

SPOUSE 2:

Name (First, Middle, Last) **Social Security No.** **Date of Birth**

Home Address (Number, Street)

City **County** **State** **Zip**

Home Phone **Work Phone** **Facsimile Number**

Email Address

Name and Date of Previous Marriage(s): _____

CHILDREN:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Date of Death</u>

Any children of a predeceased child? Yes No
If yes, do you want the children of the predeceased child to receive his/her share? Yes No - Disinherit

Children of Previous Marriage(s) - **SPOUSE 1:**

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Date of Death</u>

Any children of a predeceased child? Yes No
If yes, do you want the children of the predeceased child to receive his/her share? Yes No - Disinherit

Children of Previous Marriage(s) - **SPOUSE 2:**

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Date of Death</u>

Any children of a predeceased child? Yes No
If yes, do you want the children of the predeceased child to receive his/her share? Yes No - Disinherit

TRUSTEE(S) - One to manage your trust when you and/or your spouse cannot.

#1 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

#2 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

Individually in Order Set Forth

Co -Successor Trustees

DURABLE POWERS OF ATTORNEY - ASSETS

The attorney-in-fact for spouses are generally each other. If your spouse cannot act in said capacity:

SPOUSE 1

#1 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

#2 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

Individually in Order Set Forth

Co -Attorneys-in-Fact

SPOUSE 2

#1 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

#2 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

Individually in Order Set Forth

Co -Attorneys-in-Fact

**ADVANCE HEALTH CARE DIRECTIVE –
HEALTH CARE DECISIONS SPOUSE 1**

The agent for health care decisions for spouses are generally each other. If your spouse cannot act in said capacity:

#1 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

#2 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

Individually in Order Set Forth Co-Successor Agents

Name, address and telephone number of primarycare physician: _____

Specific instructions regarding funeral, memorial service, burial, or cremation, if any: _____

Do you want your agent to have authority to make anatomical gifts? Yes No

Do you want to direct your agent to maintain your affiliation with a particular church? Yes No. If yes, state the

Name of the church and the city in which it is located: _____

**ADVANCE HEALTH CARE DIRECTIVE –
HEALTH CARE DECISIONS SPOUSE 2**

The agents for health care decisions for spouses are generally each other. If your spouse cannot act in said capacity:

#1 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

#2 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

Individually in Order Set Forth Co-Successor Agents

Name, address and telephone number of primarycare physician: _____

Specific instructions regarding funeral, memorial service, burial, or cremation, if any: _____

Do you want your agent to have authority to make anatomical gifts? Yes No

Do you want to direct your agent to maintain your affiliation with a particular church? Yes No. If yes, state the

Name of the church and the city in which it is located: _____

POUR-OVER WILL

Governs assets outside of the Trust. An Executor will administer the terms of the Pour-Over Will.

Spouses are generally each other's first choice Executor. If your spouse cannot act in said capacity. For the most part, the order of choice for your Trustees are followed in the pour-over Will:

SPOUSE 1

#1 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

#2 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

[] Individually in Order Set Forth [] Co -Successor Executors

SPOUSE 2

#1 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

#2 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

[] Individually in Order Set Forth [] Co -Successor Executors

GUARDIANS FOR MINOR CHILDREN

Responsible Adult who will raise your children should something happen to you.

#1 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: _____

#2 Choice: Name(s) _____ Relationship: _____

Address: _____ City: _____

State and Zip: _____ Phone Number: : _____

[] Individually in order set forth [] Co-Guardian

BENEFICIARIES

In the case of minor beneficiaries, unless otherwise advised, no distribution will take place until they reach the age of 25, except for health, education and the well-being of the minor beneficiaries at the Trustee's Discretion.

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Amount/Percentage</u>
----------------------------	---------------------	--------------------------

ALTERNATE BENEFICIARIES - in the event the above named beneficiary(ies) predecease you, how do you want the deceased beneficiary(ies) portion to be distributed:

[] Issue (children) of a deceased beneficiary [] To the surviving beneficiary(ies)

SPECIAL CARE/NEEDS - Name any beneficiary(ies) who received Supplemental Security Income (SSI), Medicaid or Medi-Cal:

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

If yes, provide name and relationship:

SPECIAL REQUESTS OF PROPERTY

If there are certain items of property, real or personal that you wish an individual or charity to have please give name of beneficiary and item to be gifted:

In the event the above named beneficiary(ies) predecease you, how do you want the deceased beneficiary(ies) specific gift to be distributed:

[] Issue (children) of a deceased beneficiary [] Return to remainder estate for distribution

CHARITABLE REQUESTS OF PROPERTY

If there are gifts you would like to leave to a charity, school, or religious institution, please give the names and addresses of each and the item or amount to be gifted.

In the event one of the above-named charities are not in existence, how do you want to handle the gift:

to remaining charities listed lapse, return to remainder estate for distribution

SECTION TWO - LIST OF ASSETS

REAL ESTATE - (include Residence, Time Shares, Investment Properties. Also include current title, Assessor Parcel Numbers and approximate valuation)

REAL ESTATE IN OTHER STATES – (include current title, Assessor Parcel Numbers and approximate valuation)

CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET, ONLINE ACCOUNTS - (include bank name address, account numbers and approximate valuations)

INVESTMENT ACCOUNTS – (include name and address of broker and investment advisor, account numbers and approximate valuations)

CRYPTOCURRENCY (Digital Currency) – (include currency name (i.e. Bitcoin), account information and approximate valuations)

ANNUITIES - NON-QUALIFIED (FIXED AND VARIABLE) - (include name, address of owner, policy number and beneficiary)

INSURANCE - (type, face amount, cash value, name of insurance company and policy no.)

RETIREMENT PLANS - (IRA, 401K, qualified plans)

OWNERSHIP INTERESTS IN PRIVATELY HELD CORPORATIONS, LLCs, OR PARTNERSHIPS - (include name of entity and percentage interest owned)

MISCELLANEOUS ITEMS OF VALUE - (*i.e.* jewelry, coin collections, paintings, and other art work)