QUALITY ESTATE DESIGN

CALAVERAS COUNTY: LDA 05-LDA-013

PO BOX 892

WEST POINT, CA, 95255

TRUST PLANNING ORGANIZER

(Married Couple/Registered Domestic Partnership)

I. GENERAL INFORMATION

SPOUSE 1 SPOUSE 2

Full Name: _____ _____

Date of Birth: _____ _____

Soc. Sec. No.:_____ _____

Home Address:_____

Husband Cell _____ Wife Cell _____

Email:_____

II. CHILDREN

Name	Age	Please indicate if Child Only of: SPOUSE 1 (SP1) SPOUSE 2 (SP2) OR Both(B)	Number of Child's Children
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:

A. Do Either of 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 either of 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 either of 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 besides your spouse?

_____ Yes _____ No Explain: _____

_____

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

11) Did you execute any Pre-nuptial marriage agreements? _____ Yes _____ No

If YES, please provide a copy!

12) Have you resided outside California since marriage?

Husband: _____ If so, where? _____

Wife: _____ If so, where? _____

13) Date you came to California: Husband: _____ Wife: _____

IV. ESTATE PLANNING OBJECTIVES

A. **UPON THE DEATH OF THE FIRST OF US, WE WANT:** (one choice in "A")

1. _____ Everything should remain and continue as is in the living trust, with the surviving spouse having absolute control over all of our assets. The surviving spouse can do anything he or she wants to or with all assets, including giving them all away to a new spouse, their children from another marriage, any other person, or spending all of our assets, thereby effectively disinheriting the first decedent's own children from a prior or this marriage;

(if option "1" was selected go on to "D" below).

OR

2. _____ Upon the death of the first of us the trust shall be divided into two separate trusts. One trust shall hold 50% of the community property belonging to the decedent along with 100% of the decedent's separate property.

(choice "2" is continued on next page)

This trust shall become irrevocable and can have adverse consequences to the surviving spouse if they are in need of long term care or Medi-Cal within the next 5 years;

(if option "2" was selected skip "B" below and go on to "C" below).

B. **DISPOSITION OF OUR ASSETS WHEN BOTH OF US ARE GONE:**
(select either option "1" or option "2" in "D" below.)

ANSWER SECTION "D" ONLY IF ALL CHILDREN ARE FROM THIS MARRIAGE:

1. _____ Divide Trust Estate into equal shares in like or kind for each then living child of ours and one equal share in like or kind for each deceased child (leaving surviving issue) resulting **from this marriage.** The children of a 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.

   Each share held for a **MINOR** child or **MINOR** grandchild, shall be held in trust and used for the **MINOR** child's or **MINOR** grandchild's support, health and education, with the balance being distributed outright to the **MINOR** child or **MINOR** grandchild at age 21, or distribute as selected 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 the second of us to pass away, then that share shall lapse and shall be divided equally in like or kind between our 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 _____.

C. NOT ALL CHILDREN ARE OF THIS MARRIAGE (one or more children are from a prior marriage or relationship).

ANSWER SECTION "E" ONLY
IF CHILDREN ARE FROM MULTIPLE MARRIAGES:

1. _____ 50% of the "Community Assets" and 100% of the "deceased spouse's" separate property, shall be placed into an irrevocable Decedent's Trust upon the passing of the "deceased spouse". This trust shall provide ONLY

income and limited invasion of principal for the "surviving spouse". Ultimately, all IRREVOCABLE Decedent's Trust assets shall pass to the living issue of the "deceased spouse" only.

Upon the passing of the "surviving spouse", divide "Decedent's Trust" Estate as follows:

_____

_____

_____

OR OTHER DISTRIBUTION:

2. 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 AGENTS. You will also need an agent under an advanced health care directive to make health care decisions for you if you are not able.

HUSBAND

1st Health Care Agent: _____

Address_____

Phone_____

2nd Health Care Agent: _____

Address_____

Phone_____

3rd Health Care Agent:_____

Address_____

Phone_____

WIFE

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

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

First Choice:_____

Second Choice:_____

B. 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_____

VI. FINANCIAL INFORMATION

A. Summary of Assets

ASSET	CURRENT VALUE			
	Community Property +	Wife's Separate Property +	Husband's Separate Property =	All Property
1. Bank Accounts	_____	_____	_____	_____
2. Listed Securities	_____	_____	_____	_____
3. Business Interests	_____	_____	_____	_____
4. IRA / 401K	_____	_____	_____	_____
5. Mortgages/Notes	_____	_____	_____	_____
6. Real Estate	_____	_____	_____	_____
7. Tangible Personal Property	_____	_____	_____	_____
8. Other Assets	_____	_____	_____	_____
9. Life Insurance face amount	_____	_____	_____	_____
cash value	_____	_____	_____	_____
10. Annuities	_____	_____	_____	_____
ASSET TOTALS =	_____	_____	_____	_____

B. LIABILITIES

	Community Property +	Wife's Separate Property +	Husband's Separate Property =	All Property
1. Mortgages Payable	_____	_____	_____	_____
2. Bank Loans, etc.	_____	_____	_____	_____

4. Debts, etc.	_____	_____	_____	_____
5. Other	_____	_____	_____	_____
LIABILITY TOTALS =	_____	_____	_____	_____
NET ASSETS (ASSETS-LIABILITIES)	_____	_____	_____	_____

I CERTIFY THAT THE ABOVE INFORMATION REPRESENTS MY WISHES AND THE FACTS OF MY ESTATE PLANNING SITUATION:

Date: _____

_____

Signature of Preparer

_____ _____

Signature of Spouse 1 **Signature of Spouse 2**