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REVOCABLE LIVING TRUST INFORMATION PACKET

Please fill out the information as accurately as possible. We would like to have this information prior to our meeting, which is scheduled on _____, _____ .m. All information you provide is strictly confidential.

SECTION 1: GENERAL INFORMATION

Date: _____ Home Phone: _____ Cell Phone: _____
 Date of Birth: _____ Marital Status: Married Single Divorced Widowed
 Legal Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Your Employer: _____
 Spouse's Legal Name: _____ Cell Phone: _____ Date of Birth: _____
 Email Address: _____

Notes:

For Office Use Only	
Hyatt	Number(s)
Referral	Name
Price	

SECTION 2: CHILDREN

#1 Legal Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Related to: You Only Spouse Only Both Needs Special Care

#2 Legal Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Related to: You Only Spouse Only Both Needs Special Care

#3 Legal Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Related to: You Only Spouse Only Both Needs Special Care

#4 Legal Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Related to: You Only Spouse Only Both Needs Special Care

#5 Legal Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Related to: You Only Spouse Only Both Needs Special Care

#6 Legal Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Related to: You Only Spouse Only Both Needs Special Care

#7 Legal Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Related to: You Only Spouse Only Both Needs Special Care

SECTION 3: FINANCIAL INFORMATION

1. Do you own a **Home** or any **other real estate**?

Address: _____

County: _____

Address: _____

County: _____

Address: _____

County: _____

SECTION 4: TRUST DECISIONS

1. **Trustee(s)** - Manages your trust now; usually you (and your spouse) during your lifetime.

2. **Successor Trustee(s)** - Steps in at your incapacity or death. Can be adult children, trusted friend, and/or a Corporate Trustee.

#1 Choice: Name: _____ Phone: _____

Address: _____

#2 Choice: Name: _____ Phone: _____

Address: _____

3. **Guardian For Minor Children** - Responsible adult who will raise your minor children if something happens to you.

#1 Choice: Name: _____ Phone: _____

Address: _____

#2 Choice: Name: _____ Phone: _____

Address: _____

SECTION 5: BENEFICIARIES

2. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed (If any)? You can designate a dollar amount or a percentage.

Name of Person	Address	Amount/Percentage

3. Inheriting Instructions

Do you want your Beneficiaries to receive their inheritances in installments, at certain ages, or all at once? Per Stirpes or Per Capita? *(we will discuss this in depth at your appointment)*

SECTION 6: SPECIAL INSTRUCTIONS AT INCAPACITY

- Durable Power of Attorney for Health Care.** This document lets you choose the person you want to make any health care decisions for you if you are unable to make them for yourself, keeping these personal decisions out of the courts.

You can choose anyone you trust: your spouse, friend or other relative, etc. List your choices below:

You:

#1 Choice:
Name:

#2 Choice:
Name:

#3 Choice:
Name:

Spouse:

#1 Choice:
Name:

#2 Choice:
Name:

#3 Choice:
Name:

- Power of Attorney for Finances.** This document lets you choose the person you want to make any financial decisions for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. You can choose anyone you trust: your spouse, friend or other relative, etc. List your choices below:

You:

#1 Choice:
Name:

#2 Choice:
Name:

#3 Choice:
Name:

Spouse:

#1 Choice:
Name:

#2 Choice:
Name:

#3 Choice:
Name: