THE LAW OFFICES OF GABRIEL LENHART

TRUST DATA SHEET FOR COUPLES

Trustors/Settlors

You are the Trustor(s), sometimes called Settlor(s), of your trust, please provide your full legal name(s) and the following requested information in as much detail as possible.

Date:	
Spouse 1	
Name:	Date of birth:
Address:	
Home phone:	Work phone:
Cell phone:	Fax:
Email address:	
Social Security number (optional for this	data sheet):
Spouse 2	
Name:	Date of birth:
Address:	
Home phone:	Work phone:
Cell phone:	Fax:
Email address:	
Social Security number (optional for this	data sheet):

What are your specific concerns? (Protect from probate, avoid estate taxes, asset
preservation, nursing home pre-planning, my family told me I'm supposed to do
this, etc.)
Successor Trustee(s)
List at least two persons (primary successor trustee and secondary successor trustee)
who you would want to manage your trust if neither of you can do so. You may also
designate co-successor trustees where two people can work together as your trustees.
Please provide relationship, phone numbers and addresses of all proposed trustees.
Primary successor trustee name(s) & relationship to you:
Address, email, and phone number of each person:
Secondary successor trustee name(s) & relationship to you:
becomeany successor trustee manie(s) et remainismp to jour
Address, email, and phone number of each person:

Children Please provide full names, addresses, and phone numbers of all your children, their ages and whether or not they are children of a prior marriage. Please note if you have a deceased child or an adopted child. If needed use back of this page.
Dana Caiania / Italia
Beneficiaries/heirs Along with the children/adopted children listed above, please list any specific individuals or organizations you intend to inherit from your estate who are not your children or adopted children. If there are any minors (under age 18), please include their age(s). See paragraph 4 below to further describe how you choose to distribute your estate.

INSTRUCTIONS FOR THE DISTRIBUTION OF OUR PERSONAL PROPERTY

Pursuant to the terms of our living trust, we are making the following instructions for the distribution of our tangible personal property and personal effects at our death:

Beneficiary	Item

Distribution (an important area to carefully consider)

Distribution to your children (or other beneficiaries) will be in equal shares unless otherwise designated. If you choose not to distribute equally, please specify the percentage or specific amount of distribution to each named beneficiary. Include any specific instructions, if any, for distribution, i.e, over a specific period of time, so much per year, etc. Also, identify anyone who you listed or is related to you whom you specifically do not want to inherit.

ADVANCED HEALTH CARE DIRECTIVE

This document is used by all medical personnel and hospitals to determine how you want life support issues handled. You should appoint an agent who knows what your wishes are and will carry out those wishes. You should also consider one or two alternate agents in event your appointed agent cannot or will not so act. (Specific medical directives and burial wishes forms to follow below.)

Primary Agent for Spouse 1	
Name/Relationship:	
Address:	
Phone:	Email:
1st Alternate for Spouse 1	
Name/Relationship:	
Address:	
Phone:	Email:
2 nd Alternate for Spouse 1	
Name/Relationship:	
Address:	
Phone:	Email:
Primary Agent for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:

1st Alternate for Spouse 1	
Name/Relationship:	
Address	
Address:	
Phone:	Email:
2 nd Alternate for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:

FINANCIAL POWER OF ATTORNEY

Primary Agent for **Spouse 1**

The purpose of this document is for management of any assets that are not listed or held by the trust. Generally the individual you list here should be the same person(s) you selected as your trustee(s) of your trust.

Name/Relationship:	
Address:	
Phone:	Email:
1st Alternate for Spouse 1	
Name/Relationship:	
Address:	
Phone:	Email:
2 nd Alternate for Spouse 1	
Name/Relationship:	
Address:	
Phone:	Email:
Primary Agent for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:

1st Alternate for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:
2 nd Alternate for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:

A trust requires a special type/form of will.

Will(s)

A special type of will, known as a pour over will, is provided with all revocable trusts to designate distribution of certain personal property not already transferred to the trust. Your executor of this will generally should be the same person as the primary trustee of your trust.

Primary Executor for Spouse 1	
Name/Relationship:	
Address:	
Phone:	Email:
1st Alternate for Spouse 1	
Name/Relationship:	
Address:	
Phone:	Email:
2 nd Alternate for Spouse 1	
Name/Relationship:	
Address:	
Phone:	Email:
Primary Executor for Spouse 2	
Name/Relationship:	
Address:	

Phone:	Email:
1st Alternate for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:
2 nd Alternate for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:

Conservator

Primary Conservator for **Spouse 1**

Sometimes it is necessary to appoint a conservator for an incapacitated or incompetent person. Please identify the individual you would like as your conservator. That person should be someone familiar with your finances, wishes and desires, and has the time to manage your estate. (Again, spouses generally appoint each other as primary care givers.)

,		
Name/Relationship: _		
Address:		
Phone:	Email:	
1st Alternate for Spouse 1		
Name/Relationship: _		
Address:		
Phone:	Email:	
2 nd Alternate for Spouse	<u>1</u>	
Name/Relationship: _		
Address:		
Phone:	Email:	
Primary Conservator for	Spouse 2	
Name/Relationship: _		
Address:		
Phone:	Email:	

1st Alternate for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:
2 nd Alternate for Spouse 2	
Name/Relationship:	
Address:	
Phone:	Email:

ASSETS TO BECOME THE TRUST ESTATE

All assets transferred to probate.	your trust become the tru	ust estate and are <u>1</u>	oot subject to
Real estate. List your rownership you hold, such address and parcel num deed for each parcel that	ch as joint tenancy, tena ber for each property. <u>W</u>	nts in common, as We will also need a	s well as the
The following categories trust estate in order to <u>an</u>	are additional assets that void probate:	t generally become	bart of the
Bank accounts, saving institution, type of acco			me of
Bank name	Type of acct.	IRA (Y/N)	Est. value
,			,

Please be specific as to review the most recen	the type of investment. It investment statements sould become a trust asset.	In addition, we wo	ould like to
Bank name	Type of acct.	IRA (Y/N)	Est. value
interests held by you	oth IRAs, pensions, prorindividually or jointly. We so we can determine who asset.	e will review the m	nost recent

Life insurance policies. List the owner of the policy, the beneficiary, the value, the cash value and the type (i.e. whole life, term, or universal life)	e face
Automobiles, RVs, boats, etc. These items are not generally transferre trust estate unless the value of each individual asset is over \$75,000 such boats, collectibles, etc.)	
Please list here any questions, comments or concerns you may have regard your estate, distribution, trustees or agents, and we will discuss these issue our next meeting.	_

INSTRUCTIONS FOR HEALTH CARE – Spouse 1

2.A. END-OF-LIFE DECISIONS ("LIVING WILL"). I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life. I understand that if there is a conflict between my agent's decision and this statement, this statement shall take precedence.

For purposes of this statement:

- (A) "Life-sustaining treatment" means any medical procedure, treatment, intervention, or other measure including artificially or technologically supplied nutrition and hydration that, when administered, will serve principally to prolong the process of dying.
- (B) "An irreversible coma", means a coma from which the treating physicians have reasonably concluded I will never regain consciousness.
- (C) "Persistent vegetative state" means a state of permanent unconsciousness that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, is characterized by both of the following:
 - (i) I am irreversibly unaware of myself and my environment, and
 - (ii) There is a total loss of cerebral cortical functioning, resulting in my having no capacity to experience pain or suffering.
- (D) "Terminal condition" means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, both of the following apply:
 - (i) There can be no recovery; and



	INITIALS
2.B. RELIEF FROM PAIN. Notwithstanding anything hereindirect that treatment for alleviation of pain or discomfort be preven if it hastens my death. Notwithstanding the precede withholding or withdrawing nutrition and/or hydration vexperience substantial pain or discomfort, I want to be proving and/or hydration.	rovided at all times ding paragraph, is will cause me to
	INITIALS
2.C. OTHER WISHES. In addition to the preceding paragraph following directives to my agent:	ns, I am making the
If I ever fall into a persistently vegetative state, you are diremisery as painlessly as possible.	ected to reduce my
	INITIALS
If I become senile, you are directed to let me die naturall extraordinary medical treatment.	y and without any
	INITIALS
If I am in an irreversible coma or persistent vegetative state, form of CPR.	, I do not want any
	INITIALS
If I am already in an irreversible coma or persistent vego develop some other illness or condition for which a course of be considered, I do not want any additional treatment to example, if I am in an irreversible coma and it is subsequen I have cancer, I do not want chemotherapy and/or radiation	of treatment would to be initiated (for only discovered that
	INITIALS
Additional directives/instructions:	

INSTRUCTIONS FOR HEALTH CARE – Spouse 2

2.A. END-OF-LIFE DECISIONS ("LIVING WILL"). I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life. I understand that if there is a conflict between my agent's decision and this statement, this statement shall take precedence.

For purposes of this statement:

- (E) "Life-sustaining treatment" means any medical procedure, treatment, intervention, or other measure including artificially or technologically supplied nutrition and hydration that, when administered, will serve principally to prolong the process of dying.
- (F) "An irreversible coma", means a coma from which the treating physicians have reasonably concluded I will never regain consciousness.
- (G) "Persistent vegetative state" means a state of permanent unconsciousness that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, is characterized by both of the following:
 - (i) I am irreversibly unaware of myself and my environment, and
 - (ii) There is a total loss of cerebral cortical functioning, resulting in my having no capacity to experience pain or suffering.
- (H) "Terminal condition" means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, both of the following apply:
 - (i) There can be no recovery; and



	INITIALS
2.B. RELIEF FROM PAIN. Notwithstanding anything hereindirect that treatment for alleviation of pain or discomfort be preven if it hastens my death. Notwithstanding the precede withholding or withdrawing nutrition and/or hydration vexperience substantial pain or discomfort, I want to be proving and/or hydration.	rovided at all times ding paragraph, is will cause me to
	INITIALS
2.C. OTHER WISHES. In addition to the preceding paragraph following directives to my agent:	ns, I am making the
If I ever fall into a persistently vegetative state, you are diremisery as painlessly as possible.	ected to reduce my
	INITIALS
If I become senile, you are directed to let me die naturall extraordinary medical treatment.	y and without any
	INITIALS
If I am in an irreversible coma or persistent vegetative state, form of CPR.	, I do not want any
	INITIALS
If I am already in an irreversible coma or persistent vego develop some other illness or condition for which a course of be considered, I do not want any additional treatment to example, if I am in an irreversible coma and it is subsequen I have cancer, I do not want chemotherapy and/or radiation	of treatment would to be initiated (for only discovered that
	INITIALS
Additional directives/instructions:	

BURIAL WISHES – Spouse 1

Client Name:
At my death, I wish to be: Cremated
Buried
If cremated, I would like my ashes disposed as follows:
If buried, I would like my remains interred as follows:
I have already made arrangements at:
My representative shall be:
If my representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individual(s) to serve as my successor representative(s):
1
2
3



BURIAL WISHES – Spouse 2

Client Name:
At my death, I wish to be: Cremated
Buried
If cremated, I would like my ashes disposed as follows:
If buried, I would like my remains interred as follows:
I have already made arrangements at:
My representative shall be:
If my representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individual(s) to serve as my successor representative(s):
1
2
3

