QUALITY ESTATE DESIGN

CALAVERAS COUNTY: LDA 05-LDA-013

PO BOX 892

WEST POINT, CA, 95255

TRUST PLANNING ORGANIZER

(Single Client)

I. GENERAL INFORMATION

Grantor / Settlor

Full Name: _____

Date of Birth: _____

Soc. Sec. No.: _____

Home Address: _____

_____

Telephone: _____

Email: _____

II. CHILDREN

Children's Names	Age	# of Kids	Age
1. _____	____	_____	_____
2._____	____	_____	_____
3._____	____	_____	_____
4._____	____	_____	_____
5._____	____	_____	_____
Others._____	____	_____	_____

Deceased Children - Please indicate full legal name at birth and married last name of a deceased child, his/her parents, and whether the deceased child had any children:

_____

_____

Special Needs - Please indicate the name and any physical or mental limitation of any family member which may have an impact on the amounts or manner in which property is distributed, or, which may cause concern for the support of that person: _____

_____

_____

_____

III. GENERAL QUESTIONS: Do You;

1. Anticipate you must financially support children over age 21, or other relatives?
   _____ Yes _____ No - If YES, please explain:_____
   _____

2. Expect to receive a gift or inheritance? _____ Yes _____ No? / If YES, please explain; _____
   _____

3. Have you made a gift to anyone in excess of $19,000 in the last 30 months?
   _____ Yes _____ No / If YES, please explain: _____

_____

4. Are you receiving benefits under SSI / SSD, or other disability plan?
   _____ Yes _____ No / If YES, please explain:_____
   _____

5. Do you receive any income from a trust established by someone else?
   _____ Yes _____ No / If YES, please explain: _____
   _____

6. Do you have special needs due to medical issues presently?
   _____ Yes _____ No / If YES, please explain: _____
   _____

7. Have any interest in a business (sole proprietorship, C-corp., S-corp., PC, LLC, LLP, PLLC, General Partnership, non-profit entity)?
   _____ Yes _____ No / If YES, please explain: _____

_____

_____

8. Intend to make charitable or religious gifts during your life or at death?

   _____ Yes _____ No If YES, please explain: _____

   _____

   _____

9. Have a safe deposit box? If YES, the location:_____

   How titled? _____

10. Own assets in joint tenancy with any other person?

    _____ Yes _____ No Explain: _____

    _____

    (If YES above, please provide us with a copy of deed, bank or brokerage account statement involved, etc.)

IV. ESTATE PLANNING OBJECTIVES

A. IF YOU ANTICIPATE THAT YOUR NET WORTH WILL BE UNDER $11,000,000.00 UPON YOUR DEATH CONTINUE ON THIS PAGE.

B. IF YOU ANTICIPATE THAT YOUR NET WORTH WILL BE OVER $11,000,000.00 UPON YOUR DEATH AN ADDITIONAL FORM WILL BE NEEDED.

C. UPON MY PASSING I WANT: (make one choice in "C")

1. ____ Divide Trust Estate into equal shares in like or kind for each then living child of mine and one equal share in like or kind for each deceased child leaving surviving issue. The children of my deceased child shall receive the share of their deceased parent. Each share for a living ADULT child or living ADULT grandchild, shall be distributed to the ADULT child or ADULT grandchild immediately, or as stated below; **(Select *only* one of "a" through "d" only.)**

   a. _____ Distribute 100% of a beneficiary's share at age _____.

   b. _____ Distribute 50% of a beneficiary's share at age _____ and the remaining 50% at age _____.

   c. _____ Distribute 33 & 1/3% of the beneficiary's share at age _____, with an additional 33 & 1/3% of the original amount at age _____, and the remainder of the share at age _____.

   d. _____ Distribute 25% of the beneficiary's share at age _____, with an additional 25% of the original share amount at age _____,

another 25% of the original share amount at age _____, and the remainder of the share at age _____.

OR

2. ____ Divide the Trust Estate into equal shares in like or kind for each then living child of ours. In the event that one of our children predeceases me, then that share shall lapse and shall be divided equally in like or kind between my surviving children as follows: **(Select *only* one of "a" through "d" only.)**

a. _____ Distribute 100% of a beneficiary's share at age _____.

b. _____ Distribute 50% of a beneficiary's share at age _____ and the remaining 50% at age _____.

c. _____ Distribute 33 & 1/3% of the beneficiary's share at age _____, with an additional 33 & 1/3% of the original amount at age _____, and the remainder of the share at age _____.

d. _____ Distribute 25% of the beneficiary's share at age _____, with an additional 25% of the original share amount at age _____, another 25% of the original share amount at age _____, and the remainder of the share at age _____.

OR OTHER DISTRIBUTION:

1. ____Other Disposition (please describe):

_____

_____

_____

_____

V. IMPORTANT PEOPLE IN YOUR ESTATE PLAN

A. EXECUTOR / TRUSTEE: The Trustee manages trust assets in accordance with the terms of the Trust.

1st Successor Trustee: _____

2nd Successor Trustee: _____

3rd Successor Trustee: _____

Trustee to Serve _____ Independently / _____ Co-Trustees

B. FINANCIAL AGENT / FIDUCIARY: The power of attorney agent manages all non-trust assets during your life. If the above cannot serve, whom do you want as a backup (in order of preference):

1st Financial Agent: _____

2nd Financial Agent: _____

3rd Financial Agent: _____

Agent(s) to Serve _____ Independently / _____ Co-Agents

C. HEALTH CARE AGENT. You will also need an agent under an advanced health care directive to make health care decisions for you if you are not able.

1st Health Care Agent:_____

Address_____

_____

Phone_____

2nd Health Care Agent: _____

Address_____

_____

Phone_____

3rd Health Care Agent:_____

Address_____

_____

Phone_____

Agent(s) to Serve _____ Independently / _____ Co-Agents

D. CONSERVATOR. A Conservator manages your affairs in case of your incapacity:

First Choice:_____

Second Choice:_____

E. GUARDIAN OF MINORS The Guardian of a minor child is the person who cares for and raises the minor child in the event of the death of both parents. List in order of priority the people you would select as Guardian if you have minor children,

1st GUARDIAN: _____

Address_____

Phone_____

2nd GUARDIAN: _____

Address_____

Phone_____

3rd GUARDIAN:_____

Address_____

Phone_____

V. FINANCIAL INFORMATION

A. Summary of Assets

ASSET	CURRENT VALUE
1. Checking Accounts	_____
2. Savings Accounts	_____
3. Listed Securities	_____
4. Business Interests	_____
5. IRA / 401K	_____
6. Mortgages/Notes	_____
7. Real Estate (home)	_____
8. Rentals	_____
9. Other Real Estate	_____
10. Tangible Personal Property	_____
11. Other Assets	_____
12. Life Insurance face amount	_____
cash value	_____
13. Annuities	_____
ASSET TOTALS =	_____

B. LIABILITIES

1. Mortgages Payable	_____
2. Car Loans / Lease	_____
3. Policy Loans	_____
4. Bank Loans, etc.	_____

5. Credit Card Debt _____

6. Family Debts _____

7. Business Debts _____

8. Student Loans _____

9. Tax Debt _____

10. Civil Judgements _____

LIABILITY TOTALS =_____

Net Assets: _____

I CERTIFY THAT ALL INFORMATION ABOVE REPRESENTS MY WISHES AND THE FACTS OF MY ESTATE PLANNING SITUATION AND MAY BE FULLY RELIED UPON TO PRODUCE ANY AND ALL LEGAL DOCUMENTS ON MY BEHALF:

Date: _____

_____

Signature of Client

Date: _____

_____

Signature of Representative