

Please fill out this form as completely as possible. If you don't understand a question, please ask for assistance. If you need more space, please use the back of this page.

Today's Date: _____ Name of Trust: _____

Grantor and Trustee Information: You will be the Grantors and the Trustees of your Trust. Please provide us with the following information.

Name of Grantor/Settlor	Address	Home Phone	Cell Phone	Former Spouse? <input type="checkbox"/> Yes	Are you a <input type="checkbox"/> Veteran
DOB	SS#	Email		<input type="checkbox"/> No	<input type="checkbox"/> Fed Employee

Co-Trustee Information: A co-Trustee is not always necessary. They are usually added in the event that the Trustee is not always capable or able to make transactions within the Trust (an example would be when the Grantor is elderly and wishes to add a trusted family member as the trustee).

Name of Co-Trustee	Address	Home Phone	Cell Phone
DOB	SS#	Email	

Real Estate I Own:

Address 1

Address 2

Successor Trustee Information: A Successor Trustee is the person who will handle the affairs of your estate upon the death or resignation of both of you. This person or persons should be someone who is a responsible individual and is willing and able to take on this responsibility. If you wish for them to be co-trustees, they must both consent to any and all decisions made.

Name of Successor Trustee/Relationship to you	Address	Home Phone	Relationship
1			<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (in the order listed)
	Email		
2			<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (in the order listed)
	Email		
3			<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (in the order listed)
	Email		

Children Information: Please complete the information below. If you need more space please attach an additional page. If you have children from a previous marriage or relationship include the information here. Also please name the guardian and an alternate guardian you wish to provide for your children in the event of your death.

Name of Child	Address	Relationship	% of the Estate to Distribute	Is the child a minor?	If the child is a minor, please indicate who you wish to be their guardian and alternate guardian in the event of your death?
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No <u>DOB</u>	Guardian: Alternate Guardian:
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No <u>DOB</u>	Guardian: Alternate Guardian:
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No <u>DOB</u>	Guardian: Alternate Guardian:
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No <u>DOB</u>	Guardian: Alternate Guardian:
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No <u>DOB</u>	Guardian: Alternate Guardian:

Beneficiary Information: Please list any additional beneficiaries if different or in addition to children listed on the previous page. Only list the individuals you wish to divide a percentage of your estate to. You will have the option to list additional beneficiaries you wish to leave a lump sum or a large specific item to later.

Name of Beneficiary	Address	Relationship/Charity	% of the Estate to distribute	Is Beneficiary a Minor?	Do you want to pass this distribution on to their children in the event they die before you?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)

Contingent Beneficiary Information: A Contingent Beneficiary sometimes called the “last resort beneficiary” to be the recipient of your estate in the event that there are no other surviving beneficiaries (otherwise the estate would go to the State). If you wish to provide a contingent beneficiary, please list them below:

Name of Beneficiary	Address	Relationship/Charity

Special Distribution: A special distribution can be made upon the death of either the Grantor, but **before** the entire estate is to be distributed to the beneficiaries. Often times this is a lump sum amount or valuable property. Please list any special distribution here. They can be listed here even though they might be listed as a child or a beneficiary, this will not affect their final distribution.

Name of Beneficiary	Address	Relationship	Dollar amount or Property to distribute.

Power of Attorney and Wills Questions:

Please answer the following questions individually. These documents are prepared separately for each individual and you may have different answers or choose to select different decision makers to make medical and financial decisions on your behalf.

General Power of Attorney: This document will allow your Agent/Attorney-in-Fact to act on your behalf to make major financial and property decisions

Primary Agent Information

Name of Agent/Relationship to you	Address	Phone

Please provide the name, address and phone number of **Alternate Agent 1:**

Name of Agent/Relationship to you	Phone
Address of Agent	

Please provide name, address and phone number of **Alternate Agent 2:**

Name of Agent/Relationship to you	Phone
Address of Agent	

Medical Directive/Health Care Power of Attorney: This document will allow your designated decision maker to act on your behalf to make medical and health care decisions on your behalf.

Questions to consider:

In the event that you are in a persistent vegetative state, would you want to:

1. Be kept alive artificially?
2. Be fed and hydrated artificially?
3. Be an organ donor?

Primary Agent Information

Name of Agent/Relationship to you	Address	Phone

Please provide the names, addresses, relationship and phone of your **Alternate Agent 1:**

Name of Agent/Relationship to you	Phone
Address of Agent	

Please provide the names, addresses, relationship and phone of your **Alternate Agent 2:**

Name of Agent/Relationship to you	Phone
Address of Agent	

Living Will: this document will allow your designated decision maker to act on your behalf to make decisions on whether to continue providing you with life support in the event you are in a vegetative state.

Primary Agent Information

Name of Agent/Relationship to you	Address	Phone
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Please provide the names, addresses, relationship and phone of your **Alternate Agent 1:**

Name of Agent	Phone
Address of Agent	

Please provide the names, addresses, relationship and phone of your **Alternate Agent 2:**

Name of Agent	Phone
Address of Agent	

Final Disposition and Instructions: This document is like a funeral planning form. The Trust has already taken care of your assets. Here you can designate what shall happen to your body and any other special requests.

In the event of my death, I wish for my body to be:

- Buried Cremated

Please check off the options that apply:

- I have provided a list of instructions for my burial and funeral instructions
- Name of Funeral Home: _____
- I have provided a Statement of Wishes for my loved ones to follow.
- Remains/Cremains to be interred at: _____
name of cemetery

