
TRUST DECISIONS: YOUR LIVING TRUST TEAM

1. Trustee(s) - Manages your trust now; usually you (and your spouse) and/or a Corporate Trustee.

2. Successor Trustee(s) - Steps in at your incapacity or death; can be an adult child, trusted friend, and/or a Corporate Trustee.

#1 Choice: Name _____ Phone _____

Address _____

#2 Choice: Name _____ Phone _____

Address _____

#3 Choice: Name _____ Phone _____

Address _____

3. 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 _____

4. 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 _____

BENEFICIARIES

1. Special Gifts To Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

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: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Address	Description of Gift

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person/Organization	Address	Amount/Percentage

4. Inheriting Instruction

Do you want your Beneficiaries to receive their inheritance in installments, at certain ages, or all at once?

5. Dependents Who Require Special Care

Do any of your dependents (aging parents, disabled children) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet)?

Name	Age	Relationship	Explanation

6. Alternate Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you have named above?

Name of Person/Organization	Address	Amount/Percentage

7. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

WILL: This document will allow assets that were not owned by your Trust to be transferred to your Trust. The person named below is referred to as the **Personal Representative**.

You

#1 Choice: Name _____ Phone _____

Address _____

#2 Choice: Name _____ Phone _____

Address _____

#3 Choice: Name _____ Phone _____

Address _____

Your Spouse

#1 Choice: Name _____ Phone _____

Address _____

#2 Choice: Name _____ Phone _____

Address _____

#3 Choice: Name _____ Phone _____

Address _____

SPECIAL INSTRUCTIONS:

GENERAL DURABLE POWER OF ATTORNEY: This document lets you choose the person you want to make non-healthcare decisions for you.

You

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

#3 Choice: Name _____ Phone _____
Address _____

Check one: Authority is immediate Authority is granted ONLY if one doctor states I lack capacity
 Authority is immediate for my spouse only; authority is granted ONLY if one doctor states I lack capacity for all other agents.

Your Spouse

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

#3 Choice: Name _____ Phone _____
Address _____

Check one: Authority is immediate Authority is granted ONLY if one doctor states I lack capacity
 Authority is immediate for my spouse only; authority is granted ONLY if one doctor states I lack capacity for all other agents.

AGENT’S POWERS:

- I do not wish to place any restrictions on my agent’s authority.
- I do not wish to grant my agent the following powers:
 - To create, amend or revoke trusts.
 - To gift.
 - To change beneficiary or ownership designations.
 - Other _____

SPECIAL INSTRUCTIONS:

HEALTH CARE DOCUMENTS: These documents let you choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. Choose someone you trust; spouse, friend or other relative. (Your doctor or employee of your healthcare provider typically can not act.) List your choices below:

You

#1 Choice: Name _____ Phone _____
 Address _____

#2 Choice: Name _____ Phone _____
 Address _____

#3 Choice: Name _____ Phone _____
 Address _____

Your Spouse

#1 Choice: Name _____ Phone _____
 Address _____

#2 Choice: Name _____ Phone _____
 Address _____

#3 Choice: Name _____ Phone _____
 Address _____

Are you considering **anatomical gifts**?

You		Your Spouse	
Yes	No	Yes	No

Who do you want to your healthcare professionals to be able to talk to about your health (generally your family and close friends)? Note: this does not give these individuals the ability to make decisions on your behalf.

You	Your Spouse

SPECIAL INSTRUCTIONS/FUNERAL INSTRUCTIONS:
