

FAMILY TRUST INFORMATION SHEET

NOTE: IF YOU ARE UNSURE OF ANY INFORMATION, LEAVE SPACE BLANK

Last	First	Middle	Cell:
Last	First	Middle	Cell:
Email Address(es):			Home:
Address:			

FAMILY INFORMATION:				
List the legal names of your natural or adopted children and children of any deceased child. Indicate whether they are yours only, your wife's (husband's) only, or children of the both of you (check whichever applies)				
Legal Name	Date of Birth	Both	Wife's only	Husband's only

If you have children under the age of 18, name (in order of preference) guardians you would prefer to raise your children, if both of you were to die before your children reached 18 years of age. Provide their legal names and relationship to you.	
1)	
2)	
3)	

If you and your spouse were both incapacitated, who would you like to: <u>MANAGE YOUR PROPERTY (FINANCES)</u> ? Provide legal names	MAKE DECISIONS ABOUT YOUR MEDICAL CARE ? Provide legal names and telephone numbers
1)	1)
2)	2)
3)	3)

Property Information

I have heirs I may wish to disinherit? (check one)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If married, do you and your spouse have property you wish to bequest separately? (check one)	<input type="checkbox"/> YES <input type="checkbox"/> NO
State briefly how you wish your estate to be distributed on your death:	
SELF	SPOUSE
My estate (including spouse, if applicable) is estimated at (optional):	
<input type="checkbox"/> Less than \$600,000 <input type="checkbox"/> \$600,000 - \$1,200,000 <input type="checkbox"/> Over \$1,200,000	