

LAW OFFICE OF

KAREN R. SPINARDI

Attorney At Law

Telephone: (209) 384-9605

SAN SIMEON PROFESSIONAL CENTER
3351 M STREET, SUITE 240
MERCED, CALIFORNIA 95348

Facsimile: (209) 384-9635

kspinardi@spinardilaw.com

PERSONAL AND FINANCIAL ORGANIZER FOR YOUR LIVING TRUST

1 GENERAL INFORMATION

DATE: _____

Marital Status: Married Single Divorced Widowed
DATE OF MARRIAGE: _____

Your Name (First, Middle, Last) Soc. Sec. No. Date of Birth

Spouse's Name (First, Middle, Last) Soc. Sec. No. Date of Birth

Address (Number, Street) City State Zip Home

Mailing Address If Different From Above City State Zip

Home Phone Your Work Phone Spouse's Work Phone

Your Employer Your Occupation

Employer's Address (Number, Street) City State Zip

Spouse's Employer Spouse's Occupation

Spouse's Employer's Address (Number, Street) City State Zip

2 PERSONAL INFORMATION

EMAIL ADDRESS: _____

- | | YOU | | YOUR SPOUSE | |
|---|------------------|-------------|--------------------|-------------|
| 1. Are you a U.S. Citizen?..... | Yes | No | Yes | No |
| 2. Do you have a will or trust now?..... | Yes | No | Yes | No |
| 3. Are you expecting to receive property | Gift | Inheritance | Gift | Inheritance |
| or money from (circle all that apply):..... | Lawsuit | Other | Lawsuit | Other |
| If so, how much..... | \$ _____ | | \$ _____ | |
| 4. How many living children do you have? | _____ | | _____ | |
| Name of Child: _____ | Birthdate: _____ | | | |
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| Name of Child: _____ | Birthdate: _____ | | | |
| Name of Child: _____ | Birthdate: _____ | | | |
| 5. How many deceased children do you have?..... | _____ | | _____ | |
| 6. Are all your children legally yours
(natural or adopted) | Yes | No | Yes | No |
| 7. How many stepchildren do you have?..... | _____ | | _____ | |
| 8. How many children under age 18 do you have? | _____ | | _____ | |
| 9. How many children under age 25 do you have? | _____ | | _____ | |
| 10. Do you have any dependents that require.....
special care? | _____ | | _____ | |
| 11. How many grandchildren do you have? | _____ | | _____ | |
| 12. How many of your brothers and sisters | _____ | | _____ | |
| are still living? | | | | |

3 FINANCIAL INFORMATION

1. Do you own a home or any other real estate?

Description and Location	Titled in Whose Name	Purchase Price	Market Value	Mortgage	Equity

Total Net Value \$ _____

2. Do you own any other titled property such as a car, boat, etc.?

Description and Location	Titled in Whose Name	Market Value	Mortgage	Equity

Total Net Value \$ _____

3. Do you have any checking accounts?

Name of Bank	Titled in Whose Name	Approx. Balance

Total Value \$ _____

4. Do you have any interest bearing accounts (savings, money market) and/or CDs?

Total Value \$ _____

5. Do you own any stocks, bonds or mutual funds (including company stock)?

# of Shares	Name of Security	Titled in Whose Name	Purchase Price	Current Value

Total Value \$ _____

6. Do you have any profit sharing, IRAs or pension plans?

Description/Location	Beneficiary	Current Value

Total Value \$ _____

7. Do you have any life insurance policies and/or annuities?

Name of Company	Policy Owner	1 ST Beneficiary	2 ND Beneficiary	Death Benefit

Total Value \$ _____

8. Does anyone owe you money?

Description	Approx. Value

Total Value \$ _____

9. Do you have any special items of value such as coin collections, antiques, jewelry, etc?

Description	Approx. Value

Total Value \$ _____

10. What is the approximate total value of all your remaining personal property - whatever you own that has not been included above? (clothes, furniture, etc.)

Just estimate.....\$ _____

11. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owed

Total Debt \$ _____

12. Total value of everything you and your spouse own (add totals of line 1 through line 10 above):.....\$ _____

13. Total amount you and your spouse owe (total of line 11 above).....\$ _____

14. Subtract line 13 from line 12:.....**TOTAL NET ESTATE VALUE: \$** _____

15. Do you have a safe deposit box?

Location	Titled in Whose Name

4 TRUST DECISIONS: YOUR LIVING TRUST TEAM

1. **Trustee(s)** - Manages your trust now; usually you (and your spouse) and/or a corporate trustee

2. **Back-up Trustee(s)** - Steps in at your disability or death. Can be your adult children, trusted friends, and/or a corporate trustee.

#1 Choice: Name _____
Address _____

#2 Choice: Name _____
Address _____

#3 Choice: Name _____
Address _____

3. **Guardians for Minor Children** - Responsible adult who will raise your children if something happens to you.

#1 Choice: Name _____
Address _____

#2 Choice: Name _____
Address _____

4. Trustees for Minor Children - Manages your children's inheritance. Can be the same person as the guardian, another adult and/or a corporate trustee.

#1 Choice: Name _____
Address _____

#2 Choice: Name _____
Address _____

5. Executor of Will – Should any asset of your estate require formal probate administration, this person would petition the court and follow through with transferring assets according to your estate plan. This person is usually the same as your Trustee, however, it is not required to be the same. If you wish to nominate a person different than the Trustee, provide their name and address below, as well as a successor Executor.

#1 Choice: Name _____
Address _____

#2 Choice: Name _____
Address _____

5 BENEFICIARIES

1. SPECIAL GIFTS TO ORGANIZATIONS

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Description of Gift

2. SPECIAL GIFTS TO INDIVIDUALS

Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Description of Gift

3. BENEFICIARIES

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person/Organization	Amount/Percentage

4. INHERITING INSTRUCTIONS

Do you want your children to receive their inheritance in installments, at certain ages, or all at once?

5. DEPENDENTS WHO REQUIRE SPECIAL CARE

Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits?

6. ALTERNATE BENEFICIARIES

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person/Organization	Amount/Percentage

7. DISINHERITING

Are there any relatives that you specifically do not want to receive anything from your estate?

6 SPECIAL INSTRUCTIONS FOR INCOMPETENCY

1. Keeping/Selling Assets - If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

2. Medical Care - Do you want to be in (or avoid) a certain hospital/nursing home? How do you feel about blood transfusions, organ transplants, life support, etc?

You

Your Spouse

3. A Living Will makes your wishes known to a family and doctors regarding life support in the event you become terminally ill or injured with no hope for recovery. Do you want a living will?

You:	Yes	No
Your Spouse:	Yes	No

An Advance Health Care Directive, if available in your state, gives broader protection. Ask your attorney.

7 SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?

2. If you have a cemetery lot, where is located?

Cemetery Name

City

State

8 Appointment of Health Care Agent for Advance Health Care Directive (Person who would make health care decisions on your behalf).

#1 Choice: Name _____
Address _____
Home Phone: _____ Work Phone: _____ E-mail: _____

#2 Choice: Name _____
Address _____
Home Phone: _____ Work Phone: _____ E-mail: _____

#3 Choice: Name _____
Address _____
Home Phone: _____ Work Phone: _____ E-mail: _____

9 QUESTIONS TO ASK YOUR ATTORNEY ABOUT YOUR LIVING TRUST

