

REVOCABLE LIVING TRUST
WORKSHEET

18101 Von Karman Avenue, Suite 230, Irvine, California 92612
(949) 476-0400 • Fax (949) 476-0404
wbrodak@brodaklaw.com

A. DEFINITIONS

ADVANCE HEALTH CARE DIRECTIVE: This document, executed by a competent person (the principal), gives another person (the agent) the authority to make health care decisions for the principal when the principal becomes incompetent. Generally, each of you is named as the primary agent for the other, and then a trusted family member or friend may be named. This is different from a “living will”.

BENEFICIARY: An individual who receives the benefit of a trust bequest or gift.

BYPASS TRUST (SUB-TRUST “B”): This trust “bypasses” the second-to-die party’s estate and is exempt from estate taxes up to the Applicable Exemption Amount (see chart below). It contains all of the first-to-die party’s property and may exceed the Applicable Exemption Amount because current federal estate tax laws do not allow for an unlimited marital deduction between same sex partners, couples, spouses, etc.

CURRENT/PREVIOUS AGENTS AND ADVISORS: Persons or firms you have engaged for professional services and/or expertise during your lifetime.

ENDOWMENT: Beneficiary designation in which property is given to a nonprofit or charitable organization for general or specific purposes as the Trustor directs.

EXECUTOR(TRIX): A person appointed in a will who carries out the directions and requests on how to dispose of property after death for assets not in a Trust.

GUARDIAN: A person who has legal responsibility for the care and management of a minor child and /or his/her estate.

GENERAL DURABLE POWER OF ATTORNEY: This document, executed by a competent person (the principal), gives to another person (the agent or attorney-in-fact) the legal right and power to do certain acts for or on behalf of the principal.

GENERATION-SKIPPING TRUST: A trust that contains assets that may go to beneficiaries who are more than one generation younger than the Trustor(s).

LIMITED POWER OF APPOINTMENT: The ability or power to decide which person or persons will receive and enjoy an estate or an income therefrom. A “limited” power of appointment limits the selection to a person or class of persons who may receive and enjoy the estate or income.

LIVING WILL: Communicates the wishes of signer to his/her physician and others to use or not to use life-sustaining measures in case of coma or a “persistent vegetative state.”

PER CAPITA: Distribution method where the initial division of shares is made at the highest level of heirs alive; shares of deceased heirs drop down and are divided equally among living heirs at the next generational level.

PER STIRPES: Distribution method where the initial division of shares is made at the highest level of heirs, whether alive or not.

REVOCABLE TRUST: A revocable trust is sometimes referred to as a “living trust” or “intervivos” trust, and is created during a person’s lifetime rather than through a will. With a revocable trust, a person

maintains complete control over the trust and may amend, revoke, or terminate the trust at any time. Generally, this type of trust is created to avoid probate and to create testamentary trusts (i.e., Bypass Trusts and other subtrusts) to reduce estate settlement costs, reduce estate taxes, and limit distributions.

SURVIVOR’S TRUST (SUB-TRUST “A”): Created upon the death of the first-to-die party, it contains all of the surviving party’s property. This trust remains revocable during the surviving party’s lifetime.

TRUSTEE: A fiduciary who holds legal title to, manages, and protects trust property for the benefit of its beneficiaries, and who must carry out specific duties with regard to the property. The initial Trustee(s) is/are normally the Trustor(s), and the Successor Trustees are those who administer the Trust after the death of Trustor(s).

TRUSTOR: Creator of the Trust. One who makes a Declaration of Trust and transfers legal title of his or her property to the trust. This person may also be referred to as a Grantor or Settlor.

VALUABLE PERSONAL PROPERTY: Generally, all property other than real estate that is of considerable financial or market value (i.e. jewelry, antiques, art, stamp or coin collections, furs, collectible figurines, oriental rugs, etc.).

For Decedents Dying in, and Gifts Made in, Calendar Year	Applicable Exemption Amount	Highest Estate & Gift Tax Rates
2018	\$11,180,000	40%
2019	\$11,400,000	40%
2020	\$11,580,000	40%
2021	\$11,700,000	40%
2022	\$12,060,000	40%
2023	\$12,920,000	40%
2024	\$13,610,000	40%

California Statutory Probate Fees (PC§10800)	
4% of the first \$100,000	1% on the next \$9,000,000
3% of the next \$100,000	½ % on the next \$15,000,000
2% of the next \$800,000	Above \$25,000,000 a reasonable amount determined by the court

B. CLIENT INFORMATION

NAME: _____ Date of Birth: ____/____/____

ADDRESS: _____ County: _____

TELEPHONE: (____) _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

DRIVER'S LICENSE _____

MARITAL STATUS: _____

Date of Marriage: ____/____/____

City/State of Marriage _____

STATE OF RESIDENCE _____

DATE CAME TO STATE _____

CITIZENSHIP: _____

PREVIOUS SPOUSE: _____

DATE OF TERMINATION: ____/____/____

Currently alive? Y N

BY: Death Divorce Annulment

NAME: _____ Date of Birth: ____/____/____

ADDRESS: _____ County: _____

TELEPHONE: (____) _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

DRIVER'S LICENSE _____

MARITAL STATUS: _____

Date of Marriage: ____/____/____

City/State of Marriage _____

STATE OF RESIDENCE _____

DATE CAME TO STATE _____

CITIZENSHIP: _____

PREVIOUS SPOUSE: _____

DATE OF TERMINATION: ____/____/____

Currently alive? Y N

BY: Death Divorce Annulment

TRUST NAME AND DATE

NAME OF TRUST – i.e. The Doe Family Trust

or The John Doe Trust: _____

DATE OF TRUST: _____

PROPERTY AGREEMENTS AND PRIOR ESTATE PLANS

HAVE YOU ENTERED INTO ANY AGREEMENT(S) WITH EACH OTHER CONCERNING THE STATUS OF YOUR PROPERTY AS SEPARATE, COMMUNITY, OR QUASI-COMMUNITY? Yes No

DO YOU HAVE PRIOR ESTATE PLANNING DOCUMENTS (i.e. Trust, Will, Powers of Attorney)?

Yes No If yes, please attach a copy of each document.

CHILDREN INFORMATION

1) NAME: _____ Birthdate: ____/____/____
 His or Her Child – Which Party’s? _____ Our Child
If Deceased: Date of Death: ____/____/____ SSN: ____-____-____
If Alive: Current Address: _____
Name of Child’s Spouse: _____

2) NAME: _____ Birthdate: ____/____/____
 His or Her Child – Which Party’s? _____ Our Child
If Deceased: Date of Death: ____/____/____ SSN: ____-____-____
If Alive: Current Address: _____
Name of Child’s Spouse: _____

3) NAME: _____ Birthdate: ____/____/____
 His or Her Child – Which Party’s? _____ Our Child
If Deceased: Date of Death: ____/____/____ SSN: ____-____-____
If Alive: Current Address: _____
Name of Child’s Spouse: _____

4) NAME: _____ Birthdate: ____/____/____
 His or Her Child – Which Party’s? _____ Our Child
If Deceased: Date of Death: ____/____/____ SSN: ____-____-____
If Alive: Current Address: _____
Name of Child’s Spouse: _____

INITIAL **GUARDIAN(S)** FOR MINOR CHILDREN
Name: _____
Address: _____
Telephone No.: (____) ____-____

SUCCESSOR **GUARDIAN(S)** FOR MINOR CHILDREN
Name: _____
Address: _____
Telephone No.: (____) ____-____

IF ANY CHILDREN ARE STEPCHILDREN OR FOSTER CHILDREN, ARE THEY TO BE TREATED AS CHILDREN UNDER YOUR ESTATE PLAN? YES NO

ARE ANY OF YOUR CHILDREN DISABLED? Yes No

CURRENT/PREVIOUS AGENTS AND ADVISORS

LAWYER:
Name: _____
Address: _____
Telephone No.: (____) ____-____

TAX ACCOUNTANT:
Name: _____
Address: _____
Telephone No.: (____) ____-____

FINANCIAL PLANNER:

Name: _____
Address: _____
Telephone No.: (____) _____ - _____

INVESTMENT BROKER:

Name: _____
Address: _____
Telephone No.: (____) _____ - _____

INSURANCE BROKER:

Name: _____
Address: _____
Telephone No.: (____) _____ - _____

PRIMARY PHYSICIAN:

Name: _____
Address: _____
Telephone No.: (____) _____ - _____

EXECUTORS AND TRUSTEES

EXECUTOR(S) FOR: _____

Name: _____
Address: _____

Telephone No.: (____) _____ - _____

Name: _____

Address: _____

Telephone No.: (____) _____ - _____

EXECUTOR(S) FOR: _____

Name: _____
Address: _____

Telephone No.: (____) _____ - _____

Name: _____

Address: _____

Telephone No.: (____) _____ - _____

SHALL THE EXECUTORS SERVE ALONE IN THE ORDER NAMED OR AS A GROUP?

Alone in the order named As a group

INITIAL TRUSTEE(S):

Name: _____
Address: _____

Telephone No.: (____) _____ - _____

Name: _____

Address: _____

Telephone No.: (____) _____ - _____

SUCCESSOR TRUSTEE(S):

Name: _____
Address: _____

Telephone No.: (____) _____ - _____

Name: _____

Address: _____

Telephone No.: (____) _____ - _____

SHALL THE SUCCESSOR TRUSTEES SERVE ALONE IN THE ORDER NAMED OR AS A GROUP?

Alone in the order named As a group

SHALL THE SURVIVING TRUSTOR HAVE THE POWER TO REMOVE A TRUSTEE APPOINTED OR DESIGNATED BY BOTH TRUSTORS? Yes No

POWERS OF ATTORNEY FOR: _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE - CONSERVATOR OF PERSON
INITIAL APPOINTEE:

Name/Address: _____
Relationship: _____ Telephone No.: (____) _____ - _____

ALTERNATE APPOINTEE:

Name/Address: _____
Relationship: _____ Telephone No.: (____) _____ - _____

GENERAL DURABLE POWER OF ATTORNEY - CONSERVATOR OF ESTATE

INITIAL APPOINTEE:

Name/Address: _____
Relationship: _____ Telephone No.: (____) _____ - _____

ALTERNATE APPOINTEE:

Name/Address: _____
Relationship: _____ Telephone No.: (____) _____ - _____

POWERS OF ATTORNEY FOR: _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE - CONSERVATOR OF PERSON

INITIAL APPOINTEE:

Name/Address: _____
Relationship: _____ Telephone No.: (____) _____ - _____

ALTERNATE APPOINTEE:

Name/Address: _____
Relationship: _____ Telephone No.: (____) _____ - _____

GENERAL DURABLE POWER OF ATTORNEY - CONSERVATOR OF ESTATE

INITIAL APPOINTEE:

Name/Address: _____
Relationship: _____ Telephone No.: (____) _____ - _____

ALTERNATE APPOINTEE:

Name/Address: _____
Relationship: _____ Telephone No.: (____) _____ - _____

BENEFICIARIES AND DISPOSITIVE PROVISIONS

Include addresses and telephone numbers if not provided previously.

1) NAME: _____ Relationship: _____

ADDRESS: _____

Per Stirpes Per Capita Endowment

PERCENTAGE OF ESTATE, AMOUNT OF MONEY OR PROPERTY, OR SHARE OF MONEY OR PROPERTY TO BE RECEIVED: _____

TO BE GIVEN: upon death of _____ upon death of Both

2) NAME: _____ Relationship: _____

ADDRESS: _____

Per Stirpes Per Capita Endowment

PERCENTAGE OF ESTATE, AMOUNT OF MONEY OR PROPERTY, OR SHARE OF MONEY OR PROPERTY TO BE RECEIVED: _____

TO BE GIVEN: upon death of _____ upon death of Both

3) NAME: _____ Relationship: _____

ADDRESS: _____

Per Stirpes Per Capita Endowment

PERCENTAGE OF ESTATE, AMOUNT OF MONEY OR PROPERTY, OR SHARE OF MONEY OR PROPERTY TO BE RECEIVED: _____

TO BE GIVEN: upon death of _____ upon death of Both

4) NAME: _____ Relationship: _____

ADDRESS: _____

Per Stirpes Per Capita Endowment

PERCENTAGE OF ESTATE, AMOUNT OF MONEY OR PROPERTY, OR SHARE OF MONEY OR PROPERTY TO BE RECEIVED: _____

TO BE GIVEN: upon death of _____ upon death of Both

[PLEASE LIST ADDITIONAL BENEFICIARIES ON A SEPARATE SHEET OF PAPER.]

WHEN WILL FINAL DISTRIBUTION TO PRIMARY BENEFICIARIES BE MADE?

All at death of Survivor

Piecemeal Distribution Age/Year: _____ Share of Distribution: _____

Age/Year: _____ Share of Distribution: _____

Age/Year: _____ Share of Distribution: _____

IF ALL NAMED BENEFICIARIES PREDECEASE YOU, TO WHOM SHALL THE REMAINING TRUST/ESTATE BE DISTRIBUTED?

Heirs at law

Specified person or issue: _____

Specified charity(ies): _____

Other: _____

IS ANY HEIR APPARENT TO BE SPECIFICALLY DISINHERITED? Yes No

If yes, who? _____

HOW SHALL THE TRUSTEES OF THE **BYPASS TRUST** DISTRIBUTE INCOME AND PRINCIPAL DURING THE SURVIVOR'S LIFETIME?

- _____ Must distribute income and may distribute principal to surviving Trustor.
- _____ May distribute income and principal to surviving Trustor.
- _____ May distribute income and principal to surviving Trustor and issue.

SHALL THE SURVIVING TRUSTOR HAVE A LIMITED POWER OF APPOINTMENT FOR THE **BYPASS TRUST**? Yes No

INSURANCE

Company Name: _____
 Policy No.: _____ Renewal Date: ____/____/____
 Coverage Limits: _____
 Owner: _____ Community Property
 Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
 Premium payment: \$ _____ Beneficiary: _____

Company Name: _____
 Policy No.: _____ Renewal Date: ____/____/____
 Coverage Limits: _____
 Owner: _____ Community Property
 Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____
 Premium payment: \$ _____ Beneficiary: _____

LONG TERM CARE

Company Name: _____
 Policy No.: _____ Renewal Date: ____/____/____
 Coverage Limits: _____

ASSETS / LIABILITIES

REAL ESTATE – attach copies of deeds for each parcel

1) Description: _____
 Owner: _____ Community Property Purchase Price: \$ _____
 Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

2) Description: _____
 Owner: _____ Community Property Purchase Price: \$ _____
 Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

BANK ACCOUNTS

1) Financial Institution: _____ Account #: _____
 Address: _____ Phone #: (____) _____
 Owner: _____ Community Property Fair Market Value: \$ _____

2) Financial Institution: _____ Account #: _____
Address: _____ Phone #: (____) _____
Owner: _____ Community Property Fair Market Value: \$ _____

3) Financial Institution: _____ Account #: _____
Address: _____ Phone #: (____) _____
Owner: _____ Community Property Fair Market Value: \$ _____

SAFE DEPOSIT BOX? Y N Bank/Box #: _____
Who has access? _____ Location of Keys: _____

STOCKS, BONDS

1) Company/Broker _____ Account #: _____
Address: _____ Phone #: (____) _____
Owner: _____ Community Property Gross Fair Market Value: \$ _____

2) Company/Broker _____ Account #: _____
Address: _____ Phone #: (____) _____
Owner: _____ Community Property Gross Fair Market Value: \$ _____

RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES, MILITARY/V.A. BENEFITS

1) Company (Name/Address): _____
Owner: _____ Community Property
Account #: _____ Gross Fair Market Value: \$ _____

2) Company (Name/Address): _____
Owner: _____ Community Property
Account #: _____ Gross Fair Market Value: \$ _____

SECURED, UNSECURED NOTES – Please attach copies of Note, Deed of Trust, etc.

1) Description: _____
Owner: _____ Community Property Gross Fair Market Value: \$ _____

VEHICLES, BOATS, TRAILERS

1) Make/Model: _____ Serial #: _____
Owner: _____ Community Property
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

2) Make/Model: _____ Serial #: _____
Owner: _____ Community Property
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

VALUABLE PERSONAL PROPERTY

1) Description: _____
Owner: _____ Community Property
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

2) Description: _____
Owner: _____ Community Property
Gross Fair Market Value: \$ _____ Amount of Debt: \$ _____

PARTNERSHIPS, OTHER BUSINESS INTERESTS

1) Description: _____

Owner: _____ Community Property Name of General Partner: _____

Gross Fair Market Value: \$ _____ Percentage of ownership: _____

[PLEASE LIST ADDITIONAL ASSETS ON A SEPARATE SHEET OF PAPER]

ADDITIONAL INFORMATION REQUEST

- 1) DECLARATIONS PAGE FOR HOMEOWNERS INSURANCE;
- 2) DECLARATIONS PAGE FOR EARTHQUAKE INSURANCE;
- 3) DECLARATIONS PAGE FOR AUTOMOBILE INSURANCE;
- 4) COPY OF MOST RECENT INCOME TAX RETURNS.

The information provided in this worksheet is complete and true to the best of my knowledge.

Signature Date

Signature Date

Please print name

Please print name
