Trust Intake Packet

FOR YOUR ESTATE PLANNING ATTORNEY

This packet contains only the information your attorney needs to begin drafting your living trust. Complete the fields on screen, then send it to your attorney before your meeting.

HOW TO USE THIS PACKET

1. Open in Adobe Acrobat Reader (free) for best results — some email and mobile previews do not display fillable fields correctly.
2. Type your answers directly into the highlighted fields, then SAVE/DOWNLOAD the completed file before closing — browser viewers may not keep your work.
3. Send the saved PDF to your attorney securely (their portal or encrypted email).
4. Store your completed copy encrypted — it contains sensitive personal and financial information. Do not leave it in email or a shared Downloads folder.

IMPORTANT — PLEASE READ

This file does not replace your full Living Trust Planning Companion, which contains valuable guidance, instructions, and the contacts your successor trustee will need.

This packet is an educational and organizational tool only. It is not legal advice and does not create an attorney-client relationship. It does not create, amend, or substitute for any legal document. Laws governing trusts and estates vary by state and change over time. Always consult a licensed estate planning attorney in your state before making decisions about your estate plan. The creator of this guide is not an attorney, financial advisor, or tax professional.

The Living Trust Planning Companion

Full educational guidance is in your companion guide. This packet is data only.

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CATEGORY 1 Real Estate | Primary Residence, Second Homes, Land

Property 1, Primary Residence

Property Address

City, State, ZIP

Type of Property

- ☐ Primary Residence
- ☐ Second Home
- ☐ Land
- ☐ Other

How Is Title Held?

- ☐ My name only
- ☐ Joint
- ☐ In trust
- ☐ In LLC

Estimated Current Value

Outstanding Mortgage Balance

Mortgage Lender Name

Mortgage Account Number

Lender Phone

Monthly Payment

Transfer Started?

- ☐ Yes, Date Initiated:
- ☐ No
- ☐ In Progress

Transfer Complete?

- ☐ Yes
- ☐ No When complete, check off in Funding Status below

Sold Property?

- ☐ Yes
- ☐ No

Date of Sale

CATEGORY 2 Investment and Rental Property

Investment Property 1

Property Address

City, State, ZIP

Type of Property

☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Short-Term Rental

Held in LLC?

☐ Yes, LLC Name:

☐ No

LLC Assigned to Trust?

☐ Yes, Date:

☐ No

☐ In Process

Property Deeded Into Trust?

☐ Yes, Date:

☐ No

☐ In Process

Estimated Current Value

Mortgage Balance

Mortgage Lender Name

Mortgage Account Number

Lender Phone

Monthly Rental Income

Property Manager Name and Contact

Insurance Company and Policy Number

Sold Property?

☐ Yes ☐ No

Date of Sale

CATEGORY 2 Investment and Rental Property

Investment Property 2

Property Address

City, State, ZIP

Type of Property

☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Short-Term Rental

Held in LLC?

☐ Yes, LLC Name:

☐ No

LLC Assigned to Trust?

☐ Yes, Date:

☐ No

☐ In Process

Property Deeded Into Trust?

☐ Yes, Date:

☐ No

☐ In Process

Estimated Current Value

Mortgage Balance

Mortgage Lender Name

Mortgage Account Number

Lender Phone

Monthly Rental Income

Property Manager Name and Contact

Insurance Company and Policy Number

Sold Property?

☐ Yes ☐ No

Date of Sale

CATEGORY 3 Financial Accounts | Checking, Savings, Money Market, CDs

Account 1

Financial Institution Name

Account Type

- ☐ Checking
- ☐ Savings
- ☐ Money Market
- ☐ CD
- ☐ Other

Account Number

How Is Account Titled?

- ☐ My name only
- ☐ Joint
- ☐ In trust name

Approximate Balance

Retitled Into Trust?

- ☐ Yes, Date:
- ☐ No
- ☐ In Process

Customer Service Phone

Account 2

Financial Institution Name

Account Type

☐ Checking ☐ Savings ☐ Money Market ☐ CD

Account Number

How Is Account Titled?

☐ My name only ☐ Joint ☐ In trust name

Approximate Balance

Retitled Into Trust?

☐ Yes ☐ No ☐ In Process

Customer Service Phone

NOTE

Bank accounts must be retitled in the name of the trust to be properly funded. Ask your bank: "What do you need to retitle an account into a trust name?" Most require a Certification of Trust, a short document your attorney provides.

CATEGORY 4 Retirement Accounts | 401k, IRA, Roth IRA, 403b, Pension

IMPORTANT

Retirement accounts are generally NOT transferred directly into a living trust. They pass through beneficiary designation. Document them here and ensure your designations are coordinated with your overall estate plan.

Retirement Account 1

Institution and Plan Administrator

Account Type

- ☐ Traditional IRA
- ☐ Roth IRA
- ☐ 401k
- ☐ 403b
- ☐ SEP IRA
- ☐ Pension

Account Number

Approximate Balance

Primary Beneficiary Named

Contingent Beneficiary Named

Trust Named as Contingent?

- ☐ Yes
- ☐ No

Beneficiary Designation Last Reviewed Date

Financial Advisor or HR Contact

Personal Property / Valuables

List what the item is and where it can be located.

CATEGORY 5 Life Insurance Policies

IMPORTANT

The most protected families treat their life insurance like a team where every policy has a specific job: Mortgage Protection, Income Replacement, Final Expense, Spousal Protection, Child Protection, Business Protection, and Legacy or Wealth Transfer.

Policy 1

Insurance Company Name

Policy Type

- ☐ Term
- ☐ Whole Life
- ☐ Universal
- ☐ Final Expense
- ☐ Group

Primary Purpose of This Policy

- ☐ Mortgage
- ☐ Income
- ☐ Final Expense
- ☐ Spousal
- ☐ Business
- ☐ Legacy

Policy Number

Face Value, Death Benefit

Cash Value if applicable

Primary Beneficiary Named on Policy

Contingent Beneficiary Named

Trust Named as Beneficiary?

- ☐ Yes
- ☐ No
- ☐ Trust is contingent beneficiary

Insurance Agent Name and Contact

Beneficiary Designation Last Reviewed Date

CATEGORY 5 Life Insurance Policies

Policy 2

Insurance Company Name

Policy Type

- ☐ Term
- ☐ Whole Life
- ☐ Universal
- ☐ Final Expense
- ☐ Group

Primary Purpose of This Policy

- ☐ Mortgage
- ☐ Income
- ☐ Final Expense
- ☐ Spousal
- ☐ Business
- ☐ Legacy

Policy Number

Face Value, Death Benefit

Cash Value if applicable

Primary Beneficiary Named on Policy

Contingent Beneficiary Named

Trust Named as Beneficiary?

- ☐ Yes
- ☐ No
- ☐ Trust is contingent beneficiary

Insurance Agent Name and Contact

Beneficiary Designation Last Reviewed Date

CATEGORY 6 Digital Assets | Crypto, Online Businesses, Digital Accounts

IMPORTANT

This is one of the most overlooked categories in estate planning today. Digital assets can represent real and significant value. Without documentation and access instructions, they can be permanently lost.

Cryptocurrency and Digital Investments | Entry 1

Platform or Exchange Name

Type of Asset

☐ Bitcoin ☐ Ethereum ☐ Other:

Approximate Value

Wallet Type

☐ Exchange ☐ Hardware Wallet ☐ Software Wallet

Assigned to Trust?

☐ Yes ☐ No ☐ In Process

Cryptocurrency and Digital Investments | Entry 2

Platform or Exchange Name

Type of Asset

☐ Bitcoin ☐ Ethereum ☐ Other:

Approximate Value

Wallet Type

☐ Exchange ☐ Hardware Wallet ☐ Software Wallet

Assigned to Trust?

☐ Yes ☐ No ☐ In Process

IMPORTANT

Do NOT write seed phrases or private keys directly in this guide if it will be stored in an accessible location. Instead note where that information is securely stored, such as a fireproof safe, safety deposit box, or encrypted password manager, and provide your Successor Trustee with access instructions.

Beneficiaries & Distribution Wishes

This is the heart of your trust: who receives what, in what share, and when. Your attorney will use this to draft the distribution terms. Use percentages so it stays accurate as your assets change, and note any specific gifts separately.

Primary Beneficiaries — Who Inherits the Trust

Full Name	Relationship	Share %	Receives at Age

Specific Gifts or Bequests

Particular items or amounts going to a particular person (e.g. "my wedding ring to my daughter Jane," "$5,000 to my brother"). List the item or amount, and who receives it.

If a beneficiary passes before me, their share should go to:

- ☐ Their children (per stirpes)
- ☐ The surviving beneficiaries
- ☐ Other (note below)

Charitable gifts (organization and amount, if any)

Anyone you want to intentionally leave out (optional)

Who Makes Decisions for Me?

Your trust handles what happens to your assets after you pass away. But what happens if you are still here and cannot speak for yourself? An accident. A stroke. A long illness. These three questions need answers before that day comes.

Who makes my medical decisions if I cannot speak?

If you are unconscious or unable to communicate, someone needs to decide whether to proceed with surgery, continue treatment, or make end-of-life decisions. Without naming someone ahead of time, your family may not have the legal authority to make those choices.

Person I would choose

Relationship

Have I told them?

Who handles my finances if I am alive but unable to?

Your Successor Trustee takes over after you pass away. But if you are alive and unable to manage your own finances, someone needs to pay your bills, manage your accounts, and keep things running. Without naming someone, your family may have to go to court just to access your bank account.

Person I would choose

Relationship

Is this the same person as my Successor Trustee?

Can the hospital even talk to my family?

Without a signed authorization, hospitals cannot share your medical information with anyone. Not your spouse. Not your children. Your family could be sitting in a waiting room with no idea what is happening to you.

People who should have access to my medical information:

1.

2.

3.

> **IMPORTANT**
> Bring this page to your appointment and ask: Can you prepare a healthcare directive, a financial power of attorney, and a HIPAA authorization so the people I named here have the legal authority to help me?

What I Want for My Medical Care

If you cannot speak for yourself, the person you named on the previous page needs to know what you would want. These are hard questions. But answering them now takes an impossible decision off someone you love.

If I am terminally ill or permanently unconscious:

Do I want to be kept on life support?

☐ Yes ☐ No ☐ Let my medical contact decide

Do I want to be resuscitated if my heart stops?

☐ Yes ☐ No ☐ Let my medical contact decide

Do I want tube feeding or IV nutrition if I cannot eat?

☐ Yes ☐ No ☐ Let my medical contact decide

Do I want pain medication even if it shortens my life?

☐ Yes ☐ No ☐ Let my medical contact decide

Allergies or medications my medical contact should know about:

IMPORTANT

This page does not replace a legal healthcare directive. It is a starting point for the conversation with your estate planner and a reference for the person you trust to make these decisions. Bring this page to your appointment.

My Wishes for My Funeral or Memorial

This page is for you to write down what you want. Not what your family assumes. Not what is easiest. What you actually want. Having this written down takes one of the hardest decisions off your family during the worst week of their lives.

What would you prefer?

- ☐ Burial
- ☐ Cremation
- ☐ I do not have a preference, my family can decide

If burial, is there a specific cemetery or location?

If cremation, what would you like done with your ashes?

Funeral home you would like your family to use

What type of service?

- ☐ Formal funeral service
- ☐ Celebration of life
- ☐ Small private gathering, family only
- ☐ No service, my family can decide

Organ donor?

☐ Yes ☐ No ☐ Already registered

Anything specific you want at your service?

A song, a reading, a person to speak, a location, a tradition:

Is there anything you do NOT want?

Who should handle the arrangements?

Name

Relationship

Phone

Does this person know your wishes?

Notes

IMPORTANT

Bring every page from this section to your estate planning appointment. Your planner will use your answers to prepare the legal documents that make your wishes enforceable.

GRANTOR — YOU

Full Legal Name

Date of Birth

Social Security Number

Primary Address

Primary Phone

Email Address

Trust Name Official

Date Trust Was Created

SUCCESSOR TRUSTEE — FIRST

Full Legal Name

Relationship to Grantor

Primary Address

Primary Phone

Cell Phone

Email Address

Preferred Contact Method

☐ Phone ☐ Text ☐ Email

Has this person been told they are named?

☐ Yes, Date told:

☐ No

Does this person know where this guide is?

☐ Yes ☐ No

SUCCESSOR TRUSTEE — SECOND ALTERNATE

Full Legal Name

Relationship to Grantor

Primary Phone

Cell Phone

Email Address

Preferred Contact Method

☐ Phone ☐ Text ☐ Email

Has this person been told?

☐ Yes ☐ No

ESTATE PLANNING ATTORNEY

Attorney Full Name

Law Firm Name

Primary Address

Primary Phone

Cell Phone

Email Address

Website

Client or File Reference Number

Where original trust documents are stored

FINANCIAL ADVISOR

Advisor Full Name

Firm Name

Primary Phone

Email Address

Website or Client Portal

Client Account Numbers

ACCOUNTANT or CPA

CPA Full Name

Firm Name

Primary Phone

Email Address

Client Reference Number

LIFE INSURANCE AGENT

Agent Full Name

Insurance Company

Primary Phone

Cell Phone

Email Address

Policy Numbers Managed

GUARDIAN FOR MINOR CHILDREN

Full Legal Name

Relationship to Children

Primary Phone

Email Address

Has this person been told?

- ☐ Yes, Date:
- ☐ No

Names of Minor Children in Their Care

Family Member 1

Full Legal Name

Relationship to You

Date of Birth

Nature of Disability or Special Need

Government Benefits Currently Received

- [ ] SSI
- [ ] Medicaid
- [ ] SSDI
- [ ] Medicare
- [ ] HUD Housing
- [ ] Other:

Monthly Benefit Amount

Benefit Case Worker or Contact Name

Agency Phone

Special Needs Trust in Place?

- [ ] Yes, Date established:
- [ ] No
- [ ] In Progress

ABLE Account in Place?

- [ ] Yes, Institution:
- [ ] No

Trustee of Special Needs Trust

Letter of Intent Prepared?

- [ ] Yes, Location:
- [ ] No

Guardian or Conservator Named?

- [ ] Yes, Name:
- [ ] No

Notes on Care Preferences and Daily Needs

Family Member 2

Full Legal Name

Relationship to You

Date of Birth

Nature of Disability or Special Need

Government Benefits Currently Received

- ☐ SSI
- ☐ Medicaid
- ☐ SSDI
- ☐ Medicare
- ☐ HUD Housing
- ☐ Other:

Monthly Benefit Amount

Benefit Case Worker or Contact Name

Agency Phone

Special Needs Trust in Place?

- ☐ Yes, Date established:
- ☐ No
- ☐ In Progress

ABLE Account in Place?

- ☐ Yes, Institution:
- ☐ No

Trustee of Special Needs Trust

Letter of Intent Prepared?

- ☐ Yes, Location:
- ☐ No

Guardian or Conservator Named?

- ☐ Yes, Name:
- ☐ No

Notes on Care Preferences and Daily Needs