



## LIVING TRUST DATA FORM

11022 Southwest Highway  
Palos Hills, IL 60465  
(708) 974-3232 or 974-3294 FAX

Name of Trust \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_-\_\_\_\_-19\_\_\_\_

SS # \_\_\_\_-\_\_\_\_-\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_-\_\_\_\_

Spouse \_\_\_\_\_ County \_\_\_\_\_

SS # \_\_\_\_-\_\_\_\_-\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_-\_\_\_\_-19\_\_\_\_

Representative: \_\_\_\_\_ Rep. Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Amount Paid with Data Form \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

If you can only be reached by telephone at a certain time - please tell us:

Marital Status: \_\_ Married, \_\_ Single, \_\_ Divorced, \_\_ Widow(er), \_\_ Separated

Are both Members a citizen of the United States (Y/N)? \_\_\_\_\_ If not, please note.

Is anyone in the family disabled?" (Yes/No) \_\_\_\_\_ If yes, who \_\_\_\_\_

Is the estate over the current federal estate tax exemption, or twice that amount if a couple? (Yes/No) \_\_\_\_\_

Members request: \_\_\_\_\_ "A-B" for a married couple

\_\_\_\_\_ "A-A" for a married couple with few joint assets  
and different beneficiaries (fill out two data forms, no extra cost)

(Affidavit Required) \_\_\_\_\_ Discretionary A-B Trust (Surviving spouse chooses  
whether or not to divide trust and also retains the right to  
disinherit any or all beneficiaries)

\_\_\_\_\_ "A" Trust for a single person

**TRUST INFORMATION:**

Successor Trustee (after death of Trustors)

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**DISTRIBUTION OF ASSETS TO THE HEIRS (Beneficiaries):**

	Name of Heir	Relationship	Age	Share/Percentage
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____
#6	_____	_____	_____	_____

Executor of the Heirs: \_\_\_\_\_

Age for Heirs to receive inheritance: \_\_\_\_\_ (minimum is age 18)

**Pour Over Will: 1st. Trustor**

1st. Executor - Spouse [ ] or \_\_\_\_\_

Alternate Executor \_\_\_\_\_

List of legal children \_\_\_\_\_

**Pour Over Will: 2nd. Trustor**

List of legal children \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN:**

1st. Guardian \_\_\_\_\_

Address \_\_\_\_\_

2nd. Guardian \_\_\_\_\_

Address \_\_\_\_\_

**INSTRUCTIONS:**

Trustees: Normally the clients are the Trustees while alive and competent. Successor Trustees are named to take over after the death of the clients.

**Heirs or Beneficiaries**

All distribution at death will be done through the Trust. After both Trustors pass away, the Successor Trustee will make the distributions as defined in this section.

Executor of Trust is a person who speaks on behalf of minor beneficiaries.

**Pour-Over Will:**

If a married couple, check "Spouse", then fill in only the "Alternate Executor". If single, name a 1st Executor and an Alternate. Give us the list of All legal children for both people. It is not always the SAME!

**Guardians:**

If clients have minor or disabled children, they should name one or two guardians.

**Durable Power of Attorney and Nomination of Conservator:**

1st. Power of Attorney: Spouse [] or \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2nd. Power of Attorney: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

=====  
**Power of Attorney for Health Care :**

1st. Power of Attorney: Spouse [] or \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2nd. Power of Attorney: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

=====  
**Special**

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:**

**Durable Power of Attorney:**

If a married couple, check "Spouse", then fill in only the "2nd Power of Attorney". If single, name a "1st Power of Attorney" and a "2nd Power of Attorney".

**Durable Power of Attorney for Health Care:**

If a married couple, check "Spouse", then fill in only the "2nd Power of Attorney". If single, name a "1st Power of Attorney" and a "2nd Power of Attorney".

**Special Notes:**

List here any special instructions. Also place here any questions that the Attorney should discuss when they call.

# Heritage America

11022 Southwest Hwy.

Palos Hills, IL 60465

## FRIENDS OR RELATIVES

Please give us the names, addresses, and phone numbers of three couples or individuals whom we can contact if you should move, become disabled or die and we do not have your new address. It is imperative that we maintain a record of your address, and therefore this information is helpful. You can be assured that your personal estate plan will always be confidential and that the details of your plan will not be disclosed to these individuals.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number\_(\_\_\_\_\_) \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number\_(\_\_\_\_\_) \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number\_(\_\_\_\_\_) \_\_\_\_\_

# Heritage America

## Estate Evaluation

#1- To determine the value to the client.

#2- For attorney review in preparation of the trust documents.

**APPRECIATING ASSETS:**

Real Estate:	Cost Basis:	Present Value:	Gain:
Home _____	_____	_____	_____
_____	_____	_____	_____
Vehicles		_____	
Home Furnishings		_____	
 Jewelry & Silverware			
_____	_____	_____	_____
_____	_____	_____	_____
 Antiques & Collections			
_____	_____	_____	_____
_____	_____	_____	_____
 Stocks			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
 Bonds			
_____	_____	_____	_____
_____	_____	_____	_____
Totals: (Carry over to next page)		_____	_____

Calculate Capital Gain tax by adding all GAIN, divide by 1/2, and figure your current taxable payment to IRS. (Joint tenancy allows only 1/2 step up)

Total \$ \_\_\_\_\_ x .5 = \$ \_\_\_\_\_ x .20 or \_\_\_\_\_ = \$ \_\_\_\_\_ tax due \_\_\_\_\_

**CASH ASSETS:**

Type of Account:	Approx. Balance:	Earning:
Add Value from Page 1	\$ _____	
Checking	\$ _____	_____ %
Regular Savings	\$ _____	_____ %
Certificates of Deposit	\$ _____	_____ %
Money Market	\$ _____	_____ %
Mutual Funds	\$ _____	_____ %
Treasury Securities	\$ _____	_____ %
Limited Partnerships	\$ _____	_____ %
Other Investments	\$ _____	_____ %
Business Interests	\$ _____	_____ %
 Total Probable Estate	 \$ _____	

**RETIREMENT PLANS & INSURANCE:**

Qualified Plans (IRA, etc.)	\$ _____	_____ %
Pensions	\$ _____	_____ %
Life Insurance	\$ _____	_____ %
Annuities	\$ _____	_____ %
Total Death Benefit	\$ _____	
(Not probatable, but counted for Federal Estate taxes)		

**CALCULATION OF "COST OF DYING"**

Estimated Probate Cost: \$ \_\_\_\_\_ (Probate Estate) x \_\_\_\_\_ % = \$ \_\_\_\_\_

Estimated Federal Estate Tax:

\$ \_\_\_\_\_ (Probate Estate)  
 + \$ \_\_\_\_\_ (Total Death Benefits)  
 = \$ \_\_\_\_\_ (Total Federal Estate)  
 - \$ \_\_\_\_\_ (Current Exemption Amount from Federal Estate Tax)  
 = \$ \_\_\_\_\_ (Amount Subject to FET)  
 x \_\_\_\_\_ % (37% to 55%) = Amount Of Federal Estate Tax \$ \_\_\_\_\_

Capital Gain Tax \$ \_\_\_\_\_

Total Erosion Of Your Estate \$ \_\_\_\_\_

**Also Consider:** What price can be put on the "Emotional Distress" to your family if they are forced through a Probate of your estate?