

## LIVING TRUST CONSULTATION

Date: \_\_\_\_\_  Married  Widowed  Divorced  Domestic Partners  Single

PARTNER A, please print your full name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

A's Citizenship \_\_\_\_\_ PARTNER A's email \_\_\_\_\_

Mailing Address \_\_\_\_\_

PARTNER B, please print your full name \_\_\_\_\_

PARTNER B's Work Phone \_\_\_\_\_ PARTNER B's Date of Birth \_\_\_\_\_

B's Citizenship \_\_\_\_\_ PARTNER B's email \_\_\_\_\_

Children's Full Names (List deceased children also)	Sex M/F	Date of Birth	Who is Parent?		
			Joint	Partner A	Partner B
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional children, please continue on a separate page.

If any children are minors, please think of who you would choose to act as their **legal guardian(s)**, we recommend a list of at least 3 individuals.

### MY ESTATE HAS THE FOLLOWING ASSETS:

Yes  No If married, does either spouse hold any sole and separate (versus community) property?

How many parcels of California real estate do you own? \_\_\_\_\_

Do you own parcels of real estate outside of California?  Yes  No If yes, how many? \_\_\_\_\_

Approximate gross value of my entire estate: \$ \_\_\_\_\_

In the event of your death or incapacity, who would you want to **handle your financial affairs** (i.e., act as trustee, and holder of your power of attorney)? We recommend a list of at least three (3) individuals.

If you were unable to make your own health care decisions, who you would you choose to **make medical decisions for you** until you regain capacity? We recommend a list of at least three individuals.

Notes/Questions:

I was referred to you by \_\_\_\_\_