

PERSONAL AND FINANCIAL ORGANIZER FOR YOUR LIVING TRUST

IBT: HIS HERS BOTH TERMS: _____

Printed Legal Name: Grantor : Yes No
Trustee : Yes No

Spouse's Legal Name: Grantor : Yes No
Trustee : Yes No

State of Domicile: _____ Desired Trust Name: _____

A. Selection of Trustees/Agents:

1. Successor Trustee(s) - To step in at your incapacity or death. (Adult children or trusted friend)

#1 Choice: Name _____ Relationship _____ Phone _____
Address: _____

#2 Choice: Name _____ Relationship _____ Phone _____
Address: _____

#3 Choice: Name _____ Relationship _____ Phone _____
Address: _____

IF nominating "Co-Successor Trustees" circle their names **and choose one of the following:**

- If co-successors are to be "A" and "B" but one of them is unable to serve, then "C" is to take that person's place as a replacement co-successor trustee.
- If one is unable to serve, the other shall act alone. If both are unable to serve, then person "C" shall act as successor trustee.

Other Instructions _____

◇ **Agent has reviewed the benefits of nominating First Dakota National Bank as successor trustee and FRA Wealth Mgmt. as investment manager.**

2. Successor Executor(s) / Personal Representative(s) - For your pour-over will.

#1 Choice: Your Spouse

#1 Choice: Your Spouse

#2 Choice: Name _____
Relationship _____
Address _____
Phone _____

#2 Choice: Name _____
Relationship _____
Address _____
Phone _____

#3 Choice: Name _____
Relationship _____
Address _____
Phone _____

#3 Choice: Name _____
Relationship _____
Address _____
Phone _____

#4 Choice: Name _____
Relationship _____
Address _____
Phone _____

#4 Choice: Name _____
Relationship _____
Address _____
Phone _____

3. Durable Power of Attorney- Responsible adult(s) who will handle your financial affairs.

Choose One

Current Springing

Current Springing

#1 Choice: Your Spouse

#1 Choice: Your Spouse

#2 Choice: Name _____
Relationship _____
Address _____
Phone _____

#2 Choice: Name _____
Relationship _____
Address _____
Phone _____

#3 Choice: Name _____
Relationship _____
Address _____
Phone _____

#3 Choice: Name _____
Relationship _____
Address _____
Phone _____

#4 Choice: Name _____
Relationship _____
Address _____
Phone _____

#4 Choice: Name _____
Relationship _____
Address _____
Phone _____

4. Healthcare Power of Attorney- Individual(s) to make decisions on your behalf when you are unable to.

#1 Choice: Your Spouse

#1 Choice: Your Spouse

#2 Choice: Name _____
Relationship _____
Address _____
Phone _____

#2 Choice: Name _____
Relationship _____
Address _____
Phone _____

#3 Choice: Name _____
Relationship _____
Address _____
Phone _____

#3 Choice: Name _____
Relationship _____
Address _____
Phone _____

#4 Choice: Name _____
Relationship _____
Address _____
Phone _____

#4 Choice: Name _____
Relationship _____
Address _____
Phone _____

B. Trust Specifications:

YES

NO

- Do you want to allow the Trustee in the future to appoint FRA Wealth Management, LLC as Investment Manager?

- Any deceased children?

If yes, name(s) _____

Are they survived by any issue? _____

- Any adopted children? If yes, name(s): _____

- If there are adopted children and/or children of a different marriage, are **all** children to be treated as issue of you and your spouse?

- Any Minor Children?

If yes, who would you prefer be named their Guardian?

Guardian _____

Alternate Guardian _____

Note: circle name if they should act as co-Guardians

- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?
- Do you have any relatives (other than children) who depend on you for all or part of their support?
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?
- Do you wish to disinherit any of you children, grandchildren, or any other close relative?
- Do you have an existing Marital Property Agreement?
- Do either of you expect to inherit substantial assets (\$100,000+)?
- Do you have existing Wills?
- Do you have any existing trusts?
- Have you ever filed a Federal Gift Tax Return?
- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to your children before the second spouse's death?



- If a Beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?
- Do you want assets passing to second-level beneficiaries (i.e. grandchildren) to be held in trust until a specific age or ages?

C. Remainder 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	Address	Description of Gift

2. Special Gifts to Individuals

Do you want to give any specific item 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	Address	Description of Gift

3. Remainder Beneficiaries for balance of Estate

Who do you want to receive the rest of your estate after any special gifts above have been distributed?

Name of Person/Organization	Address	Amount/Percentage

4. Alternate Remainder Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the Remainder Beneficiaries named above?

Name of Person/Organization	Address	Amount/Percentage

5. Inheriting Instructions

Do you want your Beneficiaries to receive their inheritances in installments, at certain ages, or just as they may choose?

6. Do you provide for someone who requires special care?

Do any of your dependents (aging parents, disabled children) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet, etc.)?

7. Disinheriting

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

D. QUESTIONS TO ASK YOUR ATTORNEY ABOUT YOUR LIVING TRUST:

E. FINANCIAL INFORMATION:

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

Description and Location	Deeded in whose name	Current Value	(-) Mortgage

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

Description and Location	Titled in whose name	Current Value	(-) Loan	(=) Equity

3. Do you have any checking accounts?

Name of Institution	Account Number	Titled in whose name	Approx. Balance

4. Do you have any interest bearing accounts (saving, money market) and/or CDs?
(Not including IRA's or other "qualified" accounts)

Name of Institution	Account Number	Titled in whose name	Approx. Balance

5. Do you own any stocks, bonds or mutual funds (including company stock)?
(Not including IRA 's or other "qualified" accounts)

#of Shares	Description	Account Number	Titled in whose name	Purchase Price	Current Value

6. Do you have any Annuities?

Name of Institution	Account Number	Approximate Value

7. Do you have any 401K, IRA, or other "qualified" accounts?

Description/Location	Beneficiary

8. Do you or your spouse own a business or have any partnership interests?

Description	Type of Ownership	Purchase Price	Current Value

9. Do you have any life insurance policies?

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit

10. Does anyone owe you money? (Potentially collectible)

Description	Approx. Value

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

Description	Approx. Value

12. Annual Income

	Husband	Wife
Social Security	\$	\$
Pension	\$	\$
Dividends	\$	\$
Interest	\$	\$
Annuities	\$	\$
IRA/401K	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$

TOTAL INCOME: \$ _____

13. Do you have a safe deposit box? ☐Yes ☐No

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 desire to have separate counsel or desire you not to be involved at all, that spouse shall notify you. We each 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