

## **Will and Trust Information Worksheet**

### **Trust**

Name of Trust (usually “[name of husband] and [name of wife] Family Trust dated \_\_”):

Beneficiaries 1<sup>st</sup> and 2<sup>nd</sup> with addresses:

Significant Assets: Stock, Businesses/Business Interests, Properties – esp. real property:

Trustor(s) (who is making and funding the trust):

Successor Trustee(s) with addresses and phone numbers, in the order of succession:

### **Warranty Deed**

Where transfer trust

If land, address and information

MAKE SURE YOU PROVIDE A COPY OF THE DEEDS FOR ANY REAL  
PROPERTY THAT WILL BE TRANSFERRED INTO THE TRUST

### **Will**

Immediate Family Group (and addresses if they are being used in Will):

Executor of the Will / Personal Representative (person who makes the will happen):

If that Executor is unable or unwilling to act then appoint:

Guardian of minor children (if not survived by a spouse) with name and address

If that Guardian is unable or unwilling to act then appoint:

\_\_\_ a statement re funeral arrangements - \_\_\_ burial, \_\_\_ cremation, \_\_\_ medical or scientific purposes,  
\_\_\_ other:

**Power of Attorney (provide names, addresses and telephone numbers)**

Who to appoint as attorney-in-fact:

For Husband:

For Wife:

If that person is unwilling, then who, with names and addresses?

Husband:

Wife:

**Health Care Agent (provide names, addresses and telephone numbers)**

For Husband:

For Wife:

If that person is unwilling, then who, with names and addresses?

Husband:

Wife:

Successors? Who to appoint and in what order:

**Living Will Provisions to Consider:**

**You will need to make the following elections when executing the living will and appointment of medical agent after the following language:**

I choose not to receive care for the purpose of prolonging life, including food and fluids by tube, antibiotics, cardiopulmonary resuscitation, or dialysis being used to prolong my life. I always want comfort care and routine medical care that will keep me comfortable and functional as possible, even if that care may prolong or shorten my life. My health care provider should withhold or withdraw life-sustaining care if at least one of the following INITIALED conditions is met:

- I am in a persistent vegetative state
- I am close to death and am unlikely to recover
- I cannot communicate and it is unlikely that my condition will improve
- I do not recognize my friends or family and it is unlikely that my condition will improve
- I have a progressive illness that will cause death

for the appointment of agent for medical purposes, you will also need to make elections after the following language:

If none of the above conditions has been initialed, I put no limits on the ability or discretion of my health care provider or agent to withhold or withdraw life-sustaining care. [Note that if you do not want emergency medical service providers to provide CPR or other life sustaining measures, you must work with a physician or APRN to complete an order that reflects your wishes on a form approved by the Utah Department of Health.]

My agent shall have the powers below ONLY IF I INITIAL the "YES" option that precedes the statement:

YES  NO  I authorize my agent to get copies of my medical records at any time, even when I can speak for myself.

YES  NO  I authorize my agent to admit me to a licensed health care facility, such as a hospital, nursing home, assisted living, or other facility for long-term placement other than convalescent or recuperative care.

YES  NO  I, being of sound mind and not acting under duress, fraud or other undue influence, do hereby nominate my agent or, if my agent is unable or unwilling to serve, my alternative agent(s), to serve as my guardian in the event that, after the date of this instrument, I become incapacitated. [Note: Even though appointing an agent should help in avoiding a guardianship, a guardianship may still be necessary. Initial the "YES" option if you want the court to appoint your agent or, if your agent is unable or unwilling to serve, your alternative agent, to serve as your guardian, if a guardianship is ever necessary.]

YES  NO  I authorize my agent to consent to my participation in medical research or clinical trials, even if I may not benefit from the results.