
LIVING TRUST WORKSHEET*

FOR A MARRIED COUPLE

THE LAW OFFICE OF
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*Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential. If possible, please return the completed worksheet to our office prior to your appointment via mail or fax

I. PEOPLE INFORMATION

First Spouse Information (Name will appear first on all documents)

Full Legal Name _____
(Name most often used to tile property and accounts)

Prefer to be called _____ Birth Date _____ SSN _____ US Citizen? _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Second Spouse Information (Name will appear second on all documents)

Full Legal Name _____
(Name most often used to tile property and accounts)

Prefer to be called _____ Birth Date _____ SSN _____ US Citizen? _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Primary Home Information

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Phone _____

Email address _____ It is okay to communicate with me via my email address

CHILDREN AND DEPENDENTS

If none please check here Use full legal name. Please indicate if children are from current marriage (C) or from previous marriage (P)

Full Legal Name	Date of Birth	Relationship
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1 _____	DOB: _____	_____
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Comments: _____

2 _____	DOB: _____	_____
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Comments: _____

3 _____	DOB: _____	_____
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Comments: _____

4 _____	DOB: _____	_____
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Comments: _____

5 _____	DOB: _____	_____
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Comments: _____

6 _____	DOB: _____	_____
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Comments: _____

CHILDREN QUESTIONS

	<u>YES</u>	<u>NO</u>
Do you have any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		
If yes, survived by issue?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		
Do any of your children or grandchildren have a learning disability, special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives (other than children) who depend on you for all or part of their support?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think any of your children have special problems with spouses, drugs, alcohol or handling money?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to specifically disinherit any of your children, grandchildren or any other close relative(s)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

ADDITIONAL QUESTIONS

	Yes	No
Do you have existing Wills?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have existing Trusts?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
Should the surviving spouse have the power to control the distribution of the entire estate after the first death?	<input type="checkbox"/>	<input type="checkbox"/>
If a child dies prior to the second spouse's death, do you want the assets to go to the child's issue?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want assets passing to your children or grandchildren to be held in trust until a specific age or ages?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, age(s) and percentage(s): _____		
Do you wish to specifically disinherit anyone?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name _____		

II. PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE PROPERTY INFORMATION CHECKLIST

General Headings: This property information checklist is designed to help you list all the property you own and what it is used for. You probably won't own property under all headings, if not just leave those blank. If you own additional property use extra sheets of paper to list your additional property.

Type: Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If own property in your name only	I
Joint Tenancy with non-spouse, i.e., child, parent, etc.	JTO
If you cannot determine how the property is owned	???

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, commercial property, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total	_____	_____

BANK AND SAVINGS ACCOUNTS

TYPE: Checking Account "CA" Savings Account "SA" Certificates of Deposits "CD Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here. If the account is in your name for the benefit of a minor, please specify and give minor's name

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

STOCK, BOND AND MUTUAL FUND ACCOUNTS

TYPE: List any and all stocks and bonds you own. *If held in a brokerage account, lump them together under each account.*

Stocks, Bonds or Investment Accounts	Type	Account Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total				_____

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity.

Insurance Name	Type	Face Amount (Death Benefit)	Insured	Owner	Beneficiary	Who Pays Premium
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total						_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(k).

Plan Name	Type	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

BUSINESS INTERESTS

TYPE: General and limited partnerships, sole proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests.

Description of Interest	Who Owns Interest	% of Interest Owned	Estimated Value of Interest
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each vehicle, boat, RV, etc.

Description	How Titled	Market Value	Encumbrance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total		_____	_____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other monies owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total			_____	_____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive in the future or monies that you anticipate receiving through a judgment in a lawsuit. Describe in appropriate detail.

Total Estimated Value

FURNITURE AND PERSONAL EFFECTS

TYPE: List the value of all personal effects such as furniture, jewelry, collections, antiques, furs and all other valuable personal property.

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household effects _____	_____	_____
_____	_____	_____
Total		_____

OTHER ASSETS

TYPE: Other property is any property that you have that not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
	Total	_____

SUMMARY OF VALUES

	Client	<u>Amount</u>	Others	Total Value
ASSETS				
Real Property	_____	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____	_____
Automobiles, Boats and RVs	_____	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____	_____
Stocks and Bonds	_____	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____	_____
Retirement Plans	_____	_____	_____	_____
Business Interests	_____	_____	_____	_____
Money Owed to You	_____	_____	_____	_____
Anticipated Inheritance, etc.	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
Total Assets	_____	_____	_____	_____

III. DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be *Guardian*:

Name and Address	Relationship
Primary _____	_____
1 st Successor _____	_____

TRUSTOR(S) OR INITIAL TRUSTEE(S):

Name and Address	Relationship
Primary/Husband & Wife _____	_____
1 st Successor(s) _____	_____

FIDUCIARIES: SUCCESSOR TRUSTEE & EXECUTOR: After your death, who do you want carrying out your instructions for distribution to and if desired, management of property for your beneficiaries?

Name and Address	Relationship
Primary _____	_____
1 st Successor(s) _____	_____
2 nd Successor(s) _____	_____

AGENT(S) FOR GENERAL POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? It is typical for a husband and wife to have reciprocal powers of attorney.

Name and Address	Relationship
Primary _____	_____
1 st Successor(s) _____	_____
2 nd Successor(s) _____	_____

AGENT(S) FOR HEALTH CARE POWER OF ATTORNEY: If you were unable to make decisions for yourself, who would you want to make those decisions for you with regard to your medical treatment?

Name and Address	Relationship
Primary _____	_____
1 st Successor(s) _____	_____
2 nd Successor(s) _____	_____

END OF LIFE DECISIONS (LIVING WILL):

Do you want to provide that your organs and tissues should be made available for transplant purposes? (Yes/No)

Husband Wife

Initial the statement which best states your designs for your end of life decisions (please read all three): “Life sustaining treatment” means any medical procedure, treatment, intervention or other measure including artificially or technologically supplied nutrition and hydration that, when administered, will serve principally to prolong the process of dying.

1. Do Not Prolong/Agent Has Discretion: I recognize that modern medical technology has made possible the artificial prolongation of my life beyond nature limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recover or otherwise enable me to live a productive and/or enjoyable life. Therefore, if in my Agent’s judgment the burdens of the proposed treatment outweigh the expected benefits, then I desire that all life-sustaining treatment be withdrawn. I desire that my Agent consider relief from suffering, preservation or restoration of functioning and the quality as well as the extent of the life being preserved when decisions are made concerning life-sustaining care, treatment, services and procedures. I trust my Agent, who knows my desires well, and in whose judgment I have absolute faith to exercise discretionary decisions in a manner that would be satisfactory to me.

Husband Wife

2. Do Not Prolong. Agent Must Consult with Attending Physician: I recognize that modern medical technology has made possible that artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying, if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, if the extension of my life would result in a mere biological existence, devoid of cognitive function, with no reasonable hope for normal functioning, then I do not desire any form of life-sustaining procedures or, if life-sustaining treatment has been instituted, I desire that it be withdrawn. It is my desire that my Agent consider relief from suffering, preservation or restoration of functioning and the quality as well as extent of the life being preserved when decisions are made concerning life-sustaining care, treatment, services and procedures. In making the decision to withhold or remove treatment, my Agent should ask the

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questions: "Is the proposed treatment an aid to recovery or merely a prolongation of inevitable death?" What is "reasonable," what is "an aid to recover," and what is "merely a prolongation of inevitable death" shall be determined by my Agent after consulting with my attending physicians. (DEFAULT)

Husband Wife

3. **Prolong.** I express the desire that my life be prolonged to the greatest possible extent without regard for my physical or mental condition, chance of recovery, likelihood of suffering, or expense and authorize my Agent to consent to whatever medical procedures are necessary to accomplish this end. I trust my Agent, who knows my desires well, and in whose judgment I have absolute faith to exercise discretionary decisions in a manner that would be satisfactory to me.

Husband Wife

DISTRIBUTION OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? Yes No

Any property not listed on the memorandum should be distributed to:

- Children equally To the balance of the Trust Other named individuals. List below

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity	Amount of Property
1. _____	_____
2. _____	_____
3. _____	_____

DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH

- Divide equally between my children and the descendants of any deceased children Divide among named individuals and/or charities

1. _____	_____
2. _____	_____
3. _____	_____

REMOTE CONTINGENT BENEFICIARIES: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

- To my heirs-at-law To the following named individuals and/or charities.

1. _____	_____
2. _____	_____
3. _____	_____

State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between myself and my spouse in the matters about which we are consulting you. If either of us wish to have separate counsel or desire you not to be involved at all, that spouse shall notify you. We have hereby consent to having you represent both of us in the drafting of our estate planning documents, and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications.

Dated: _____

Husband's Signature

Wife's Signature

WHEN COMPLETED, PLEASE MAIL OR FAX THIS FORM TO OUR OFFICE.

TO SCHEDULE A MEETING, PLEASE CALL OUR OFFICES AT 858.566.6800