



5) \_\_\_\_\_

If you have more than five (5) children, list them on a separate sheet of paper. For Parent, List B for Both, H for Husband and W for Wife.

**Cast of Characters**

**You will need various people to help you carry out your wishes. We have asked you for you to choose a few of your needed “assistants” in the spaces that follow.**

**Trustors** - This is the person that owns all of the assets in the trust. If you are married, this would typically be Husband and Wife, or at the first spouse’s death, the remaining spouse. If you are single, this is just you, while alive and competent.

**Trustees** - This is the person that controls all of the assets in the trust while alive and competent. If you are married, this would typically be Husband and Wife, or at the first spouse’s death, the remaining spouse. If you are single, this is just you, while alive and competent. However, when you die or if you become incompetent before you die, it is wise to name a Successor Trustee:

**Successor Trustee** to act on your behalf to manage your money and assets while incompetent and/or to distribute assets as your death.

If you are married, we will assume, unless you tell us otherwise, that you want your spouse to be your primary successor trustee.

However, if my spouse predeceases me or is incompetent to act, I want the following named persons or institution to act as my Successor Trustee:

Successor Trustee #1 \_\_\_\_\_

Successor Trustee #2 \_\_\_\_\_

**Health Care Power of Attorney** is the person who makes medical decisions on your behalf if you are not able to do so. This person may even be asked to consult with your doctor on the ultimate “pull-the-plug” decision. Once again, if you are married, we will assume, unless you tell us otherwise, that you want your spouse to be your primary attorney-in-fact under your Health Care Power of Attorney.

However, if my spouse predeceases me or is incompetent to act, I want the following named persons or institution to act as my Health Care Power of Attorney:

Health Care Power of Attorney #1 \_\_\_\_\_

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

City, State & Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Health Care Power of Attorney #2 \_\_\_\_\_

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

City, State & Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_