



Shasta Legacy Law Center

“Planning for peace of mind and wealth preservation.”

Confidential Estate Planning Questionnaire

Instructions:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- If you have prior estate planning documents, such as a Will or Trust, please bring them with you.
- If you are married, BOTH spouses must attend the first meeting. If for any reason, one spouse is unable to attend, or if you have a problem with this, please call in advance.
- PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE TO THE BEST OF YOUR ABILITY AND BRING TO YOUR APPOINTMENT. The more you complete, the better your meeting will be!

How did you find out about us?: Seminar Referral: _____

Part One: PERSONAL INFORMATION

TRUSTOR 1 LEGAL NAME: _____ Date of Birth: _____
First Middle Last

Also Known As _____
(other names used to title property and accounts)

Prefer to be called: _____ Social Security No. _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone _____ Work Phone: _____

Mobile Phone _____ Gender: Male Female

Email Address: _____

U.S. Citizen? Yes No Resident alien? Yes No Non-Resident Alien? Yes No

If not a U.S. Citizen, please state citizenship: _____

Veteran? Yes No

Currently married? Yes No If yes, date of marriage: _____ Previously married? Yes No

Are there any health issues of Trustor 1 that we need to be concerned about? Yes No

Please explain: _____

Are there any financial or creditor issues of Trustor 1 we need to be concerned about? Yes No

Please explain: _____

Have you ever made any gifts, other than small annual gifts, to your children, grandchildren, or other persons?

Yes No If yes, please describe: _____

Do all of your children get along? Yes No Not applicable

Do you have a trust with a previously deceased spouse? Yes No

Do you hold a power of appointment under any other person's trust or will? Yes No I don't know

TRUSTOR 2 LEGAL NAME: _____ Date of Birth: _____
First Middle Last

Also Known As _____
(other names used to title property and accounts)

Prefer to be called: _____ Social Security No. _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone _____ Work Phone: _____

Mobile Phone _____ Gender: Male Female

Email Address: _____

U.S. Citizen? Yes No Resident alien? Yes No Non-Resident Alien? Yes No

If not a U.S. Citizen, please state citizenship: _____

Veteran? Yes No

Currently married? Yes No If yes, date of marriage: _____ Previously married? Yes No

Are there any health issues of Trustor 2 that we need to be concerned about? Yes No

Please explain: _____

Are there any financial or creditor issues of Trustor 2 we need to be concerned about? Yes No

Please explain: _____

Have you ever made any gifts, other than small annual gifts, to your children, grandchildren, or other persons?

Yes No If yes, please describe: _____

Do all of your children get along? Yes No Not applicable

Do you have a trust with a previously deceased spouse? Yes No

Do you hold a power of appointment under any other person's trust or will? Yes No I don't know

CHILDREN

Child #1 Legal Name: _____ DOB: _____ Gender: Male Female

Also Known As _____ Prefers to be called: _____
(other names used to title property and accounts)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Child of: Both Trustors 1 Trustor 2 Adopted? Yes No Still living? Yes No

Is Child married? Yes No Spouse's Name: _____ Any concerns re: divorce? Yes No

Children? Yes No Names (ages) _____

Step-children? Yes No Names (ages) _____

Are there any health issues for this child or his/her family that we need to be concerned about? Yes No

Please explain: _____

Are there any concerns regarding this child's creditors or tax debts? Yes No

Please explain: _____

Are there any concerns regarding this child's ability to manage his/her inheritance? Yes No

Please explain: _____

Is this child a Special Needs child? Yes No

If this child is a minor, who should serve as his/her guardian in the event both of his natural parents are incapacitated or deceased? Name: _____ Relationship: _____

Disinherit this child? Yes No

Disinherit his/her descendants, too? Yes No

Child #2 Legal Name: _____ **DOB:** _____ **Gender:** Male Female

Also Known As _____ **Prefers to be called:** _____
(other names used to title property and accounts)

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Email Address: _____

Child of: Both Trustors 1 Trustor 2 **Adopted?** Yes No **Still living?** Yes No

Is Child married? Yes No **Spouse's Name:** _____ **Any concerns re: divorce?** Yes No

Children? Yes No **Names (ages)** _____

Step-children? Yes No **Names (ages)** _____

Are there any health issues for this child or his/her family that we need to be concerned about? Yes No

Please explain: _____

Are there any concerns regarding this child's creditors or tax debts? Yes No

Please explain: _____

Are there any concerns regarding this child's ability to manage his/her inheritance? Yes No

Please explain: _____

Is this child a Special Needs child? Yes No

If this child is a minor, who should serve as his/her guardian in the event both of his natural parents are incapacitated or deceased? Name: _____ **Relationship:** _____

Disinherit this child? Yes No

Disinherit his/her descendants, too? Yes No

Child #3 Legal Name: _____ **DOB:** _____ **Gender:** Male Female

Also Known As _____ **Prefers to be called:** _____
(other names used to title property and accounts)

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Email Address: _____

Child of: Both Trustors 1 Trustor 2 **Adopted?** Yes No **Still living?** Yes No

Is Child married? Yes No **Spouse's Name:** _____ **Any concerns re: divorce?** Yes No

Children? Yes No **Names (ages)** _____

Step-children? Yes No **Names (ages)** _____

Are there any health issues for this child or his/her family that we need to be concerned about? Yes No

Please explain: _____

Are there any concerns regarding this child's creditors or tax debts? Yes No

Please explain: _____

Are there any concerns regarding this child's ability to manage his/her inheritance? Yes No

Please explain: _____

Is this child a Special Needs child? Yes No

If this child is a minor, who should serve as his/her guardian in the event both of his natural parents are incapacitated or deceased? Name: _____ **Relationship:** _____

Disinherit this child? Yes No

Disinherit his/her descendants, too? Yes No

Child #4 Legal Name: _____ **DOB:** _____ **Gender:** Male Female

Also Known As _____ **Prefers to be called:** _____
(other names used to title property and accounts)

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Email Address: _____

Child of: Both Trustors 1 Trustor 2 **Adopted?** Yes No **Still living?** Yes No

Is Child married? Yes No **Spouse's Name:** _____ **Any concerns re: divorce?** Yes No

Children? Yes No **Names (ages)** _____

Step-children? Yes No **Names (ages)** _____

Are there any health issues for this child or his/her family that we need to be concerned about? Yes No

Please explain: _____

Are there any concerns regarding this child's creditors or tax debts? Yes No

Please explain: _____

Are there any concerns regarding this child's ability to manage his/her inheritance? Yes No

Please explain: _____

Is this child a Special Needs child? Yes No

If this child is a minor, who should serve as his/her guardian in the event both of his natural parents are incapacitated or deceased? Name: _____ **Relationship:** _____

Disinherit this child? Yes No

Disinherit his/her descendants, too? Yes No

Child #5 Legal Name: _____ **DOB:** _____ **Gender:** Male Female

Also Known As _____ **Prefers to be called:** _____
(other names used to title property and accounts)

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Email Address: _____

Child of: Both Trustors 1 Trustor 2 **Adopted?** Yes No **Still living?** Yes No

Is Child married? Yes No **Spouse's Name:** _____ **Any concerns re: divorce?** Yes No

Children? Yes No **Names (ages)** _____

Step-children? Yes No **Names (ages)** _____

Are there any health issues for this child or his/her family that we need to be concerned about? Yes No

Please explain: _____

Are there any concerns regarding this child's creditors or tax debts? Yes No

Please explain: _____

Are there any concerns regarding this child's ability to manage his/her inheritance? Yes No

Please explain: _____

Is this child a Special Needs child? Yes No

If this child is a minor, who should serve as his/her guardian in the event both of his natural parents are incapacitated or deceased? Name: _____ **Relationship:** _____

Disinherit this child? Yes No

Disinherit his/her descendants, too? Yes No

PETS

Pet #1 Name: _____ Date of Birth: _____

Also Known As _____ Prefers to be called: _____

Gender: Male Female Species: Cat Dog Horse Other: _____

Breed: _____

Plan of Distribution:

outright to _____ along with \$ _____ cash

Pet Trust with _____ as Trustee and _____ as Caretaker and \$ _____ cash

Pet #2 Name: _____ Date of Birth: _____

Also Known As _____ Prefers to be called: _____

Gender: Male Female Species: Cat Dog Horse Other: _____

Breed: _____

Plan of Distribution:

outright to _____ along with \$ _____ cash

Pet Trust with _____ as Trustee and _____ as Caretaker and \$ _____ cash

Pet #3 Name: _____ Date of Birth: _____

Also Known As _____ Prefers to be called: _____

Gender: Male Female Species: Cat Dog Horse Other: _____

Breed: _____

Plan of Distribution:

outright to _____ along with \$ _____ cash

Pet Trust with _____ as Trustee and _____ as Caretaker and \$ _____ cash

Pet #4 Name: _____ Date of Birth: _____

Also Known As _____ Prefers to be called: _____

Gender: Male Female Species: Cat Dog Horse Other: _____

Breed: _____

Plan of Distribution:

outright to _____ along with \$ _____ cash

Pet Trust with _____ as Trustee and _____ as Caretaker and \$ _____ cash

Pet #5 Name: _____ Date of Birth: _____

Also Known As _____ Prefers to be called: _____

Gender: Male Female Species: Cat Dog Horse Other: _____

Breed: _____

Plan of Distribution:

outright to _____ along with \$ _____ cash

Pet Trust with _____ as Trustee and _____ as Caretaker and \$ _____ cash

YOUR CONCERNS

Please rate the following as to how important they are to you:

(**H** high concern, **S** some concern, **L** low concern, **N/A** no concern or not applicable)

DESCRIPTION	Level of Concern	
	Trustor 1	Trustor 2
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Providing for and protecting pets.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a conservatorship ("living probate") in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children's inheritance from the possibility of failed marriages.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe _____</i>		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

Additional Information

Part Two: PROPERTY INFORMATION

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings, you may own more property than can be listed on this checklist. If so, attach extra sheets of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Trustor 1’s name alone, with no other person	T1
If married, Trustor 2’s name alone, with no other person	T2
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

Furniture and Personal Effects

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).
Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(indicate type below)

Stocks, Bonds or Investment Accounts	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity.

Type	Amount	Insurance Company	Whose Life is Insured?	Who Owns the Policy?	Beneficiary(ies)

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

Type	Current Value	Custodian	Plan Participant (T1 or T2)	Death beneficiary(ies)

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

Money Owed To You

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you. Include money owed by any children, grandchildren or other potential trust beneficiaries to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

Part Three: TRUSTEES, AGENTS, WITNESSES

DISABILITY/INCAPACITY TRUSTEE(S)

If you were unable to make financial decisions for yourself, who would you want to make financial decisions for you with regard to your TRUST assets?

Upon the DISABILITY of Trustor 1

- Trustor 2, if able, will serve as sole Trustee
- The following will serve as successor disability/incapacity trustee(s) for Trustor 1, in the order named, together with Trustor 2 if able instead of Trustor 2, even if Trustor 2 is able:
 - 1st, Name(s): _____ acting jointly independently
 - 2nd, Name(s): _____ acting jointly independently
 - 3rd, Name(s): _____ acting jointly independently
 - 4th, Name(s): _____ acting jointly independently

The determination of incapacity of Trustor 1 shall be made by:

- Trustor 2 alone, if alive and competent:
- A disability panel consisting of
 - Trustor 2 plus one two licensed physician(s)
 - _____ plus one two licensed physician(s)
 - Other: _____

In making distributions during any period of time Trustor 1 is incapacitated, the successor Trustee shall give primary consideration to:

- Disabled spouse, then needs of others. Disabled spouse and other spouse, and then needs of others
- Disabled spouse needs and the needs of others equally.

Upon the DISABILITY of Trustor 2

- Trustor 1, if able, will serve as sole Trustee
- The following will serve as successor disability/incapacity trustee(s) for Trustor 2, in the order named, together with Trustor 1 if able instead of Trustor 1, even if Trustor 1 is able:
 - 1st, Name(s): _____ acting jointly independently
 - 2nd, Name(s): _____ acting jointly independently
 - 3rd, Name(s): _____ acting jointly independently
 - 4th, Name(s): _____ acting jointly independently

The determination of incapacity of Trustor 2 shall be made by:

- Trustor 1 alone, if alive and competent:
- A disability panel consisting of
 - Trustor 1 plus one two licensed physician(s)
 - _____ plus one two licensed physician(s)
 - Other: _____

In making distributions during any period of time Trustor 2 is incapacitated, the successor Trustee shall give primary consideration to:

- Disabled spouse, then needs of others. Disabled spouse and other spouse, and then needs of others
- Disabled spouse needs and the needs of others equally.

DEATH TRUSTEE(S)

After you die, who would you want to make financial decisions for you with respect to your TRUST assets?

Upon the DEATH of Trustor 1

- Trustor 2, if able, will serve as sole Trustee
- The following will serve as successor death trustee(s) for Trustor 1, in the order named in addition to Trustor 2
 instead of Trustor 2, even if Trustor 2 is able:
 - 1st, Name(s): _____ acting jointly independently
 - 2nd, Name(s): _____ acting jointly independently
 - 3rd, Name(s): _____ acting jointly independently
 - 4th, Name(s): _____ acting jointly independently

Upon the DEATH of Trustor 2

- Trustor 1, if able, will serve as sole Trustee
- The following will serve as successor death trustee(s) for Trustor 2, in the order named in addition to Trustor 1
 instead of Trustor 1, even if Trustor 1 is able:
 - 1st, Name(s): _____ acting jointly independently
 - 2nd, Name(s): _____ acting jointly independently
 - 3rd, Name(s): _____ acting jointly independently
 - 4th, Name(s): _____ acting jointly independently

Will the Surviving Trustor have the power to change Trustees? **Yes** **No**

AGENT(S) / ATTORNEY(S) IN FACT UNDER FINANCIAL POWER OF ATTORNEY

If you were unable to make financial decisions for yourself, who would you want to make financial decisions for you with regard to your NON-TRUST assets?

For Trustor 1

- Trustor 2, if able, will serve as sole initial Agent effective immediately effective only upon incapacity
- The following will serve as Agent(s) for Trustor 1, in the order named as successors to Trustor 2 in addition to Trustor 2 instead of Trustor 2, even if Trustor 2 is able effective only if Trustor 1 is incapacitated:
- 1st, Name(s): _____ acting jointly independently
- 2nd, Name(s): _____ acting jointly independently
- 3rd, Name(s): _____ acting jointly independently
- 4th, Name(s): _____ acting jointly independently

For Trustor 2

- Trustor 1, if able, will serve as sole initial Agent effective immediately effective only upon incapacity
- The following will serve as Agent(s) for Trustor 2, in the order named as successors to Trustor 1 in addition to Trustor 1 instead of Trustor 1, even if Trustor 1 is able effective only if Trustor 2 is incapacitated:
- 1st, Name(s): _____ acting jointly independently
- 2nd, Name(s): _____ acting jointly independently
- 3rd, Name(s): _____ acting jointly independently
- 4th, Name(s): _____ acting jointly independently

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Trustor 1: Yes No

Trustor 2: Yes No

Gift Power Details: _____

AGENT(S) UNDER HEALTH CARE POWER OF ATTORNEY

If you were unable to make health care decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

For Trustor 1

- Trustor 2, if able, will serve as sole initial Health Care Agent
- The following will serve as Health Care Agent(s) for Trustor 1, in the order named as successors to Trustor 2 in addition to Trustor 2 instead of Trustor 2, even if Trustor 2 is able:
 - 1st, Name(s): _____ acting jointly independently
 - 2nd, Name(s): _____ acting jointly independently
 - 3rd, Name(s): _____ acting jointly independently
 - 4th, Name(s): _____ acting jointly independently

For Trustor 2

- Trustor 1, if able, will serve as sole initial Health Care Agent
- The following will serve as Health Care Agent(s) for Trustor 2, in the order named as successors to Trustor 1 in addition to Trustor 1 instead of Trustor 1, even if Trustor 1 is able:
 - 1st, Name(s): _____ acting jointly independently
 - 2nd, Name(s): _____ acting jointly independently
 - 3rd, Name(s): _____ acting jointly independently
 - 4th, Name(s): _____ acting jointly independently

Do you want to authorize your Health Care Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?

Trustor 1: Yes No

Trustor 2: Yes No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, your Health Care Agent may arrange for voluntary admission?

Trustor 1: Yes No

Trustor 2: Yes No

LIVING WILL

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Trustor 1: Yes No

Trustor 2: Yes No

Do you want to provide that your organs and tissues should be made available for transplant or other purposes?

Trustor 1: Yes No

Trustor 2: Yes No

WITNESSES

California law requires that your will be witnessed by two individuals. These individuals should be disinterested parties (not inheriting from you). Who would you like to bring as your witnesses?

Witness #1 Legal Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Witness #1 Legal Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Part Four: PLAN OF DISTRIBUTION

SPECIFIC DISTRIBUTIONS

You may provide for outright distributions of specific items even if most of your estate will remain in trust after you die. You need to decide in advance if the items include real estate, cash or financial investments (such as stocks, bonds, brokerage accounts). For tangible personal property, you do not need to decide in advance, but you may if you wish.

Example: \$xxxxx cash to _____

Example: My unimproved residential lot identified on the assessor's tax records as APN _____ to _____.

Please describe any specific distributions of cash, real estate, pets, or other to be distributed upon the death of Trustor 1, even if Trustor 2 is still alive:

Please describe any specific distributions of cash, real estate, pets, or other to be distributed upon the death of Trustor 2, even if Trustor 1 is still alive:

Please describe any specific distributions of cash, real estate, pets, or other to be distributed upon only upon the death of both Trustor 1 and Trustor 2:

TANGIBLE PERSONAL PROPERTY

Designate below how to distribute the Trustors' tangible personal property upon the death of both Trustors to the extent not already covered in Specific Distributions or in your Personal Property Memorandum.

- Equally to Children Other: _____
- With Residual Estate (see next page)

RESIDUAL ESTATE

After your specific distributions have been made, how would you like the balance of your estate to be distributed when you die?

For Trustor 1, if first to die:

- All to my spouse, unrestricted
- Income to my spouse
 - Monthly Quarterly Annually Only if needed for health, education, maintenance and support
- Principal
 - No access to principal Can withdraw up to \$5,000 or 5% per year Only if needed for health, education, maintenance and support

For Trustor 1, if second to die:

- Equally to Children
 - Outright In Trusts
 - Divorce protection trusts Divorce and Creditor Protection Trusts
- Other: _____

For Trustor 2, if first to die:

- All to my spouse, unrestricted
- Income to my spouse
 - Monthly Quarterly Annually Only if needed for health, education, maintenance and support
- Principal
 - No access to principal Can withdraw up to \$5,000 or 5% per year Only if needed for health, education, maintenance and support

For Trustor 2, if second to die:

- Equally to Children
 - Outright
 - In Trusts Divorce protection trusts Divorce and Creditor Protection Trusts
- Other: _____

LACK OF DESIGNATED BENEFICIARIES

How do you want your trust estate to be distributed if the named beneficiaries fail to survive the Trustors? This/these is/are your "remote contingent beneficiary(ies)".

Trustor 1

- My intestate heirs
- My spouse's intestate heirs
- Named individual(s): _____
- Named charities: _____

Trustor 2

- My intestate heirs
- My spouse's intestate heirs
- Named individual(s): _____
- Named charities: _____