

Revocable Living Trust Worksheet

Grantor and Primary Trustee Information: List all individuals or entities who are the Grantor(s), and primary Trustee(s). The Grantor creates the trust, and the primary trustee is usually the same person as the Grantor. The Trustee is responsible for managing the trust during the grantor's lifetime.

Your name(s) as you wish it to appear in your Trust: List an “also known as” if applicable.

Address: _____

Marital Status: Single, Married, Widowed, or Registered Domestic Partnership _____

If your spouse has passed, please provide name and date of death: _____

Successor Trustee Information: List all individuals or entities who will serve as successor trustee(s) of the trust when you are incapacitated or after your passing. In the event that your first choice of successor trustee is unwilling or unable to serve, list additional successor trustee names in order of succession.

Provide full names and contact information for each successor trustee and their relationship to you:

Name your Trust: *Default is (Your Name) Revocable Living Trust.* If you would like something other than the default, list it here:

Beneficiary Information:

- 1. Children:** List full names and birthdates of any children. If you have a blended family, list the Grantor to whom the children belong.

- 2. Primary Beneficiaries:** Identify the individuals or entities who will receive the trust assets upon the grantor's passing. Include their names, relationships to the grantor, and their respective shares or interests in the trust. e.g.: *25% to Jane S. Doe*

3. Contingent Beneficiaries: Specify any alternate or contingent beneficiaries who would inherit trust assets if the primary beneficiaries are unable to receive them. e.g.: *If Jane S. Doe is deceased, her share goes to issue (children) if no children, then the share goes to John P. Snow, or the share can lapse.*

4. Specific Bequests: Specify any special gift you wish to leave someone. Specific bequests are distributed before the residual estate. e.g.: *\$25,000.00 to John P. Snow*

5. Disinheritance Clause: Is there a natural heir you wish to disinherit? (Someone who is related by blood or adoption to a person who has died and is entitled to receive their property.) e.g. A brother, or child.

Continued on next page.

Assets to be Included in Trust:

6. Real Estate: List any real property (such as homes, land, or commercial buildings) that will be transferred into the trust. Include addresses and estimated values for each property. *NOTE: Values are not listed in the Trust. This work sheet should be kept with your trust documents to help your trustees when the need arises.*

7. Financial Accounts: Detail any bank accounts, investment accounts, retirement accounts, or other financial assets that will be retitled or transferred to the trust. Include account numbers and approximate balances. *NOTE: This information does not go into your trust. This list is to assist you in making an inventory of your assets. This work sheet should be kept with your trust documents to help your trustees when the need arises.*

8. Separate Personal Property. *For married/registered domestic partners.* List addresses of any real property that is separate property, as well as any other personal property and to whom it belongs:

Specific Instructions:

9. Distribution of Assets: Provide specific instructions regarding how trust assets should be distributed among beneficiaries upon the grantor's passing. For instance, you may specify a beneficiary must reach an age before they receive their share of the distribution. *e.g. 50% at age 25, remaining 50% at age 30.; or require a four-year college degree.*

10. Trust Terms and Conditions: Outline any specific terms, conditions, or restrictions that should govern the trust. This may include guidelines for the use of trust assets, conditions for beneficiary distributions, or instructions for managing trust investments.

11. Guardian for Minor Children: If you have minor children, list the full names and contact information who you appoint to act as their guardian in the event of your incapacity or passing. Think about alternative guardians should your first choice be unable to serve.

12. Pet Instructions/trust – Designate the person you wish to take care of your pet when you're gone, along with the pet's name, and any specific instructions or information for its upkeep and wellbeing.

Agency Documents:

13. Healthcare Directives:

- a. List the full name(s) and contact information for your healthcare proxy (medical power of attorney).

Primary proxy name and address: _____

First Alternate name and address: _____

Second Alternate name and address: _____

- b. End-of-Life Decisions:

A. **Choose to prolong life:** I want my life to be prolonged as long as possible within the limits of generally accepted health care standards, OR

B. **Choice Not to Prolong Life:** I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits.

- c. Organ Donation (optional)

A. **Upon my death,** I give my organs, tissues, and parts (mark box to indicate yes). By checking the box above, and notwithstanding my choice in Part 2 of this form, I authorize my agent to consent to any temporary medical procedure necessary solely to evaluate and/or maintain my organs, tissues, and/or parts for purposes of donation. My donation is for the following purposes (strike any of the following you do not want):

- i. (a) Transplant
- ii. (b) Therapy
- iii. (c) Research
- iv. (d) Education

14. HIPAA Authorization: The full names listed in your Advanced Healthcare Directive will automatically be included on your HIPAA Authorization; if there is anyone you wish to add, list their name here.

15. Durable Power of Attorney: List your primary Agent and any alternate agents (optional) along with contact information. This document stipulates who can make and handle financial decisions on your behalf if you become incapacitated and unable to make decisions for yourself. If married, each spouse may designate their own choice.

Primary agent full name and address: _____

First Alternate full name and address: _____

Second Alternate full name and address: _____

Other considerations:

16. Funeral and Burial Instructions: Provide instructions regarding your preferences for funeral arrangements, and/or any specific requests for memorial services or ceremonies. Also make a list of people you want notified of your passing along with contact information. *NOTE: This information is not entered into your trust. This is to inform your trustees and family how you want to be remembered, and how much or little you want them to spend for your memorial or funeral. This work sheet should be kept with your trust documents to help your trustees when the need arises.*

17. Make a road map: Keep a spreadsheet of your assets/debt obligations, passwords, and other information your people would need to know in order to handle your affairs. Update regularly.

**This worksheet is intended for informational and organizational purposes only.
It does not constitute legal advice.**

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