sex M/F	Date of Birth	Who is Parent?		
			Joint	Partner A	Partner B
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any children are minors, who would you choose to act as their legal guardian(s)? \_\_\_\_\_

Do any of your children receive assistance due to a disability? If so, which child? \_\_\_\_\_

Do any of your children have substance abuse or financial problems that concern you with regard to their ability to manage any funds they might receive from your estate?  Yes  No

**MY ESTATE HAS THE FOLLOWING ASSETS:**

Yes  No If married, does either spouse hold any sole and separate (versus community) property?

Real Estate (if you own more than 3 parcels of real estate, please continue the list on a separate piece of paper)

1. Address: \_\_\_\_\_  
Approximate Fair Market Value \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_
2. Address: \_\_\_\_\_  
Approximate Fair Market Value \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_
3. Address: \_\_\_\_\_  
Approximate Fair Market Value \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_

- Partnerships, LLC's, Corp's, etc. Approximate Value \$ \_\_\_\_\_
- Stocks, Bonds, Mutual Funds Approximate Value \$ \_\_\_\_\_
- Certificates of Deposit Approximate Value \$ \_\_\_\_\_
- Brokerage Accounts Approximate Value \$ \_\_\_\_\_
- Savings and Checking Accounts Approximate Value \$ \_\_\_\_\_
- IRA's, 401K's, Pension Plans, etc. Approximate Value \$ \_\_\_\_\_
- Stock Options Approximate Net Value \$ \_\_\_\_\_
- Life Insurance Approx. Face Value \$ \_\_\_\_\_ Approx. Cash Value \$ \_\_\_\_\_
- Any Pending Inheritance? If so, what is the approximate value? \$ \_\_\_\_\_

Approximate gross value of my entire estate: \$ \_\_\_\_\_

In the event of your death or incapacity, who would you want to handle your financial affairs (i.e., act as trustee, and holder of your power of attorney)?

Partner A: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ 4<sup>th</sup> Choice: \_\_\_\_\_

Partner B: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ 4<sup>th</sup> Choice: \_\_\_\_\_

If you were unable to make your own health care decisions, who you would you choose to act as your Health Care Agent (the person who makes medical decisions for you) until you regain capacity?

Partner A: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ 4<sup>th</sup> Choice: \_\_\_\_\_

Partner B: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ 4<sup>th</sup> Choice: \_\_\_\_\_

Do you presently have a Will? Partner A  Yes  No Partner B  Yes  No

Do you presently have a Trust? Partner A  Yes  No Partner B  Yes  No

If you answered yes, is all of your real estate in the name of your Trust?  Yes  No  Not Sure

Please check one of the following boxes:

- I am ready to proceed with the creation of my Living Trust
- I am not interested in creating a Living Trust at this time. I made an appointment for general information only.
- I need the following questions answered before I am ready to proceed with the creation of my Living Trust:

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I was referred to you by \_\_\_\_\_

## WHAT REALLY MATTERS TO ME?

**With 1 being low and 5 being high, please rate your concerns below:**

**PARTNER**

**A**

**PARTNER**

**B**

	(a) Make sure there's a written plan to handle my affairs after I'm gone or incapacitated	
	(b) Avoid family squabbles and make things easier on everyone	
	(c) Make sure Nursing Home costs don't take all of my assets	
	(d) Avoid the Living Probate (Conservatorship)	
	(e) Avoid the Death Probate	
	(f) Minimize all death taxes	
	(g) *After my death, I want to protect my estate if my spouse gets remarried	
	(h) *After my death, I want my portion of our estate to be asset protected from creditors while still taking care of my surviving spouse	
	(i) After my death, I want to make sure my estate goes to my children or chosen heirs	
	(j) After my death, I want my children's inheritance to be protected from divorces, creditors, lawsuits, bankruptcy, etc.	
	(k) Provide for someone who cannot handle their own finances (special needs, spendthrift, etc)	
	(l) Protect my life insurance from death taxes	
	(m) Make sure my wishes are honored regarding life support decisions	
	(n) <b>"OTHER"</b> not listed: _____ _____ _____	

**\* Pertains to married couples only**