

PERSONAL AND FINANCIAL ORGANIZER FOR YOUR LIVING TRUST

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GENERAL INFORMATION

Home Phone _____ Date _____
Marital Status: Married Single Divorced Widowed

Your Legal Name (First, Middle, Last)

Spouse's Legal Name (First, Middle, Last)

Home Address City State Zip

Name of Nearest Relative (not living with you) Relationship Phone

HOW DID YOU HEAR ABOUT US? _____

Your Employer

Address Your Occupation Work Phone

Spouse's Employer

Address Spouse's Occupation Work Phone

PERSONAL INFORMATION

	You	Your Spouse
Social Security Number		
Date of Birth		
U.S. Citizen?	Yes No	Yes No
Expect to receive money or other assets from (circle all that apply):	Gift Inheritance Lawsuit Other	Gift Inheritance Lawsuit Other
If so, approximately how much?	\$	\$

ABOUT YOUR CHILDREN: Please advise me if any of your children are from a prior marriage or have special needs.

1.

Legal Name	Date of Birth	Soc. Sec. #	Phone #
<hr/>			
Address	City	State	Zip

Spouse and Grandchildren:

Spouse	Age	Grandchild	Age
<hr/>			
Grandchild	Age	Grandchild	Age

2.

Legal Name	Date of Birth	Soc. Sec. #	Phone #
<hr/>			
Address	City	State	Zip

Spouse and Grandchildren:

Spouse	Age	Grandchild	Age
<hr/>			
Grandchild	Age	Grandchild	Age

3.

Legal Name	Date of Birth	Soc. Sec. #	Phone #
<hr/>			
Address	City	State	Zip

Spouse and Grandchildren:

Spouse	Age	Grandchild	Age
<hr/>			
Grandchild	Age	Grandchild	Age

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 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? If 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?

HEALTH CARE DIRECTIVE: This document lets 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** or **cremation**?

You		Your Spouse	
Yes	No	Yes	No

SPECIAL INSTRUCTIONS:

FINANCIAL INFORMATION: Please bring copies of any deeds, titles, life insurance policies, annuities and your most recent statements (bank, investments etc.) describing assets and values. We will assist you in completing this section at our meeting.

1. Do you own a **home** or any **other real estate**?

Description and Location	Titled in whose name	Purchase Price	Current Value (-)	Mortgage (=)	Equity	In Trust Y/N

Total Net Value _____

2. Do you own any **other titled property** such as a car, boat, etc.?

Description and Location	Titled in whose name	Current Value (-)	Mortgage (=)	Equity	

Total Net Value _____

3. Do you have any **checking accounts**?

Name of Bank	Account Number	Titled in whose name	Approx. Balance	

Total Value _____

4. Do you have any **interest bearing accounts** (savings, money market) and/or **CDs**?

Name of Institution	Account Number	Titled in whose name	Approx. Balance	

Total Value _____

5. Do you own any **stocks, bonds or mutual funds**?

# of Shares	Description	Account Number	Titled in whose name	Purchase Price	Current Value	

Total Value _____

6. Do you have any **profit sharing, IRAs or pension plans**?

Description/Location	Beneficiary	Current Value	

Total Value _____

7. Do you own or have an interest in a **business**?

Description	Type of Ownership	Purchase Price	Current Value	

Total Value _____

8. Do you have any **life insurance** policies and/or **annuities**?

Name of Company	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit	

Total Value _____

9. Does anyone owe you money?

Description	Approx. Value	

Total Value _____

10. Do you have any **special items of value** such as coin collections, antiques, jewelry, etc.?

Description	Value	

Total Value _____

11. What is the approximate total value of all your remaining **personal property** - whatever you own that has not been included above (clothes, furniture, etc.)? Just estimate\$ _____

12. Do you have any **debts** such as credit cards or personal loans, other than balance due on mortgage or car loan? (List those over \$1,000)

Total Debt _____

13. Total value of everything you (and your spouse) own (add totals of lines 1-11 above) \$ _____

14. Total amount you (and your spouse) owe (total of line 12 above) - _____

15. Subtract line 14 from line 13. **NET ESTATE = \$ _____**

16. Do you have a **safe deposit box**?

Location	Titled in whose name