

Questions to Consider for your Living Trust

1. Who would you like to be the Beneficiaries of your Trust?

(person(s) designated to be the recipient(s) of your estate)

1. _____ 2. _____ 3. _____ 4. _____

2. Who would you like to be your Executor / Successor Trustee?

(person(s) designated to carry out the provisions of your trust)

1. _____ 2. _____ 3. _____ 4. _____

3. Who would you like to be your Power of Attorney for Finances?

(person(s) designated with full legal authority to handle your financial affairs)

1. _____ 2. _____ 3. _____ 4. _____

4. Who would you like to be your Power of Attorney for Health?

(person(s) designated to follow your predetermined health care decisions)

1. _____ 2. _____ 3. _____ 4. _____

5. Who would you like to appoint as the Guardian(s) for your children?

(person(s) legally appointed to care for your minor children)

1. _____ 2. _____ 3. _____ 4. _____

6. Who would you like to be your Ultimate Beneficiaries?

(person(s) designated to receive your estate if all primary beneficiaries are deceased)

1. _____ 2. _____ 3. _____ 4. _____

7. Who would you like to give a Specific Asset or Cash Gift to?

(specific asset or cash gift to an individual, institution or charity)

1. _____ 2. _____ 3. _____ 4. _____

8. Who would you like to give a Personal Property Item to?

(jewelry, china, silverware, art, coin collection, etc.)

1. _____ 2. _____ 3. _____ 4. _____

PACIFIC COAST TRUST

Schedule of Assets

To create the List of Assets for your Living Trust, please provide the names of the Financial Institutions that hold the following items. Please, Do **NOT** include Account Numbers or Amounts:

Accounts:

Checking -	1. _____	2. _____	3. _____
Savings -	1. _____	2. _____	3. _____
Money Market -	1. _____	2. _____	3. _____
CD's -	1. _____	2. _____	3. _____
Brokerage -	1. _____	2. _____	3. _____
Stocks Held -	1. _____	2. _____	3. _____
Mutual Funds -	1. _____	2. _____	3. _____

Retirement:

IRA's -	1. _____	2. _____	3. _____
401K's	1. _____	2. _____	3. _____
TSA's	1. _____	2. _____	3. _____

Life Insurance: 1. _____ 2. _____ 3. _____

Businesses:

Sole Prop. -	1. _____	2. _____	3. _____
C-Corp -	1. _____	2. _____	3. _____
S-Corp -	1. _____	2. _____	3. _____
LLC -	1. _____	2. _____	3. _____
Partnership -	1. _____	2. _____	3. _____

Promissory

Notes: 1. _____ 2. _____ 3. _____
(full legal name)

Vehicles: 1. _____ 2. _____ 3. _____
(year/make/model)

Grant Deeds: 1. _____ 2. _____ 3. _____
(we can usually provide these for you with the address or APN number)

PACIFIC COAST TRUST

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