

Workbook for Individual Trust



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ESTATE PLANNING WORKBOOK

INDIVIDUAL TRUST

PLEASE PRINT YOUR ENTRIES CLEARLY AND LEGIBLY. Fill this Workbook out in its entirety to the best of your ability. If you need more space, use another sheet of paper and attach it.

A. FAMILY FACTS

Your Full Legal Name: _____

Name as it will appear on your Trust documents: _____

(Should match most commonly used signature, i.e. with or without middle initial or middle name.)

Date of Birth: _____

Social Security Number: _____

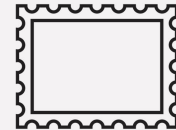
US CITIZEN: ☐ Yes ☐ No

Driver's License Number: _____

Home Address: _____

Mailing Address: _____

(If different) _____



Phone Numbers/Email addresses:

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Email Address: _____



MARITAL STATUS

Are you currently married? ☐ No ☐ Yes (complete the following)

Spouse: _____

Date: _____

Previous Marriage/s?

Husband: ☐ No ☐ Yes (complete the following)

Date of wedding: _____

Date marriage ended: _____

☐ Divorced

☐ Widowed

Name of Former Spouse: _____

Date of wedding: _____

Date marriage ended: _____

☐ Divorced

☐ Widowed

Name of Former Spouse: _____

Wife: ☐ No ☐ Yes (complete the following)

Date of wedding: _____

Date marriage ended: _____

☐ Divorced

☐ Widowed

Name of Former Spouse: _____

Date of wedding: _____

Date marriage ended: _____

☐ Divorced

☐ Widowed

Name of Former Spouse: _____

CHILDREN (if you do not have children, skip this section)

Children of this marriage:

1. Child's Full Name: _____ Birth date: _____

2. Child's Full Name: _____ Birth date: _____

3. Child's Full Name: _____ Birth date: _____

4. Child's Full Name: _____ Birth date: _____

5. Child's Full Name: _____ Birth date: _____



Do you have any children who are now deceased? ☐ No ☐ Yes (complete the following)

1. Child's Full Name: _____ Birth date: _____

2. Child's Full Name: _____ Birth date: _____

3. Child's Full Name: _____ Birth date: _____

4. Child's Full Name: _____ Birth date: _____

Do any of your children have special needs or circumstances? ☐ No ☐ Yes:

1. Child's Full Name: _____

Nature of special circumstance: ☐ Medical ☐ Physical ☐ Psychological ☐ Educational
☐ Substance abuse/addiction ☐ Not Financially Responsible ☐ Other

Please explain special need or diagnosis: _____

2. Child's Full Name: _____

Nature of special circumstance: ☐ Medical ☐ Physical ☐ Psychological ☐ Educational
☐ Substance abuse/addiction ☐ Not Financially Responsible ☐ Other

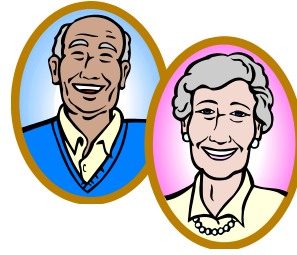
Please explain special need or diagnosis: _____

FAMILY MEMBERS

Living Parents:

Father: _____

Mother: _____



Living Brothers and/or Sisters: (Circle 'B' for Brother, 'S' for Sister)

_____	B/S	_____	B/S
_____	B/S	_____	B/S
_____	B/S	_____	B/S
_____	B/S	_____	B/S

Grandchildren:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GENERAL INFORMATION

Do you have a Will or Trust now?

☐ No ☐ Yes

If yes, please provide us with a copy.

Do you have any written marital agreements?

☐ No ☐ Yes

Do you have any adopted children?

☐ No ☐ Yes

If yes, are they to be treated as your natural children?

☐ No ☐ Yes

Do you have any step-children?

☐ No ☐ Yes

If yes, are they to be treated as your natural children?

☐ No ☐ Yes

Do any of your beneficiaries owe you money?

☐ No ☐ Yes

If yes, and money is still owed at the time of your death, do you want to:

☐ Forgive the loan

☐ Forgive part of the loan: \$ _____

☐ Offset the amount due from that beneficiary's inheritance



B. YOUR ASSETS

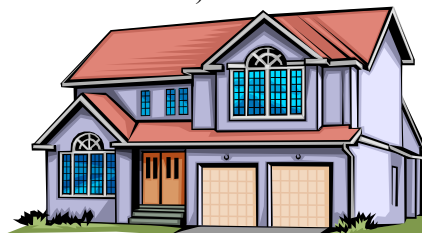
The purpose of this section is to determine the approximate total value of what you own, that is, the size of your estate. We do not need exact numbers, and we understand asset values can change with time. Remember, we are not financial planners.

► **REAL ESTATE:** This includes your home and any rental property, timeshares, lots, etc. We will need a copy of the **Grant Deed** for any property we will be transferring to your Trust. (If you cannot locate your Grant Deed(s), we may be able to obtain a copy for you at additional cost.)

YOUR HOME

Do you own your home? ☐ No ☐ Yes

(If yes, complete the following section.)



APN (Assessor's Parcel Number): _____
(This number can be found on your property tax bill.)

1. How much could you sell this property for: \$ _____
2. How much do you owe on this property: \$ _____
3. To determine your equity, subtract 2 from 1: \$ _____

OTHER PROPERTY

Do you own other real property? ☐ No ☐ Yes

(If yes, complete the following section.)

1. Address: _____

APN (Assessor's Parcel Number): _____

Is this property in California? ☐ No ☐ Yes, Which county: _____

1. How much could you sell this property for: \$ _____
2. How much do you owe on this property: \$ _____
3. To determine your equity, subtract 2 from 1: \$ _____

2. Address: _____

APN (Assessor's Parcel Number): _____

Is this property in California? ☐ No ☐ Yes, Which county: _____

1. How much could you sell this property for: \$ _____

2. How much do you owe on this property: \$ _____

3. To determine your equity, subtract 2 from 1: \$ _____



3. Address: _____

APN (Assessor's Parcel Number): _____

Is this property in California? ☐ No ☐ Yes, Which county: _____

1. How much could you sell this property for: \$ _____

2. How much do you owe on this property: \$ _____

3. To determine your equity, subtract 2 from 1: \$ _____

4. Address: _____

APN (Assessor's Parcel Number): _____

Is this property in California? ☐ No ☐ Yes, Which county: _____

1. How much could you sell this property for: \$ _____

2. How much do you owe on this property: \$ _____

3. To determine your equity, subtract 2 from 1: \$ _____

<i>TOTAL VALUE OF EQUITY IN YOUR REAL PROPERTY:</i> \$ _____



➡ **IRA's, 401-K's AND THE LIKE:** In this section we are asking about the value of your IRA's, 401-K's and other retirement accounts that are tax deferred until you start taking distributions when you reach a certain age. Do you have retirement accounts? ☐ No (skip this section) ☐ Yes:

IRA(s) with a total value of: \$ _____

Roth IRA(s) with a total value of: \$ _____

401-K(s) with a total value of: \$ _____

Keogh Plan with a total value of: \$ _____

Other plan(s) with a total value of: \$ _____

Total value of these accounts: \$ _____

TOTAL VALUE OF YOUR IRA's, 401K's, etc:

\$ _____

➡ **STOCKS, BONDS, MUTUAL FUNDS, ETC.:** We know stocks, bonds and mutual funds go up and down in value; all we need is an **estimate**. *Do not include retirement funds (IRA's or 401K's, etc.)*

Do you have these types of investments? ☐ No (skip this section) ☐ Yes:

How do you hold your stocks and bonds?

☐ We have the certificates for each stock and/or bond at home or in our safe deposit box.

☐ We have an account/s, with a broker/s, and all of our stocks, bonds and mutual funds are in these accounts.

☐ We have certificates in our possession and account/s with a broker/s.



TOTAL VALUE OF STOCKS, BONDS AND MUTUAL FUNDS:

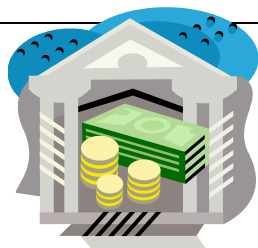
\$ _____

➡ **CERTIFICATES OF DEPOSIT:** Do you have money in CD's? ☐ No (skip this section) ☐ Yes:

If yes, how many different Certificates of Deposit do you have? _____

TOTAL VALUE OF YOUR CERTIFICATES OF DEPOSIT:

\$ _____



➡**CHECKING, SAVINGS AND MONEY MARKET ACCOUNTS:** We understand that the balances in checking, savings and money market accounts fluctuate. What we are looking for here is your best estimate of the average balances in these accounts. *Do not include business or commercial accounts.*

CHECKING ACCOUNTS

Do you have personal checking account(s)? ☐ No ☐ Yes

What is the total average monthly balance in your checking accounts? \$ _____

SAVINGS ACCOUNTS

Do you have personal savings account(s)? ☐ No ☐ Yes

What is the total average monthly balance in your savings accounts? \$ _____



MONEY MARKET ACCOUNTS

Do you have money market account(s)? ☐ No ☐ Yes

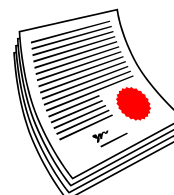
What is the total average monthly balance in your money market accounts? \$ _____

TOTAL CHECKING, SAVINGS, MONEY MARKET ACCOUNTS: \$ _____

➡**LIFE INSURANCE:** Life insurance is a part of your estate for Estate Tax (Death Tax) purposes, so we need to know what type of life insurance you have so that we can minimize the Death Tax consequences to your estate. (Remember you may have life insurance as part of your benefits at work.)

Do you have life insurance? ☐ No ☐ Yes

If yes, please supply the following information on each policy:



Name of Insurance Company:	Death Benefit:
	\$
	\$
	\$
	\$
	\$

TOTAL VALUE OF LIFE INSURANCE DEATH BENEFITS: \$ _____

► **BUSINESSES, ETC...:** In this part we need some information on any businesses you own. How you are doing business, and how much the business would be worth if you died? We realize that the value may be difficult to determine, but do your best. If you have a CPA, he/she may be able to help you.

Do you own an interest in a business/es? ☐ No ☐ Yes

If yes, please provide the following information for each business:



1. Name of Business _____

- | | |
|--|---|
| ☐ Sole Proprietorship | ☐ General Partnership |
| ☐ California Corporation | ☐ Non-California Corporation located in: _____ |
| ☐ California Ltd. Partnership | ☐ Non-Cal. Ltd. Partnership located in: _____ |
| ☐ California LLC | ☐ Non-California LLC located in: _____ |
| ☐ California LLP | ☐ Non-California LLP located in: _____ |

Percentage of ownership: _____ % Estimated value of your interest: \$ _____

2. Name of Business _____

- | | |
|--|---|
| ☐ Sole Proprietorship | ☐ General Partnership |
| ☐ California Corporation | ☐ Non-California Corporation located in: _____ |
| ☐ California Ltd. Partnership | ☐ Non-Cal. Ltd. Partnership located in: _____ |
| ☐ California LLC | ☐ Non-California LLC located in: _____ |
| ☐ California LLP | ☐ Non-California LLP located in: _____ |

Percentage of ownership: _____ % Estimated value of your interest: \$ _____



3. Name of Business _____

- | | |
|--|---|
| ☐ Sole Proprietorship | ☐ General Partnership |
| ☐ California Corporation | ☐ Non-California Corporation located in: _____ |
| ☐ California Ltd. Partnership | ☐ Non-Cal. Ltd. Partnership located in: _____ |
| ☐ California LLC | ☐ Non-California LLC located in: _____ |
| ☐ California LLP | ☐ Non-California LLP located in: _____ |

Percentage of ownership: _____ % Estimated value of your interest: \$ _____

TOTAL EST. VALUE OF ALL YOUR BUSINESS INTERESTS: \$ _____
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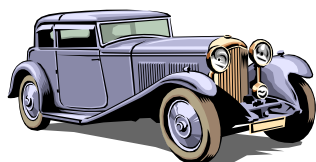
➡ **OTHER ASSETS OF VALUE:** Do **NOT** include things like collectibles, stamp or coin collections, the family car(s) or RV's; but rather other valuables such as boats, antique cars, rare and/or very expensive items, oil or mineral rights, inheritance or expected inheritance, etc. (Again you may have to estimate the value of these assets.)

Item:	Value:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____



TOTAL ESTIMATED VALUE OF OTHER ASSETS:

\$ _____



SUMMARY OF YOUR ESTATE: This is just a summary of the values you have indicated in each of the previous asset categories. Write in the total amounts for each category in the space provided below:

REAL PROPERTY	\$ _____
IRA's, 401K's, etc.	\$ _____
STOCKS, BONDS & MUTUAL FUNDS	\$ _____
CERTIFICATES OF DEPOSIT	\$ _____
CHECKING, SAVINGS & MONEY MARKET ACCOUNTS ...	\$ _____
LIFE INSURANCE BENEFITS	\$ _____
BUSINESS INTERESTS	\$ _____
OTHER ASSETS OF VALUE	\$ _____

(Now add up these totals to determine the estimated total value of your estate.)

ESTIMATED TOTAL VALUE OF YOUR ESTATE:

\$ _____

C. YOUR LIVING TRUST

WHO DO YOU TRUST? If you were not able to manage your financial affairs due to illness or disability, who would you trust to manage your affairs? Those you list below will be your Agents (after each other) with Power of Attorney for Financial Purposes (able to sign for you if you can't) and the Conservators of your Estate, if that becomes necessary. When you have died, who would you trust to distribute your assets? Those you name here will become your Successor Trustees and the Executors of your Will.

(NOTE: Remember that you will be acting as Primary Trustee; those you list below will only take over as Successor Trustees when you can no longer act as Trustee due to disability or death.

You may designate up to three alternates here. We recommend that you name at least two.)

SUCCESSOR TRUSTEES/EXECUTORS/AGENTS

1. **Name:** _____ **Age:** _____

Address: _____

Telephone Number: _____)

(Relationship: _____

Driver License Number: _____ **State:** _____

2. **Name:** _____ **Age:** _____

Address: _____

Telephone Number: () _____

Relationship: _____

Driver License Number: _____ **State:** _____

(Optional)

3. **Name:** _____ **Age:** _____

Address: _____

Telephone Number: () _____

Relationship: _____

Driver License Number: _____ **State:** _____



GENERAL DISTRIBUTION

Who do you want to receive your estate (your money and property) after your death?

☐ Your child/ren in equal shares

☐ Other instructions (see chart below)

Beneficiary's Name, Address, & Phone Number:	Relationship:	Share: (Percentage)

At what age would you like your beneficiaries to receive their share of your estate?

All at once when you die? ☐ Yes ☐ No

If "No", at what age:

☐ 18 (not advised)

☐ 21

☐ 25

☐ 30

☐ Other: _____



If one of your beneficiaries should die before you, who would you want to receive the deceased's share?

☐ The deceased's children

☐ The surviving named beneficiaries

☐ Other: _____

If **all** of your beneficiaries should die before you, who would you want to receive your estate?

☐ Your brothers and sisters

☐ Your nieces and nephews

☐ Your "heirs-at-law"

☐ Your favorite charity: _____

SPECIFIC GIFTS



Before the general distribution of your estate is made, as you designated in the previous section, would you like to make any *Specific Distributions*? For instance, a gift of cash or real property to a charity, an institution, or a specific person? ☐ No ☐ Yes: (Complete the following)

1. **Name:** _____ **Relationship:** _____
Address: _____
Telephone Number: () _____ **Amount of gift:** \$ _____
2. **Name:** _____ **Relationship:** _____
Address: _____
Telephone Number: () _____ **Amount of gift:** \$ _____
3. **Name:** _____ **Relationship:** _____
Address: _____
Telephone Number: () _____ **Amount of gift:** \$ _____

DISINHERITANCE



Are there any of your heirs you plan to specifically omit? ☐ No ☐ Yes: (Complete the following)

1. **Name:** _____ **Relationship:** _____
Please explain: _____
2. **Name:** _____ **Relationship:** _____
Please explain: _____
3. **Name:** _____ **Relationship:** _____
Please explain: _____

D. YOUR WILL



GUARDIANSHIP OF YOUR CHILD/REN: If you have a minor child or children, who would you want to care for them? If you would like to use the same people you selected as **SUCCESSOR TRUSTEES/-EXECUTORS/AGENTS** on page 11, check the box “Same as Successor Trustees” and skip to the next section. You do not need to list them again. Only if you check the “Other” box below, is it necessary to fill in the Name, Address, Telephone Number and Relationship for each.

☐ N/A (no minor child/ren) ☐ Same as Successor Trustees ☐ Other: (complete the following)

2. **Name:** _____ Age: _____

Address: _____

Telephone Number: () _____

Relationship: _____

3. **Name:** _____ Age: _____

Address: _____

Telephone Number: () _____

Relationship: _____

(Optional)

4. **Name:** _____ Age: _____

Address: _____

Telephone Number: () _____

Relationship: _____



E. DURABLE POWER OF ATTORNEY ASSET MANAGEMENT



YOUR ATTORNEYS IN FACT: An attorney-in-fact is a person who is authorized to perform business/ financial-related transactions on your behalf. In order for someone to become your attorney-in-fact, you, as the Principal, must sign a power of attorney document. A power of attorney document may be effective (1) immediately or (2) upon your declared incapacity as Principal, also known as “springing”. Typically, incapacity is declared in writing by two (2) licensed physicians.

(NOTE: You will be choosing your Attorneys In Fact. You may choose to have your Successor Trustees act as your Attorneys In Fact or you may designate up to three (3) alternates here. We recommend naming at least two.)

ATTORNEY IN FACT

Power of Attorney should be effective: _____ Immediately _____ Springing

_____ Same as Successor Trustees _____ Other: (complete the following)

1. Name: _____ Driver License Number: _____ State: _____
2. Name: _____ Driver License Number: _____ State: _____
3. Name: _____ Driver License Number: _____ State: _____

BURIAL INSTRUCTIONS

☐ Executor will choose ☐ Will leave a letter for executor

☐ Prior Arrangements have been made. Please explain briefly:

☐ Cremation, ashes to be:

☐ Scattered at sea

☐ Scattered at other location: _____

☐ Interred at: _____

☐ Burial at: _____

☐ With deceased spouse (if applicable)

☐ Religious services (specify): _____

☐ Military services (specify): _____
(note: only available to those who were members of the armed forces.)

☐ Other instructions: _____



F. HEALTH CARE POWER OF ATTORNEY

If you were so ill you could not make health care decisions for yourself, who would you want to make those decisions for you? If you would like to use the same people you selected as **SUCCESSOR TRUSTEES/EXECUTORS/AGENTS** on page 11, check the box "Same as Successor Trustees". You do not need to list them again. Only if you check the "Other" box below, is it necessary to fill in the Name, Address, Telephone Number and Relationship for each alternate agent.

☐ Same as Successor Trustees ☐ Other: (complete the following)

1. **Name:** _____ Age: _____
 Address: _____
 Telephone Number: (____) _____
 Relationship: _____
2. **Name:** _____ Age: _____
 Address: _____
 Telephone Number: (____) _____
 Relationship: _____
3. **Name:** _____ Age: _____
 Address: _____
 Telephone Number: (____) _____
 Relationship: _____

At your death, would you be willing to donate your organs? ☐ Yes ☐ No

G. CERTIFICATION

I hereby certify that the information provided herein is true and correct to the best of my knowledge.

Dated: _____

Signed: _____ Print Name: _____



CONGRATULATIONS!

You have reached the end of the Estate Planning Workbook!

Note from *Bruce D. Gleit, Attorney at Law*

You are to be commended for educating yourself about the importance of estate planning. The information you have listed in this Workbook will be used as a guide in preparing your estate planning documents. Our team will do all we can to accommodate you and make the preparation and execution of your documents as easy as possible. Here are a few pointers that will help you to help us complete the process in a timely manner:

Call as soon as possible to schedule an appointment to meet with our attorney. The sooner you call, the easier it will be to make arrangements and get you in quickly.

When you come in for your scheduled appointment you will need to bring: this completed Workbook, the Grant Deed (*not* a Deed of Trust or Deed of Reconveyance) to any real estate you own in California, any Pre-Nuptial or Post-Nuptial Agreements, any existing Estate Planning Documents (Will, Trust, etc.) and your Address Book.

Please remember that Bruce D. Gleit, Attorney at Law never charges to speak with an attorney (or anyone else in our office). So don't hesitate to call us if you have any questions or concerns. We look forward to seeing you at our office soon.