

PARTICULARS OF THIS MARRIAGE

Date and place of marriage: _____

Did you sign a pre-nuptial (antenuptial) contract or agreement? Yes No

If so, attach a copy.

During this marriage, if either of you have ever lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin), please specify the name of the state(s) and the date(s) of residence: _____

Do you know of any person, such as a possible illegitimate child, previous spouse, or live-in partner who might potentially make a claim against your estate? If so, specify,

PARTICULARS OF FORMER MARRIAGES

Husband: Former Marriages No Yes If yes, how many? _____

Full Name of former wife: _____

Divorce Year _____ Annulment Year _____ Death Date (M/D/Y) _____

Full Name of former wife: _____

Divorce Year _____ Annulment Year _____ Death Date (M/D/Y) _____

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Wife: Former Marriages No Yes If yes, how many? _____

Full Name of former husband: _____

Divorce Year _____ Annulment Year _____ Death Date (M/D/Y) _____

Full Name of former husband: _____

Divorce Year _____ Annulment Year _____ Death Date (M/D/Y) _____

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FAMILY INFORMATION - LIST ALL CHILDREN

Definition of Children or Issue (Both Questions must Be Answered)

Should Adopted Children / Grandchildren be treated as natural issues? Yes No

Should stepchildren / step grandchildren be treated as natural issues? Yes No

C = Children of Current Marriage

W = Child of spouse only

H = Husband's child

A = Adopted (Specify H or W)

Please indicate one of the following for deceased children

DC= Deceased WITH CHILDREN

DN= Deceased with NO CHILDREN

(Circle one or more codes as needed)

<u>CHILD'S FULL NAME</u>	<u>BIRTH DATE</u>	<u>SEX</u>	<u>PARENT CODES</u>	<u>FATHER/MOTHER</u>
_____	_____	M / F	C A H W DC DN	_____
_____	_____	M / F	C A H W DC DN	_____
_____	_____	M / F	C A H W DC DN	_____
_____	_____	M / F	C A H W DC DN	_____
_____	_____	M / F	C A H W DC DN	_____

TRUST INFORMATION

Settlors are the creators of the Trust. Trustees are the managers of the Trust. Unless otherwise specified it is assumed the Original Trustees are also the Settlers.

- Husband and wife to serve together as Original Trustees
- Husband to serve alone as an Original Trustee
- Wife to serve alone as Original Trustee
- The individual(s) named below to serve as Original Trustee(s)

Name

Address, City, State, Zip & Phone #

_____	_____
_____	_____
_____	_____
_____	_____

If you named more than one Original Trustee, and one of your selected Trustees is unable to act, do you want the others to be sole Trustee: Yes No

CO-TRUSTEES

Optional designation of an individual to serve as Co-Trustee with surviving spouse.

Co-Trustee: _____

SUCCESSOR TRUSTEE(S)

You need to identify at least two individuals who you would want to step into your shoes to manage, or allocate and distribute your estate upon the death of Original Trustees. Unless otherwise specified, the Successor Trustees will have the same power as the Original Trustees.

Name	Address, City, State, Zip & Phone #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

The above to serve in order

 The above to serve together
 Other, describe as follows: _____

PERSONAL REPRESENTATIVE(S) / EXECUTOR(S)

The Personal Representative/Executor would administer the decedent's probate estate if you have inadvertently left assets outside of your Trust. This person may also be responsible for making certain tax elections (QTIP).

Husband's

Name	Address, City, State, Zip & Phone #
Primary : _____	_____
Alt Rep 1: _____	_____
Alt Rep 2: _____	_____
Alt Rep 3: _____	_____

Wife's

Name	Address, City, State, Zip & Phone #
Primary : _____	_____
Alt Rep 1: _____	_____
Alt Rep 2: _____	_____
Alt Rep 3: _____	_____

NOMINATION OF CONSERVATOR/GUARDIAN

The Conservator is the individual you choose to be responsible for any property held outside of your Trust in the event that you are found incompetent in a court of law. The guardian is the individual you choose to be responsible for your person.

Husband

Name

Address, City, State, Zip & Phone #

Primary: _____

Alternative _____

Wife

Name

Address, City, State, Zip & Phone #

Primary: _____

Alternative _____

GUARDIAN FOR MINOR OR DISABLED CHILDREN

If you have a minor or handicapped child you will want to name a guardian (ex. you can use one of your adult children, a close family member, or a close friend, or anyone of your choosing.)

Name

Address, City, State, Zip & Phone #

Primary: _____

Alternative _____

DURABLE POWER OF ATTORNEY

The most important feature of the Durable Power of Attorney is that it names the individuals authorized to act for you in financial and /or health care matters should you be unable to do so yourself.

Financial Attorney in Fact:

HUSBAND'S

Name

Address, City, State, Zip & Phone #

Primary : _____

Alt Agt 1: _____

Alt Agt2: _____

WIFE'S

Name

Address, City, State, Zip & Phone #

Primary : _____

Alt Agt 1: _____

Alt Agt2: _____

Medical Attorney in Fact / Health Care:

HUSBAND'S

Name

Address, City, State, Zip & Phone #

Primary : _____

Alt Agt 1: _____

Alt Agt2: _____

WIFE'S

Name

Address, City, State, Zip & Phone #

Primary : _____

Alt Agt 1: _____

Alt Agt2: _____

TRUST DISTRIBUTION

A special bequest is the allocation and distribution of assets (cash or personal property) to an individual or charitable organization (include address & phone #) upon death. (E.g. \$3000 to St. John Church).

Individual's Name:

Asset

Contingent Beneficiary: _____

Contingent Beneficiary: _____

Charity or Organization:

Asset

Address: _____

Phone #: _____

DISTRIBUTION OF THE REMAINING TRUST ESTATE

Divide equally among the beneficiaries named below.

Divide among the beneficiaries named below in the proportions indicated

<u>Beneficiary Name</u>	<u>Relationship</u>	<u>Sex</u>	<u>Percentage</u>
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____

Immediate distribution

Child's share to be placed in a mandatory trust to be distributed when the child attains the age of : ____ (Age 25 if not specified). Child will receive income and principal in discretion of Trustee for health, education, maintenance and support.

Periodic income payments with distribution of principal at the times specified below:

Principal distribution (% or \$): _____ at age _____; _____ at age _____; and _____ at age _____.

ADDITIONAL DISTRIBUTION INFORMATION

If a beneficiary predeceases you, his or her share is to be:

Divided equally among that beneficiary's children, if any, at age: _____.

If beneficiary has no children, their share is distributed to remaining Trust beneficiaries in equal shares unless otherwise noted below.

Divided among the remaining beneficiaries in equal shares.

Other: _____

If all of the above beneficiaries and their children predecease you:

Distribution to heirs at law

Distribution to individual, charity or organization (include name, phone #, and address):

Most families have their Trust restrict the benefits of a minor beneficiary until they reach the age of twenty - five (25). Do you have any minor beneficiaries for whom this might not be appropriate?

Generally, your estate will go only to blood-line descendants, and not to descendants-in-law. Do you have any special concerns, or wish to make any special provisions for descendant-in-law?

SPECIFIC EXCLUSIONS

List below any family member(s) who are to be specifically excluded from allocation and distribution of your estate (specify relationship - for example: John Smith, brother or John Smith, son):

FUNERAL INSTRUCTIONS

Do you have any special burial or funeral instructions?

SPECIAL CONCERNS / CIRCUMSTANCES

List any special concerns for children or grandchildren, such as college education plans, physical or mental health problems, difficulty managing money, extenuating circumstances, etc. You may also list special instruction for care of pets.

Does either spouse expect to receive an inheritance that would greatly influence their estate plan? If so, please include relevant information:

ADDITIONAL COMMENTS / INFORMATION



I have carefully reviewed this questionnaire and I hereby instruct 1-DAY DOCUMENT ASSISTANCE to use the information contained in this questionnaire in the preparation of my Living Trust, Will, Power of Attorney, living will and other documents. I understand that it is my obligation to inform 1-DAY DOCUMENT ASSISTANCE of any changes or updates regarding the information contained in this questionnaire. For a fee of \$_____ 1-DAY DOCUMENT ASSISTANCE will perform only document preparation services for me. I understand that 1-DAY DOCUMENT ASSISTANCE is a non-attorney service. I declare under penalty of perjury under the law of the State of California that the information contained herein is true and correct.

Dated: _____

Signature: _____

Print Name: _____

Signature _____

Print Name: _____

INVENTORY WORKSHEET

Make a complete inventory of your assets is the first step in preparing an estate plan. The chart below shows you how to organize you inventory for easy reference.

<u>Assets</u>	<u>In your name</u>	<u>In yours spouses name</u>	<u>In joint names</u>
Your Home (current value):	\$ _____	\$ _____	\$ _____
Other real estate:	\$ _____	\$ _____	\$ _____
Bank accounts (checking & savings):	\$ _____	\$ _____	\$ _____
Other cash accounts: (money market funds, savings bonds, brokerage cash accounts, etc)	\$ _____	\$ _____	\$ _____
Stocks, bonds, and mutual funds:	\$ _____	\$ _____	\$ _____
Life Insurance (face value):	\$ _____	\$ _____	\$ _____
Business partnership interests:	\$ _____	\$ _____	\$ _____
Retirement plan accounts:	\$ _____	\$ _____	\$ _____
• IRA	\$ _____	\$ _____	\$ _____
• Keogh	\$ _____	\$ _____	\$ _____
• SEP	\$ _____	\$ _____	\$ _____
• Other (such as 401K or profit sharing plans)	\$ _____	\$ _____	\$ _____
Personal property (Replacement value of jewelry, autos, household furnishings, etc)	\$ _____	\$ _____	\$ _____
Annuities, trusts or other assets	\$ _____	\$ _____	\$ _____
Collectibles (market value of fine art, precious metals, etc.)	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____
 <u>Liabilities</u>			
Mortgages	\$ _____	\$ _____	\$ _____
Life insurance loans	\$ _____	\$ _____	\$ _____
Other loans or debts	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	\$ _____
 <u>Net Estate</u> (assets less liabilities)	 \$ _____	 \$ _____	 \$ _____