

**KELLER LAW FIRM**  
310-545-1897 or 661-291-1631

**INFORMATION ORGANIZER FOR YOUR LIVING TRUST**

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
U.S. Citizen? \_\_\_\_\_ Social Security # \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
U.S. Citizen? \_\_\_\_\_ Social Security # \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**I. CHILDREN**

A. Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Check one: Natural? \_\_\_ Legally Adopted? \_\_\_ Foster? \_\_\_ Step? \_\_\_  
Both? \_\_\_ You Only? \_\_\_ Spouse Only? \_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

B. Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Check one: Natural? \_\_\_ Legally Adopted? \_\_\_ Foster? \_\_\_ Step? \_\_\_  
Both? \_\_\_ You Only? \_\_\_ Spouse Only? \_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

C. Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Check one: Natural? \_\_\_ Legally Adopted? \_\_\_ Foster? \_\_\_ Step? \_\_\_  
Both? \_\_\_ You Only? \_\_\_ Spouse Only? \_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

D. Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Check one: Natural? \_\_\_ Legally Adopted? \_\_\_ Foster? \_\_\_ Step? \_\_\_  
Both? \_\_\_ You Only? \_\_\_ Spouse Only? \_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

How Many Grandchildren Do You Have? \_\_\_\_\_  
Yours Only? \_\_\_\_\_ Your Spouse's Only? \_\_\_\_\_ Both? \_\_\_\_\_

## II. FINANCIAL INFORMATION

### 1. REAL ESTATE

A. Description and Location \_\_\_\_\_

Titled in whose name? \_\_\_\_\_

Purchase Price \_\_\_\_\_ Current Value \_\_\_\_\_

Mortgage \_\_\_\_\_ Equity \_\_\_\_\_

B. Description and Location \_\_\_\_\_

Titled in whose name? \_\_\_\_\_

Purchase Price \_\_\_\_\_ Current Value \_\_\_\_\_

Mortgage \_\_\_\_\_ Equity \_\_\_\_\_

C. Description and Location \_\_\_\_\_

Titled in whose name? \_\_\_\_\_

Purchase Price \_\_\_\_\_ Current Value \_\_\_\_\_

Mortgage \_\_\_\_\_ Equity \_\_\_\_\_

### 2. BANK ACCOUNTS (Checking and Savings)

A. Name of Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled In Whose Name \_\_\_\_\_ Account Balance \_\_\_\_\_

B. Name of Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled In Whose Name \_\_\_\_\_ Account Balance \_\_\_\_\_

C. Name of Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled In Whose Name \_\_\_\_\_ Account Balance \_\_\_\_\_

D. Name of Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled In Whose Name \_\_\_\_\_ Account Balance \_\_\_\_\_

### 3. MONEY MARKET/CDs

A. Name of Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled In Whose Name \_\_\_\_\_ Account Balance \_\_\_\_\_

B. Name of Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled In Whose Name \_\_\_\_\_ Account Balance \_\_\_\_\_

C. Name of Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled In Whose Name \_\_\_\_\_ Account Balance \_\_\_\_\_

4. STOCKS, BONDS OR MUTUAL FUNDS

A. # of Shares \_\_\_\_\_ Description \_\_\_\_\_  
Account # \_\_\_\_\_ Titled in Whose Name \_\_\_\_\_  
Purchase Price \_\_\_\_\_ Current Value \_\_\_\_\_  
B. # of Shares \_\_\_\_\_ Description \_\_\_\_\_  
Account # \_\_\_\_\_ Titled in Whose Name \_\_\_\_\_  
Purchase Price \_\_\_\_\_ Current Value \_\_\_\_\_

5. PROFIT SHARING, 401k, 403b, IRAs or PENSION PLANS

A. Description/Location/Name of Institution \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Current Value \_\_\_\_\_  
B. Description/Location/Name of Institution \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Current Value \_\_\_\_\_  
C. Description/Location/Name of Institution \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Current Value \_\_\_\_\_  
D. Description/Location/Name of Institution \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Current Value \_\_\_\_\_

6. BUSINESS OR PARTNERSHIP LLC or CORPORATE INTERESTS

A. Name \_\_\_\_\_  
Type of Ownership \_\_\_\_\_ Current Value \_\_\_\_\_  
B. Name \_\_\_\_\_  
Type of Ownership \_\_\_\_\_ Current Value \_\_\_\_\_  
C. Name \_\_\_\_\_  
Type of Ownership \_\_\_\_\_ Current Value \_\_\_\_\_

7. LIFE INSURANCE AND ANNUITIES

A. Name of Company \_\_\_\_\_ Policy Owner \_\_\_\_\_  
1<sup>st</sup> Beneficiary \_\_\_\_\_ 2<sup>nd</sup> Beneficiary \_\_\_\_\_  
Cash Value \_\_\_\_\_ Death Benefits \_\_\_\_\_  
B. Name of Company \_\_\_\_\_ Policy Owner \_\_\_\_\_  
1<sup>st</sup> Beneficiary \_\_\_\_\_ 2<sup>nd</sup> Beneficiary \_\_\_\_\_  
Cash Value \_\_\_\_\_ Death Benefits \_\_\_\_\_  
C. Name of Company \_\_\_\_\_ Policy Owner \_\_\_\_\_  
1<sup>st</sup> Beneficiary \_\_\_\_\_ 2<sup>nd</sup> Beneficiary \_\_\_\_\_  
Cash Value \_\_\_\_\_ Death Benefits \_\_\_\_\_

8. PERSONAL PROPERTY (Cars, Boats, Antiques, Jewelry, Coin Collections, etc.)

- |                      |                     |
|----------------------|---------------------|
| A. Description _____ | Approx. Value _____ |
| B. Description _____ | Approx. Value _____ |
| C. Description _____ | Approx. Value _____ |
| D. Description _____ | Approx. Value _____ |
| E. Description _____ | Approx. Value _____ |
| F. Description _____ | Approx. Value _____ |
| G. Description _____ | Approx. Value _____ |
| H. Description _____ | Approx. Value _____ |
| I. Description _____ | Approx. Value _____ |

9. PATENTS, COPYRIGHTS, OR TRADEMARKS? Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. MINERAL RIGHTS? Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. SAFE DEPOSIT BOX Location? \_\_\_\_\_

12. OTHER ASSETS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Does anyone owe you any money? Or do you owe anyone money?  
Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Total Value of Estate = \$ \_\_\_\_\_**

**III. TRUSTEES AND GUARDIANS**

A. Trustee(s) - Manages your trust now, usually you (and your spouse)

\_\_\_\_\_

B. Successor Trustee(s) - Steps in at your incapacity or death. Can be adult children, trusted friend, and/or a Corporate Trustee.

#1 Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

#3 Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

C. Guardian For Minor Children - Responsible adult who will raise your minor children if something happens to you.

#1 Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

D. Trustees For Minor Children - Manages inheritance. Can be same person as Guardian, another adult and/or a Corporate Trustee.

#1 Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**IV. BENEFICIARIES**

1. Special Gifts To Organizations - Do you want to make a gift to a charity, foundation, religious or fraternal organization?

A. Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Description of Gift \_\_\_\_\_

B. Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Description of Gift \_\_\_\_\_

2. Special Gifts To Individuals - Do you want to give any specific items to a family member or other individual? (For example: antique wedding dress to your daughter, original artwork to a son or nephew, etc.)

A. Name of Person \_\_\_\_\_  
Address \_\_\_\_\_  
Description of Gift \_\_\_\_\_

B. Name of Person \_\_\_\_\_  
Address \_\_\_\_\_  
Description of Gift \_\_\_\_\_

C. Name of Person \_\_\_\_\_  
Address \_\_\_\_\_  
Description of Gift \_\_\_\_\_

3. Primary Beneficiaries and Inheriting Instructions - Who do you want to receive the remainder of your estate after these gifts have been distributed? You can designate a dollar amount or a percentage and state whether the inheritance should be received outright or held in trust. \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you provide for someone who requires special care like and aging parent or a disabled child? \_\_\_\_\_

5. Alternate Beneficiaries - Who should receive your estate if you outlive all of the people you listed above ? \_\_\_\_\_

6. Disinheriting - Are there any relatives you do not want to receive anything from your estate? \_\_\_\_\_

### V. ADDITIONAL QUESTIONS

1. Date and Place of Marriage? \_\_\_\_\_

2. Do you have a pre or post nuptial agreement? \_\_\_\_\_

3. Any previous marriages? \_\_\_\_\_

4. Marriage Settlement Agreements? \_\_\_\_\_

5. Have you given any gifts of value? \_\_\_\_\_

6. Have you been given a Power of Appointment, Limited or General? \_\_\_\_\_

7. Are you a trustee of anyone's trust? \_\_\_\_\_

8. Do you expect to receive an inheritance? \_\_\_\_\_ How much? \_\_\_\_\_

9. Do you own property with others in Joint Tenancy? Describe: \_\_\_\_\_

10. Do you own property with others as Tenants in Common? Describe: \_\_\_\_\_

11. Do you own any property, real or personal, outside the U.S.? Describe: \_\_\_\_\_

12. Do you own an interest in a partnership, LLC, corporation or other entity which owns property, real or personal, outside the U.S.? Describe \_\_\_\_\_

13. Do you have any Separate Property? Describe: \_\_\_\_\_

14. Have you or a spouse received Medi Cal benefits? \_\_\_\_\_

**VI. POWER OF ATTORNEY FOR PROPERTY**

1. Who would you like to take care of your assets if you should become incapacitated?

#1 Choice - Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

#2 Choice - Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Should this Power be effective Immediately? \_\_\_\_\_

**VII. ADVANCE HEALTH CARE DIRECTIVE**

1. Who would you like to make health care decisions for you if you were unable to communicate your own wishes?

#1 Choice - Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

#2 Choice - Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

2. How do you feel about artificial prolongation of life? \_\_\_\_\_

Anatomical gifts? \_\_\_\_\_

Autopsy? \_\_\_\_\_

Nutrition/Hydration? \_\_\_\_\_