



330 North Main Street  
 Kaysville, Utah 84037  
 T: (801) 543-2288  
 F: (801) 543-2272  
**scottdopp@kingfirm.com**  
**www.kingfirm.com**

## REVOCABLE LIVING TRUST INFORMATION PACKET

Please fill out the information as accurately as possible. We would like to have this information prior to our meeting, which is scheduled on \_\_\_\_\_, \_\_\_\_\_ .m. All information you provide is strictly confidential.

### SECTION 1: GENERAL INFORMATION

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single  Divorced  Widowed

Legal Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Currently have will or Trust? If so, give year & state in which prepared:  Yes  No Year: \_\_\_\_\_ State: \_\_\_\_\_

Expect to receive money or other assets from (check all that apply):  Gift  Inheritance  Lawsuit  Other

If So, approximately how much? \$ \_\_\_\_\_

Spouse's Legal Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Currently have will or Trust? If so, give year & state in which prepared:  Yes  No Year: \_\_\_\_\_ State: \_\_\_\_\_

Expect to receive money or other assets from (check all that apply):  Gift  Inheritance  Lawsuit  Other

If So, approximately how much? \$ \_\_\_\_\_

## SECTION 2: CHILDREN

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Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Natural Child     Legally Adopted     Foster     Married     Needs Special Care     Dependent

Related to:     You Only     Spouse Only     Both

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Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Natural Child     Legally Adopted     Foster     Married     Needs Special Care     Dependent

Related to:     You Only     Spouse Only     Both

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Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Natural Child     Legally Adopted     Foster     Married     Needs Special Care     Dependent

Related to:     You Only     Spouse Only     Both

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Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Natural Child     Legally Adopted     Foster     Married     Needs Special Care     Dependent

Related to:     You Only     Spouse Only     Both

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Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Natural Child     Legally Adopted     Foster     Married     Needs Special Care     Dependent

Related to:     You Only     Spouse Only     Both

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Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Natural Child     Legally Adopted     Foster     Married     Needs Special Care     Dependent

Related to:     You Only     Spouse Only     Both

**SECTION 3: FINANCIAL INFORMATION**

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

Description and Location	Titled in whose name	Purchase Price	Current Value	(-) Mortgage	(=) Equity
Total Net Value =					

2. Do you own any **other titled property** such as cars, boats, trailers, etc.?

Description	Titled in whose name	Current Value	(-) Loan	(=) Equity
Total Net Value =				

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

Name of Institution	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** (including company stock)?

# 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 or your spouse own a **business** or have any **partnership interests**?

Description	Type of Ownership	Purchase Price	Current Value
Total Value =			

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

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit
Total Net Value =				

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

Description	Approx. Value
Total Value =	

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

11. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

	Amount Owed
Total Debt =	

12. Total value of everything you (and your spouse) own (add totals of lines 1 thru 10 above). \$\_\_\_\_\_

13. Total amount you (and your spouse) owe (total of line 11 above) ..... \$\_\_\_\_\_

14. Subtract line 13 from line 12. .... **NET ESTATE = \$**\_\_\_\_\_

16. Do you have a Safe Deposit Box?  Yes  No

Location	Title in whose name

17. Do you have a funeral plan?  Yes  No

## SECTION 4: Trust Decisions

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 children, trusted friend, and/or a Corporate Trustee.

#1 Choice: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#2 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: \_\_\_\_\_

## SECTION 5: 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. **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

**3. Inheriting Instructions**

Do you want your Beneficiaries to receive their inheritances in installments, at certain ages, or all at once?


**4. Do you provide for someone who requires special care?**

Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet)?

Name	Age	Relationship	Explanation

**SECTION 6: SPECIAL INSTRUCTIONS AT INCAPACITY**

1. Do you want to include any special instructions in your **Living Will**? This lets other know how you feel about life support treatment if you become terminally ill.

**You:**  Yes  No      **Spouse:**  Yes  No

2. **Durable Power of Attorney for Health Care.** This document lets you choose the person you want to make any health care decisions for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. You can choose anyone you trust: your spouse, friend or other relative, etc. List your choices below:

<b>You:</b>	<b>Spouse:</b>
<b>#1 Choice:</b>	<b>#1 Choice:</b>
Name:	Name:
<b>#2 Choice:</b>	<b>#2 Choice:</b>
Name:	Name:

3. **Power of Attorney for Finances.** This document lets you choose the person you want to make any financial decisions for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. You can choose anyone you trust: your spouse, friend or other relative, etc. List your choices below:

<b>You:</b>	<b>Spouse:</b>
<b>#1 Choice:</b>	<b>#1 Choice:</b>
Name:	Name:
<b>#2 Choice:</b>	<b>#2 Choice:</b>
Name:	Name: