

**The Law Office of Matthew C. Yu**

Attorney-At-Law

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**Client Information Form - Trust**

**Clients Full Legal Name:** \_\_\_\_\_

Single  Married  Not Married  Widowed

**Spouse's Full Legal Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Trust:** \_\_\_\_\_

**Amending/Restating Trust?**  Yes  No

**Date of Trust:** \_\_\_\_\_

**Trust Type:**  Revocable \_\_\_\_\_ Probate Avoidance \_\_\_\_\_ A/B \_\_\_\_\_ QTIP

**Children:**  Yes  No

**Grandchildren**  Yes  No

**Children's Full Legal Names:**

- |          |                      |
|----------|----------------------|
| 1. _____ | Date of Birth: _____ |
| 2. _____ | Date of Birth: _____ |
| 3. _____ | Date of Birth: _____ |
| 4. _____ | Date of Birth: _____ |

**Grandchildren's Full Legal Names:**

- |          |                      |
|----------|----------------------|
| 1. _____ | Date of Birth: _____ |
| 2. _____ | Date of Birth: _____ |
| 3. _____ | Date of Birth: _____ |
| 4. _____ | Date of Birth: _____ |

**Assign Guardianship of Minor(s)**  Yes  No

(If yes, please list name below)

- |          |                     |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
|----------|---------------------|

**Disinherit any Relatives**  Yes  No

(If yes, please list name below)

- |          |                     |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
|----------|---------------------|

**Primary Beneficiaries:**

- |          |                     |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
| 2. _____ | Relationship: _____ |
| 3. _____ | Relationship: _____ |
| 4. _____ | Relationship: _____ |

**Distribution in EQUAL shares?** Yes No (If not, please list name and % below)

- |          |           |
|----------|-----------|
| 1. _____ | % : _____ |
| 2. _____ | % : _____ |
| 3. _____ | % : _____ |
| 4. _____ | % : _____ |

**Distribute Shares OUTRIGHT?**  Yes No (If not, please indicate below)

- 25 % at age: \_\_\_\_\_
- 33.3 % at age: \_\_\_\_\_
- 50 % at age: \_\_\_\_\_
- 100 % at age: \_\_\_\_\_

**Successor Trustee(s):** (Please Specify if any will be Co-Trustee's)

- 1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_ 2<sup>nd</sup>  
Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Power of Attorney if Incapacitated:** **Spouse Primary Agent?** Yes  No

- If not, name of Primary Agent:
- |          |                     |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
| 2. _____ | Relationship: _____ |
- Joint Agents? Yes  No

**Health Care Directive Agent:** **Spouse Primary Agent?**  Yes No

- If not, name of Primary Agent:
- |          |                     |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
| 2. _____ | Relationship: _____ |
- Joint Agents? Yes  No

**End of Life Decisions:**

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

**Burial Wishes:**

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

**Pre-Memorial Needs Planned?** Yes No

**Financial Information**

Bank Accounts: (Please list name, \$ and acct# below)

- 1. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 2. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 3. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 4. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_

Stocks, Bonds, Mutual Funds, Securities: (Please list name, \$ and acct# below)

- 1. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 2. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 3. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 4. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_

**Approx. \$**

IRA's, TSA's, 401k, Other Retirement Plans: (Please list name, \$ and acct# below)

- 1. \_\_\_\_\_ Acct#: \_\_\_\_\_ \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_
- 2. \_\_\_\_\_ Acct#: \_\_\_\_\_ \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_
- 3. \_\_\_\_\_ Acct#: \_\_\_\_\_ \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_
- 4. \_\_\_\_\_ Acct#: \_\_\_\_\_ \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Approx. \$**

Partnerships, Corporations, LLC, Business Interests: (Please list name, \$ and acct# below)

- 1. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 2. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 3. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_
- 4. \_\_\_\_\_ \$: \_\_\_\_\_ Acct#: \_\_\_\_\_

**Approx. \$**

Life Insurance: (Please list Co. name, acct# & beneficiary name below)

- 1. \_\_\_\_\_ Acct#: \_\_\_\_\_ Beneficiary: \_\_\_\_\_
- 2. \_\_\_\_\_ Acct#: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Personal Property: (Please address & net value below)

- 1. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 2. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 3. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 4. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_

Real Estate: (Please address & net value below)

- 1. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 2. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 3. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_
- 4. \_\_\_\_\_ Net Value: \$ \_\_\_\_\_

