

# **“The Morelli Family Heritage Foundation”**

## **Presents**

### **“The Complete Estate Planning Package”**

- **Last Will and Testament**
- **Child Guardianship**
- **Revocable Living Trust**
- **Directives and Power of Attorney Forms**
- **Information forms for Family and Successor Trustee’s**

# **Estate Planning Package**

## **Documents in your Estate Package:**

### **Last Will & Testament: 3pages**

**Exhibit "A" (Distribution of Tangible & Personal Property)**

### **Child Guardianship (Individual or Couple) 2pages**

**Naming guardians for your children**

**Authorization of Guardianship**

### **Revocable Living Trust (Individual or Couple) 6pages**

**Schedule "A" (Assignment of Property)**

**Schedule "B" (Disbursement of Real Estate & Autos )**

**Certification of Trust**

**Notice to Successor Trustees**

**Notice to Financial Institution**

### **Directives and Power of Attorney Forms:**

**Physicians Directive ( 1 Page )**

**Durable Power of Attorney ( 2 Pages )**

**Advance Health Care Directive ( 4 Pages )**

### **Information for Family and Successor Trustees:**

**Insurance Information for Home, Auto, Health, and Life**

**Credit Card account information**

**Financial accounts outside my/our Trust**

**Retirement account information**

**Death and burial information**

## FINAL STEPS FOR COMPLETING YOUR ESTATE PLAN

**Step 1. Contact a Title Company or other deed servicing companies and have them draft a new deed conveying title from you to your new Revocable Living Trust.**

**Step 2. Complete having your witnesses sign off on the documents listed below that requiring a witness signature.**

**Step 3. Upon completion of steps one and two make arrangements to meet with a Notary and sign the new deed and all the other documents requiring your signature in front of an Notary.**

**Step 4. Now take the Notarized deed to your County Recorder and have it recorded. Request and pay for a certified copy.**

**Step 5. Place all documents into a three ring binder as per the index sheet provided.**

**Step 6. Take the binder and go to your financial institutions where you would like to have the accounts changed over to the name of your new Revocable Living Trust. They will copy whichever pages they need to switch the account into your Trust.**

<b>DOCUMENTS</b>	<b>YOUR SIGNATURE REQUIRED</b>	<b>WITNESSES SIGNATURES REQUIRED</b>
<b>Last Will &amp; Testament</b> On page 1 & pg. 2, item 6 you will need two witness signatures.	<b>2 page &amp; Notary Required</b>	<b>Page 3 ( 3 Witnesses)</b>
<b>Revocable Living Trust</b> On page 2 part 6 item D you will Select two people to act as your trustees.	<b>6 page &amp; Notary Required</b>	<b>None Needed</b>
<b>Advance Health Care Directive</b> On page 1, part 1 you will appoint Two people to act as your agents.	<b>4 page &amp; Notary Required</b>	<b>Page 4 (2 witnesses)</b>
<b>Directive to Physicians</b> You will list your Primary Physician	<b>1 page &amp; Notary Required</b>	<b>Page 1 (2 witnesses)</b>
<b>Durable Power Of Attorney</b> On page 1 & pg. 2, item 6 you Will select 2 people to act as your Attorney-in-fact.	<b>2 page &amp; Notary Required</b>	<b>None needed</b>

**LAST WILL**

**&**

**TESTAMENT**

## **Your Last Will and Testament**

**This three page Last Will and Testament is a legal document that communicates your final wishes, as pertaining to your personal belongings possessions and assets.**

**Your Last Will and Testament enables you to select a person or persons to act as your personal representatives upon your death.**

**This document also enables you to select your heirs and to select an individual or couple to serve as the legal guardians to your child or children in the event of your death and or the simultaneous death of you and your spouse.**

**Your Last Will and Testament will require you to select one or two people to act as your personal representatives.**

**It will require your signature, the signatures of three witnesses and the signature of a Notary and a Notary stamp.**

## **EXPLANATION OF LAST WILL AND TESTAMENT**

### **LAST WILL & TESTAMENT: (3 Pages)**

**The Last Will and Testament is a legal document that communicates your final wishes, as pertaining to your personal belongings, possessions and assets outside your trust.**

**Your Last Will & Testament enables you to select a person or persons to act as your personal representative upon your death. This document also enables you to select your heirs and to select an individual or couple to serve as the legal guardians to your minor child or children in the event of your death and or the simultaneous death of you & your spouse.**

### **THIS DOCUMENT WILL REQUIRE THE FOLLOWING:**

- 1) One or two people to act as your representatives.**
- 2) It will require the signature of three witnesses.**
- 3) It will require the signature of a Notary.**

**LAST WILL**

**&**

**TESTAMENT**

**of**

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## LAST WILL AND TESTAMENT OF

I, \_\_\_\_\_, being of legal age, of sound mind and disposing mind and memory and not acting under duress, menace, fraud, misrepresentation or undue influence, hereby declare this to be my last will and Testament. I hereby revoke all my prior Wills and Codicils.

### ARTICLE 1: DEBITS, EXPENSES, DEATH TAXES & RESIDUE

My successor trustee shall pay all my currently due debts and all the expenses of my last illness, burial and the administration of my Estate as soon as is conveniently possible. My successor trustee shall pay my debts and expenses out of my Trust Estate.

#### DEATH TAXES

My successor trustee shall pay all state and federal death and inheritance taxes payable by reason of my death with respect to assets included in the calculation of the taxes, whether passing under this will or otherwise. My successor trustee shall pay the taxes out of my Trust estate.

#### RESIDUE

After paying any debts and expenses or death and inheritance taxes and disbursing all my personal & tangible property as per the attached exhibit "A" titled Schedule of Disbursement of Tangible Personal Property. The residue of the property owned by me at my death, real and personal and wherever situated, I devise and bequeath to the Trustees appointed under the \_\_\_\_\_ & \_\_\_\_\_ Revocable Living Trust. I direct that the Residuary Estate shall be held, administrated and distributed as part of that Trust according to the terms of that Trust and any amendments made to it prior to my death. It is my intention not to create a separate trust by this Last Will & Testament nor to subject the Revocable Living Trust to the jurisdiction of the probate court.

### ARTICLE 2: DISPOSITION OF FINANCIAL ACCOUNTS, PRIMARY RESIDENCE, VEHICLES & PERSONAL ITEMS

Personal Items:	Exhibit "A" attached to this Last Will & Testament
Real Estate & Financial Accounts:	Schedule "A" attached to my trust
Motor Vehicles:	Schedule "B" attached to my trust

### ARTICLE 3: PERSONAL REPRESENTATIVE

My personal representatives & Trustee's are \_\_\_\_\_ & \_\_\_\_\_ and they shall have all the powers & duties according to my Revocable Living Trust.

**ARTICLE 4: NO CONTEST PROVISION**

If any devisee, legatee or beneficiary under this will or the Living Trust referred to above shall, directly or indirectly, contest this will or my Revocable Living Trust or any of their respective parts or provisions, any share or interest given to that person shall be revoked and augmented proportionately the share of such of the devisees, legatees and beneficiaries as shall not have joined or participated in said contest.

**ARTICLE 5: DISPOSITION**

I purposely make no substantial provision in this will for my children now living, or any born or adopted hereafter, for the reason that adequate provision is made for them in my Revocable Living Trust referred to above.

**ARTICLE 6: INVALIDITY**

If any portion of this will shall be determined to be unenforceable, the remaining portions shall, nevertheless, be carried into effect.

**ARTICLE 7: SURVIVAL**

If there is not sufficient evidence as to whether my spouse survived me, the provisions of my Will shall be given effect in like manner as if he/she had deceased me and died before me.

**ARTICLE 8: WILL EXECUTION**

This Will has been prepared in duplicate, each copy of which has been executed as an original. One of these executed copies is my possession and the other is deposited for safekeeping in a safe deposit box access and instructions as to the whereabouts of the key to the box has been provided to my family. Either of these Wills is to be considered as the original. If only one copy of this Will can be found. Then it shall be considered as the original, and the missing copy will be presumed inadvertently lost.

IN WITNESS WHEREOF, I have signed and sealed this Will, consisting of (3) pages, on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute it as my free and voluntary act for the purposes expressed in it, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

STATE OF Utah  
COUNTY OF \_\_\_\_\_)ss,

ON \_\_\_\_\_, 20\_\_\_ before me, \_\_\_\_\_, a Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that He/She executed the same in His/Her authorized capacity, and that by His/ Her signature on this instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Utah that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Seal or Stamp.

Signature \_\_\_\_\_

**LAST WILL AND TESTAMENT OF**

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**WITNESSES SIGNATURES**

**We do hereby declare under penalty of perjury that the testator signs and executes this instrument as his/her Last Will and that he/she signs it willingly (or willingly directs another to sign for him/her) and that he/she executes it as his/her free and voluntary action for the purposes herein expressed; and that each of us, in the presence and hearing of the testator and of each other, hereby signs this Will and witness to the testator's signing, and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.**

**Dated:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Name.**

**Residing at:**  
\_\_\_\_\_  
\_\_\_\_\_  
**Ph. #** \_\_\_\_\_

\_\_\_\_\_  
**Name.**

**Residing at:**  
\_\_\_\_\_  
\_\_\_\_\_  
**Ph. #** \_\_\_\_\_

\_\_\_\_\_  
**Name.**

**Residing at:**  
\_\_\_\_\_  
\_\_\_\_\_  
**Ph. #** \_\_\_\_\_

**EXHIBIT "A"**

**DISTRIBUTION OF TANGIBLE & PERSONAL PROPERTY OF**

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I, \_\_\_\_\_ **HEREBY DECLARE THIS TO BE MY TANGIBLE & PERSONAL PROPERTY LIST (KNOWN AS EXHIBIT A ) AND I DESIRE THAT UPON MY DEATH THE FOLLOWING SPECIFIC ITEMS OF PERSONAL PROPERTY BE DISTRIBUTED BY MY TRUSTEES TO THE FOLLOWING BENEFICIARIES.**

<b>Description &amp; Location of Tangible &amp; Personal Property</b>	<b>Beneficiary</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

**If the named beneficiaries of a particular item doesn't survive me, such devise shall lapse and pass as otherwise provided in my will. Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_**

**Name:** \_\_\_\_\_



**CHILDRENS**

**GUARDIANSHIP**

**AUTHORIZATION**

# AUTHORIZATION OF GUARDIANSHIP

## AND

### Naming Guardians for your Minor Children

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**As a parent, your Will provides you the opportunity to designate a guardian for minor children in the event of your death. Naming a guardian in your Will ensures that you choose who would care for your children, not the courts.**

**In most cases, if your child's other parent survives you, they assume guardianship without any other special actions. However, it is important to designate a guardian in the event that neither parent is available to assume the role.**

**A guardian becomes responsible for the child's physical care, health, education, and welfare until he or she reaches 18 years of age. This includes providing the basic needs such as food, clothing, shelter, health care decisions and education choices.**

**The guardian is not responsible to meet the child's financial needs with his or her own money. Usually, a trustee, who may also be the executor, handles those arrangements with money provided by the estate and dedicated for that purpose. A guardian is not paid for his or her services.**

**The person you choose as the guardian should have good parenting skills and values similar to your own. You should have complete confidence in the person you nominate, and you should be certain that your nominee is willing to accept the responsibility of raising your children should the need actually arise. Family members or trusted friends are good options. Naming co-guardians is permitted but doing so may create custody problems should the co-guardians separate in the future.**

**Careful consideration should be given to family members and longtime friends. Many parents looking for a guardian consider the candidate's religious views, opinions about education and whether or not they would be willing to accept the responsibility.**

**Once a selection is made, it's vital to discuss it with the person who may raise your children. Make certain they understand the responsibility they would be assuming and that they are willing to do so.**

**Perhaps the best way to appoint a guardian in a legally binding manner is by placing it in a will. With the assistance of an attorney specializing in wills and estates, it should be little trouble to identify the appropriate guardian and make any other necessary arrangements for the care of the child. Wills can incorporate a great deal of detail about how you would like your child to be raised, and this can be a useful guide for the guardian.**

## **EXPLANATION OF GUARDIANSHIP FOR MINOR CHILDREN**

### **NAMING A GUARDIAN FOR YOUR CHILDREN**

**In most cases if your spouse survives you they will assume guardianship of your children, however it is important to designate a guardian in the event neither of you is available to assume this role. Your Will and your Living Trust provides you the venue to designate a guardian for your child or children.**

**A guardian becomes responsible for the physical care, health, education and welfare until they reach the age of eighteen.**

**The guardian is not responsible for the financial needs of your child or children, for this your successor trustee would handle your child's financial needs with money provided for in your Revocable Living Trust.**

### **USING LIFE INSURANCE TO PROVIDE FOR YOUR CHILDREN**

**Consider buying a moderate term insurance policy, which is the least expensive form of insurance you can buy. It will provide quick cash for your children, if necessary without draining your bank account.**

**You would name your spouse as your primary beneficiary and your successor trustee of your living trust as the secondary beneficiaries in case you and your spouse die simultaneously.**

**In your trust document you would name your children as beneficiaries of any money the trust receives from the insurance policy. Your trustee will manage the monies for the benefit of your children as per your instructions and release all remaining monies in the trust when your children reach the age specified by you in your trust.**

## **AUTHORIZATION OF GUARDIANSHIP**

**For** \_\_\_\_\_

**We the undersigned being the legal parents of**  
\_\_\_\_\_ **do hereby grant,**  
\_\_\_\_\_ **the authority to be the legal**  
**guardian of our**  
**Son/Daughter** \_\_\_\_\_.

**The authorization of legal guardianship shall begin upon the date of our simultaneous deaths and shall remain in effect until he/She reaches the legal age of eighteen years old.**

**The above named guardians shall have the complete power for our child's physical care, health, education and welfare until He/She reaches the legal age of eighteen.**

**This document has been attached to and become a part of our Wills and our Trust named the \_\_\_\_\_ & \_\_\_\_\_ Revocable Living Trust.**

**Within these documents we have provided the above appointed guardians with the financial ability to accomplish our wishes with regards to our daughter's upbringing and his/her educational and personal goals.**

**Governing Law: We intend this document to be our Authorization of Guardianship under Utah Law. However, if any of our wishes and instructions go beyond what Utah law authorizes, we request that those instructions be respected and allowed in keeping with our rights to direct this Authorization of Guardianship as guaranteed by the US constitution.**

**The legal names of all parties named in this Authorization of Guardianship are listed below.**

**Minor Child:** \_\_\_\_\_, age \_\_,  
born \_\_\_\_\_, \_\_\_\_\_.

**Legal Parents:** \_\_\_\_\_ & \_\_\_\_\_.

**Appointed Guardian:** \_\_\_\_\_

**IN WITNESS WHEREOF we have executed this Authorization of Guardianship, and we have directed that photographic copies of this authorization of Guardianship shall have the same force and effect as an original.**

\_\_\_\_\_ dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_ dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**NOTARY**

**STATE OF UTAH. )**

**:SS.**

**COUNTY OF \_\_\_\_\_, )**

**ON \_\_\_ DAY of \_\_\_\_\_, 20\_\_\_**

**before me \_\_\_\_\_, a Notary Public**

**personally appeared \_\_\_\_\_ and**

**\_\_\_\_\_, personally known to me (or**

**proved to me on the basis of satisfactory evidence) to be the**

**persons whose names are subscribed to the within**

**instrument, and acknowledged to me that they executed the**

**same in their authorized capacity and that by their**

**signatures on this Authorization of Guardianship the**

**persons, or the entity upon behalf of which the persons**

**acted, executed this instrument. I certify under PENALTY**

**OF PREJURY under the laws of the State of Utah that the**

**foregoing paragraph is true and correct.**

**WITNESS my hand and official seal**

**Notary Seal and stamp**

**Signature \_\_\_\_\_**

Utah Couple,  
Living Trust,  
original  
6 pages, + 3 sets  
4 sets

**REVOCABLE  
LIVING TRUST  
FOR  
A COUPLE**

# “Revocable Living Trust”

**Understanding Trusts:** The revocable living trust is an arrangement by which you transfer ownership of your property into a trust throughout the course of your lifetime. To fully understand how a trust operates, let’s take a look at the four main components:

1. **Grantor**—the creator of the trust.
2. **Trustee**—the person or entity that distributes and manages the trust property according to the trust documents.
3. **Trust assets**—property transferred into the trust.
4. **Beneficiaries**—those who receive the benefits of the trust.

**Establishing the Living Trust:** Unlike a will, which comes into play only after you die, the living trust can start benefiting you while you are still alive. The trust is revocable in nature, which allows you to make changes to fit your personal situation. As the grantor, or creator of the trust, you can name any competent adult as your trustee or trustee’s.

This document will require you to select a successor trustee to manage the trust when you die. It will also require your signature and the signature of a Notary. We have included a sample Revocable Living Trust for your review and possible use. (Be sure to have a legal representative review it prior to having it Notarized and made official)

## **EXPLANATION OF REVOCABLE LIVING TRUST**

### **REVOCABLE LIVING TRUST: (6 Pages)**

**A Revocable Living Trust is a legal document that is created by an individual or couple to hold and own their assets, which are in turn invested and spent for the benefit of the creators of the trust. Your trust will cover three phases of your life.**

#### **Phase 1.**

**While you are alive you will manage, invest and spend the trust assets for your own benefit. You will place your assets into the trust on schedule "A" and you will be the trustee.**

#### **Phase 2.**

**If you are determined to be mentally incapacitated and can no longer function as the trustee then your "Successor Trustees" will take over the management of the trust.**

#### **Phase 3.**

**When you die your "Successor Trustees" will take over and pay all of your final bills, debts, taxes and then manage the trust and all of the assets according to your instructions in your trust. Because you placed all of your assets into the ownership of your trust while you were alive there will be no need for anything to be probated and your "Successor Trustees" can proceed with the administration of your trust as per your instructions therefore distributing your assets to your designated beneficiaries and working with your appointed guardian for your minor child or children.**

**You will select two people to be your trustees, they will not have to sign, however your signature and the signature of a Notary is required.**

**Upon the completion of all the paperwork for the above forms you will activate, fund & finalize your Living Trust, your bank accounts, the deed on your house and all other related documents.**

&

REVOCABLE LIVING TRUST

CREATING BY

&

CURRENTLY ACTING AS TRUSTEES

Dated This \_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

**AND**

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**REVOCABLE LIVING TRUST**

- ARTICLE 1 Trust Name and Declaration of Trust**
- ARTICLE 2 Character of Trust Property**
- ARTICLE 3 Adding Property to The Trust**
- ARTICLE 4 Grantor Rights**
- ARTICLE 5 Amendment & Revocation**
- ARTICLE 6 Homestead Rights**
- ARTICLE 7 Trustee's**
- ARTICLE 8 Trustee's Powers & Duties**
- ARTICLE 9 Incapacity of Grantors**
- ARTICLE 10 Death of Grantors**
- ARTICLE 11 Distribution To Beneficiaries**
- ARTICLE 12 Administration of Trust**
- ARTICLE 13 Terms of Property Distribution**
- ARTICLE 14 Simultaneous Death**
- ARTICLE 15 Payment of Grantors Debts & Taxes**
- ARTICLE 16 General Administration Provisions**

THE \_\_\_\_\_ & \_\_\_\_\_

## REVOCABLE LIVING TRUST

### ARTICLE 1. TRUST NAME AND DECLARATION OF TRUST

THIS AGREEMENT AND DECLARATION OF TRUST is made and entered into this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_. By and between \_\_\_\_\_ and \_\_\_\_\_, individually and as husband and wife, hereinafter referred to GRANTORS, declare that they have set aside and hold in this trust all their interest in the property described in the attached schedule "A" All of that property is called the "Trust Property."

The trustees acknowledge receipt of the trust property and agree to hold it in trust, according to this Declaration of Trust.

The trust property shall be used for the benefit of the trust beneficiaries and shall be administrated and distributed by the trustees in accordance with this Declaration of Trust.

The term "this Declaration of Trust" includes any provisions added by valid amendment.

### ARTICLE 2. CHARACTER OF TRUST PROPERTY.

While both grantors are alive, property transferred to this trust shall retain its original character as community property. If the trust is revoked, the trustee shall distribute the trust property to the grantors based on the same ownership rights they had before the property was held in trust.

### ARTICLE 3. ADDING PROPERTY TO THE TRUST.

Either grantor, or both, may add property to this trust at any time.

### ARTICLE 4. GRANTORS RIGHTS

#### A) Payments From Trust During Grantors Lifetimes

The trustees shall pay to or use for the benefit of the grantors as much of the net income and principle of the trust property as the grantors request. Income shall be paid to the grantors at least annually. Income accruing in or paid to trust accounts shall be deemed to have been paid to the grantors.

#### B) Rights Retained by Grantors

As long as both grantors are alive, both retain all rights to income, profits and control of the trust property listed on Schedule "A" attached to this Revocable Living Trust.

## ARTICLE 5. AMENDMENT AND REVOCATION

### A) Revocation by Grantor

As long as grantor is alive, they may revoke this trust at any time, without notifying any beneficiary. Revocation may be in writing or any manner allowed by law.

### B) Amendment by Grantor

While the grantor is alive, this Declaration of Trust may be amended only by the grantor. All amendments must be in writing and signed by the grantor.

After the death of the grantor, the trust becomes an irrevocable trust.

### C) Amendment or Revocation by Other Person

The power to revoke or amend this trust is personal to the grantor. A conservator, guardian or other person may not exercise it on behalf of either grantor unless the grantor specifically grants the power to revoke or amend this trust in a Durable Power of Attorney.

## ARTICLE 6. HOMESTEAD RIGHTS

If the grantors principal residence is held in this trust, the grantor has the right to possess and occupy it for life, rent-free and without charge, except for taxes, insurance, maintenance and related costs and expenses. This right is intended to give the grantor a beneficial interest in the property and to ensure that the grantor, does not lose eligibility for a state homestead tax exception for which the grantor otherwise qualifies.

## ARTICLE 7. TRUSTEE'S

### A) Original Trustee

\_\_\_\_\_ is the trustee of this trust and any other trust or child's sub trust created under this Declaration of Trust. The original trustee alone may act for and represent the trust in any transaction.

### B) Trustee at Death of the first Trustee.

When the original trustee dies, the successor trustee's shall become the trustee's of the Trust .

### C) Successor Trustees at the Death of Original Trustee

When the original trustee dies, \_\_\_\_\_ and \_\_\_\_\_ shall serve as co-trustees.

### D) Trustee's Responsibility

The co- trustees in office shall serve as trustees of all trusts, including any child's sub trust created under this Declaration of Trust.

### E) Terminology

The term "trustees" includes successor trustees or alternate successor trustees serving as trustee of this trust. The singular "trustee" also includes the plural.

F) Resignation of Trustee

Any trustee in office may resign at any time by signing a notice of resignation. The resignation shall be delivered to the person or institution who is either named in this declaration of Trust, or appointed by the trustee under section G of this Part, to next serve as the trustee.

G) Power to Appoint Successor Trustee

If no one named in this declaration of Trust to serve as trustee is willing and able to serve as trustee, the last acting trustee may appoint a successor trustee and may require the posting of a reasonable bond, to be paid for with the trust property. The appointment must be made in writing, signed by the trustee and notarized.

H) Bond

No bond shall be required of any trustee named in this Declaration of Trust.

I) Compensation

No trustee shall receive compensation for serving as trustee, unless the trustee serves as a trustee of a child's sub-trust created by this Declaration of Trust.

J) Liability of Trustee

With respect to the exercise or non-exercise of discretionary powers granted by this Declaration of Trust, the trustee shall not be liable for actions taken in good faith. Such actions shall be binding on all persons interested in the trust property.

## ARTICLE 8. TRUSTEE'S POWERS AND DUTIES

A) Power under State Law

To carry out the provisions of this Declaration of Trust, the trustee shall have all authority and powers allowed or conferred under Utah law, subject to the trustee's fiduciary duty to the grantors and the beneficiaries.

B) Specified Powers

The trustee's powers include, but are not limited to:

1. The power to sell trust property, and to borrow money and to encumber trust property, including trust real estate, by mortgage, deed of trust or other method.
2. The power to manage real estate as if the trustee were absolute owner of it, including the power to sell, lease (even if the lease term may extend beyond the period of any trust) or grant options to lease the property, to make repairs or alternations and to insure against loss
3. The power to invest trust property in every kind of property and every kind of investment, including but not limited to real estate, bonds, notes, mortgages, stocks and mutual funds.
4. The power to receive additional property from any source and add to any trust created by this Declaration of Trust.
6. The power to employ and pay reasonable fees to accountants, lawyers, investment experts or other professional's for information or advice relating to the Trust.
7. The power to deposit and hold trust funds in both interest-bearing and non-interest bearing accounts.
8. The power to deposit funds in bank or other accounts, whether or not they are insured by the FDIC.

- 9) The power to enter into electronic fund transfers or safe deposit arrangements with financial institutions.
10. The power to continue any business of either grantor.
11. The power to institute or defend legal actions concerning this trust or the grantors' affairs.
12. The power to execute any documents necessary to administer any trust created by this Declaration of Trust.
13. The power to diversify investments, including authority to decide that some or all of the trust property need not produce income.

## **ARTICLE 9. INCAPACITY OF GRANTORS**

### **A) Incapacity of One Grantor**

While both grantors are alive, if one of them becomes physically or mentally incapacitated, whether or not a court has declared the grantor incompetent or in need of a conservator or guardian, the other grantor shall serve as sole trustee, until the incapacitated grantor is no longer incapacitated.

### **B) Incapacity of Both Grantors**

If both grantors become physically or mentally incapacitated, the successor co-trustees named in Article 7-C shall serve as co-trustees until at least one of the grantors is no longer incapacitated.

The successor co-trustees shall pay trust income at least quarterly to, or for the benefit of, the grantors. The co-trustees may also spend any amount of trust principal necessary, in the trustee's discretion, for the health, education, support, comfort, welfare and maintenance of the grantors, in accordance with their accustomed standard of living, until at least one grantor is no longer incapacitated, or until the grantors' deaths.

### **C) Incapacity of Surviving Spouse**

If after the death of one spouse, the surviving spouse becomes physically or mentally incapacitated, the successor co-trustees shall serve as trustees of the trust and of any other trusts created by this Declaration of Trust. The successor co-trustees shall serve as trustees until the surviving spouse is no longer incapacitated. The co-trustees shall pay income from the trust at least quarterly to, or for the benefit of, the surviving spouse. The trustees may also spend any amount of the trust principal necessary, in the successor trustees' discretion, for the proper health, education, support, comfort, welfare and maintenance of the surviving spouse, in accordance with his or her accustomed standard of living. Any income not spent for the benefit of the surviving spouse shall be accumulated and added to the trust.

### **D) Determination of Incapacity**

The determination of a grantor's capacity to manage this trust shall be made by those of the people listed here who are reasonably available when the other grantor or the successor co-trustees (or any of them, if two or more are named to serve together) requests their opinion. These people are:

\_\_\_\_\_ and \_\_\_\_\_. If the majority of them state in writing, that in their opinion a grantor is no longer reasonably capable of serving as trustee, that grantor shall be considered incapacitated for the purposes of this Part.

## **ARTICLE 10: DEATH OF GRANTORS**

Upon the death of the first grantor, the surviving spouse will be the sole Trustee. As the trustee he or she can remove, change or cancel it outright. Upon the death of the surviving spouse the successor co-trustees will become the trustees of the Trust.

## **ARTICLE 11: DISTRIBUTIONS TO BENEFICIARIES**

Upon the death of the first grantor, the surviving spouse shall distribute the deceased's tangible and personal property as per exhibit "A" the itemized Statement of Distribution of Tangible & Personal Property attached to and made a part of his or her Last Will & Testament. Upon the death of the surviving spouse the co-successor trustees named in this trust shall distribute their tangible & personal property as per Exhibit "A" the itemized Statement of Distribution of Tangible & Personal Property. The successor co-trustees shall then distribute all remaining property and asset's of the trust as per the Schedule "B" Statements of Final Distribution To Beneficiaries which are attached to and included as a part of this Revocable Living Trust.

## **ARTICLE 12: ADMINISTRATION OF TRUST**

This trust is a Revocable Living Trust and can be changed by the trustee(s) or the surviving spouse. The surviving spouse is the life beneficiary of the trust upon the death of the first spouse. The surviving spouse is entitled to all the income and principle from the trust for the surviving spouse's health, education, maintenance, support and the ability to maintain the same comfortable lifestyle that had been enjoyed as a couple. The surviving spouse as the trustee of this trust shall retain all the rights to all income, profits and control of the property and assets in the trust. The surviving spouse may amend or revoke the trust at any time during his or her lifetime, without notifying any beneficiaries. At the death of the surviving spouse the successor co-trustees of this Revocable Living Trust shall distribute all the remaining assets and property to the beneficiaries as per schedule "B" the "Statement of Final Distribution to Beneficiaries, which is attached to and included as part of this Revocable Living Trust.

## **ARTICLE 13: TERMS OF PROPERTY DISTRIBUTION**

All distributions are subject to any provision in this Declaration of Trust that creates a child's sub trust or a custodianship under the Uniform Transfers to Minors Act. A beneficiary must survive the grantor for 120 hours to receive property under this Declaration of Trust, to survive means to be alive or in existence as an organization. All personal and real property left through this trust shall pass subject to any encumbrances or liens placed on the property as security for the repayment of a loan or debt.

**ARTICLE 14. SIMULTANEOUS DEATH**

If both grantors die simultaneously, or under such circumstances as to render it difficult or impossible to determine who predeceased the other, for purposes of this living trust it shall conclusively be presumed that both died at the same moment, and neither survived the other. The trustees named in Article 7-C shall disburse each of the deceased grantors assets as per their Exhibit's "A" attached to their Wills, & schedule "B" Statement of final distributions to beneficiaries attached to and included in this trust.

**ARTICLE 15. PAYMENT OF GRANTORS DEBTS AND TAXES**

The trustees may pay out of trust property such amounts as necessary for payment of debts, estate taxes and expenses of the last illness and funeral of either spouse.

**ARTICLE 16. GENERAL ADMINISTRATIVE PROVISIONS**

A) Controlling Law

The validity of this trust and construction of its provisions shall be governed by the laws of Utah.

B) Severability of Clauses

If any provision of this Declaration of Trust is ruled unenforceable, the remaining provisions shall nevertheless remain in effect.

**Certification of Grantors**

We certify that we have read this Declaration of Trust and that it correctly states the terms and conditions under which the trust property is to be held, managed and disposed of by the trustees, and we approve this Declaration of Trust.

\_\_\_\_\_ Dated: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
Grantor and Trustee

\_\_\_\_\_ Dated: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
Grantor and Trustee

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC:**

State of Utah  
County of \_\_\_\_\_

On \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, before me \_\_\_\_\_, a notary public for said state, personally appeared \_\_\_\_\_ and \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same in their authorized capacities and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Utah that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

For Notary seal or Stamp

Signature \_\_\_\_\_

**SCHEDULE A ( Assignment of Property)**

The \_\_\_\_\_ & \_\_\_\_\_  
**REVOCABLE LIVING TRUST**

\_\_\_\_\_, Grantor & Trustee of the \_\_\_\_\_  
**REVOCABLE LIVING TRUST** dated the \_\_\_ day of \_\_\_\_\_ 20\_\_\_, hereby assign,  
quitclaim and transfer all of our rights, title and interest in the following financial  
institutions and real estate, together with all present and future improvements thereon to  
The \_\_\_\_\_, Revocable Living Trust dated \_\_\_ day of  
\_\_\_\_\_ 20\_\_\_.

**PROPERTY CONVEYED:**

1-Primary Residence

APN: \_\_\_\_\_

**FINANCIAL INSTITUTION:**

- |                           |           |                     |
|---------------------------|-----------|---------------------|
| 1- Your Bank              | Account # | checking            |
| Address                   | Account # | savings             |
| City-State-Zip            | Account # | CD-Matures on _____ |
| Ph.#                      | Account # | Annuity with _____  |
|                           |           | Ph. _____           |
| 2-Your Credit Union       | Account # | checking            |
|                           | Account # | savings             |
| 3-Your 2nd Bank           | Account # | checking            |
|                           | Account # | membership          |
|                           | Account # | savings             |
| 4- Your Retirement System | Account # | Life Insurance @ \$ |
|                           | Account # | 401 K Plan          |
| 5-Insurance Companies     | Account # | IRA ( Annuity)      |

\_\_\_\_\_  
Name. **GRANTOR & TRUSTEE** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

# Revocable Living Trust

## Schedule "B"

UPON MY DEATH I WOULD LIKE MY/OUR TRUSTEE'S TO DISPOSE OF MY/OUR VEHICLES & PRIMARY RESIDENCE IN THE FOLLOWING MANNER:

PERSONAL RESIDENCE AT \_\_\_\_\_

\_\_\_\_ GIVE TO \_\_\_\_\_

\_\_\_\_ SELL & GIVE MONEY TO THE FOLLOWING PEOPLE IN THE % LISTED BELOW

1. \_\_\_\_ % \_\_\_\_\_

2. \_\_\_\_ % \_\_\_\_\_

3. \_\_\_\_ % \_\_\_\_\_

\_\_\_\_ SELL & DEPOSIT PROCEEDS INTO MY TRUST

AUTO # 1 \_\_\_\_\_

\_\_\_\_ GIVE TO \_\_\_\_\_

\_\_\_\_ DONATE TO \_\_\_\_\_

\_\_\_\_ SELL & GIVE MONEY TO \_\_\_\_\_

\_\_\_\_ SELL & DEPOSIT PROCEEDS INTO MY TRUST

AUTO # 2 \_\_\_\_\_

\_\_\_\_ GIVE TO \_\_\_\_\_

\_\_\_\_ DONATE TO \_\_\_\_\_

\_\_\_\_ SELL & GIVE MONEY TO \_\_\_\_\_

\_\_\_\_ SELL & DEPOSIT PROCEEDS INTO MY TRUST

OTHER: \_\_\_\_\_

\_\_\_\_ GIVE TO \_\_\_\_\_

\_\_\_\_ DONATE TO \_\_\_\_\_

\_\_\_\_ SELL & GIVE MONEY TO \_\_\_\_\_

\_\_\_\_ SELL & DEPOSIT PROCEEDS INTO MY TRUST

**NOTIFICATION TO SUCCESSOR TRUSTEE'S**

Hi \_\_\_\_\_,

I/we am writing this letter to let you know that I/we have just completed the documents listed below. I/we have listed you as my/our successor trustee's of my/our Revocable Living Trust & as my/our agents on my/our Durable Power of Attorney, Advance Health Care Directive & Directive to Physicians.

I/we are enclosing copies of all documents for each of you.

Successor Trustee

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

Successor Trustee

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

**REVOCABLE LIVING TRUST  
LAST WILL AND TESTAMENT  
DURABLE POWER OF ATTORNEY (FINANCIAL)  
POWER OF ATTORNEY FOR HEALTH CARE  
DIRECTIVE TO PHYSICIANS**

I/we hope it is okay that I/we have selected both of you to act as my/our Trustee's and my/our Agents on the other documents. If for any reason either of you do not want to serve as my/our Trustee or my/our agent please let me/us know and I/we will make the appropriate changes.

Please let me/us know if you have any other questions or concerns,

Love you two,

**REVOCABLE LIVING TRUST**

**TRUSTEE CERTIFICATION OF TRUST**

I \_\_\_\_\_, being of legal age, certify under penalty of perjury that:

**1. I am presently serving as Trustee of the following described Trust.**

Name of Trust: The \_\_\_\_\_, Revocable Living Trust

Date of Trust: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Current Trustee \_\_\_\_\_

Successor Trustee(s) \_\_\_\_\_ & \_\_\_\_\_

Trust identification number. None at this time

**2. This Trust is a Revocable Living Trust. The name of the person who has any power to revoke, terminate, or amend the Trust are:**

\_\_\_\_\_

**3. The Trust is in full force and effect and has not been revoked, terminated, or otherwise amended in any manner which would cause the representations in this Certification to be incorrect.**

**4. The Trustee who signs below, acting alone is authorized and empowered to transact business of any kind in connection with the trust's accounts at all Banks, credit unions and all other financial accounts anywhere the trust accounts are being held. It is agreed that any transaction by the above-named trustee, acting alone, shall be valid and discharge the successor trustee's \_\_\_\_\_ & \_\_\_\_\_ from any liability.**

I certify under penalty of perjury that the person signing below is the current Trustee of the \_\_\_\_\_ Revocable Living Trust.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Trustee \_\_\_\_\_

## NOTIFICATION TO FINANCIAL INSTITUTIONS

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

TO:

Company::

Address \_\_\_\_\_

City \_\_\_\_\_, Utah \_\_\_\_\_

Phone \_\_\_\_\_

Refer: Account #

### TO WHOM IT MY CONCERN:

I/we, \_\_\_\_\_, have recently executed a Revocable Living Trust. I/we request that the name on the above referenced account be changed to our trust as follows:

The \_\_\_\_\_ REVOCABLE LIVING TRUST

Thank you for your cooperation in this matter.

\_\_\_\_\_, TRUSTEE

\_\_\_\_\_, TRUSTEE

**RECORDING REQUESTED BY**

**And when recorded mail document  
And Tax statement to:**

\_\_\_\_\_ **SPACE ABOVE THIS LINE FOR RECORDER'S USE** \_\_\_\_\_

**GRANT DEED**

**A.P.N.**

The undersigned grantors(s) declare(s)  
Documentary transfer tax is \$ 0.00 ( R & T code 11930) Into Revocable Trust  
( ) computed on full value of property conveyed, or  
( ) computed on full value less value of liens and encumbrances remaining at time of sale.

**FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,**

**Your Name Goes Here ( Or however you now hold title to the property)**

**Hereby GRANT(S) TO: Your Revocable Living Trust Name Goes Here**

**The following described real property in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_  
: THE LAND REFERRED TO HERE BELOW IS SITUATED IN THE UNINCORPORATED  
AREA, COUNTY OF \_\_\_\_\_, STATE OF \_\_\_\_\_ AND IS DESCRIBED AS  
FOLLOWS:**

\_\_\_\_\_ **Date:** \_\_\_\_\_ **20**

\_\_\_\_\_ **Date:** \_\_\_\_\_ **20**

**STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ )**

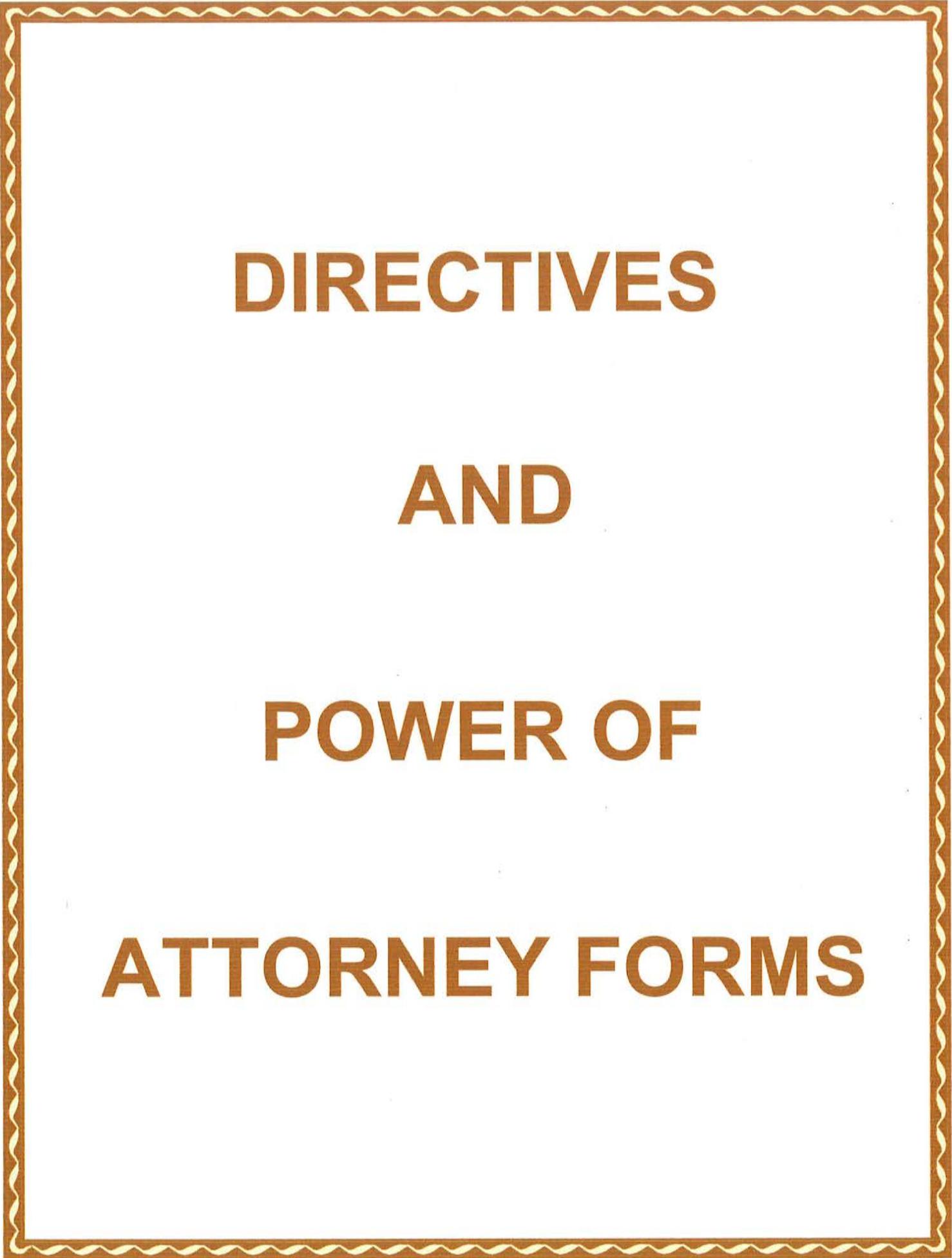
**ON \_\_\_\_\_, before me, \_\_\_\_\_ a  
Notary Public, personally appeared, \_\_\_\_\_ who proved to me on the basis of  
satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and  
acknowledged to me that they executed the same in their authorized capacities, and that by their  
signatures on the instrument the persons, or the entity upon behalf of which the persons acted,  
executed the instrument.**

**I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the  
foregoing paragraph is true and correct.**

**WITNESS my hand and official seal.**

**For Notary Seal or Stamp**

**Signature** \_\_\_\_\_

A decorative border with a repeating wavy pattern in a brownish-gold color surrounds the entire page.

**DIRECTIVES**

**AND**

**POWER OF**

**ATTORNEY FORMS**

**EXPLANATION OF PHYSICIANS DIRECTIVE**

**&**

**HEALTH AND FINANCIAL POWER OF ATTORNEY**

**DURABLE POWER OF ATTORNEY: (2 PAGES)**

The Durable Power of attorney gives your attorney-in-fact the power and authority to act in your behalf in any way which you yourself could act if you were personally present and able to act. You will select two people to act as you attorney-in-fact. Most people select the same two people that they have appointed as their representatives on their Will and as their successor trustees on their Living Trust. This document will have a unlimited lifetime, however it is recommended that it should be reviewed and updated every five years. This document will require your signature as well as that of a Notary.

**ADVANCE HEALTH CARE DIRECTIVE: (4 PAGES)**

The Advance Health Care Directive gives the two people you select the right to make all your healthcare decisions and or communicate for you should you become incapacitated. This document will require two witness signatures, your signature and also the signature of a Notary. This document should be updated every five years.

**DIRECTIVE TO PHYSICIANS: (1 PAGE)**

The Directive to Physicians document gives your family and you physicians your approval to withdraw life sustaining procedures if your death is imminent, however it will require the agreement of two physicians in determining that your death is imminent. This document will require your signature as well as two witness signatures. It does not require a Notary signature. This document should be updated every five years.

# Directive to physicians by \_\_\_\_\_

Reactivate five (5) years from this date.

Directive to Physicians made on this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below and do hereby declare that:

A) If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians and where the application of life sustaining procedures would serve only to artificially prolong the moment of my death and where two physicians determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the merciful administration of medication to eliminate or reduce pain to my mind and body or the performance of any medical procedure deemed necessary to provide me with comfort care.

B) In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences from such refusal.

C) I have not been diagnosed or notified as having a terminal condition at the time of signing this directive.

D) This directive shall have no force or effect five (5) years from the date of the signing of this directive.

E) I understand the full importance of this directive and I am emotionally and mentally competent to make this directive.

\_\_\_\_\_ Residing at: \_\_\_\_\_  
Name: \_\_\_\_\_, \_\_\_\_\_, Utah. \_\_\_\_\_

The declaring \_\_\_\_\_, has been personally known to us and we believe her/him to be of sound mind. We witnesses certify that each of us is 18 years of age or older and each personally witnessed the declaring sign this directive.

\_\_\_\_\_ Residing at: \_\_\_\_\_  
Name: \_\_\_\_\_ Ph. \_\_\_\_\_, Utah. \_\_\_\_\_

\_\_\_\_\_ Residing at: \_\_\_\_\_  
Name: \_\_\_\_\_ Ph. \_\_\_\_\_, Utah. \_\_\_\_\_

STATE OF UTAH  
COUNTY OF \_\_\_\_\_)SS.

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this Physicians Directive and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on this instrument the person, or entity upon behalf of which the person acted, executed this instrument, I certify under PENALTY OF PERJURY under the laws of the state of Utah that the foregoing is true and correct.

WITNESS my hand and official seal

For Notary Seal or Stamp

Signature \_\_\_\_\_

**DURABLE POWER OF ATTORNEY**  
**&**  
**APPOINTMENT OF ATTORNEY-IN-FACT**

On the \_\_\_\_, day of \_\_\_\_\_, 20 \_\_, I \_\_\_\_\_, of \_\_\_\_\_, State of Utah ("Principal") appoint \_\_\_\_\_, of \_\_\_\_\_, Utah, and \_\_\_\_\_, of \_\_\_\_\_, Utah, as my **co-attorneys-in-fact, as follows:**

I. My Attorney-in-Fact shall have the authority to transfer any property I may own, real, personal, or mixed, wherever located, to the trustees then acting under the \_\_\_\_\_ **REVOCABLE LIVING TRUST** dated the \_\_ day of \_\_\_\_\_, 20 \_\_. In order to accomplish this, I authorize my Attorney-in-Fact to do anything required to effect the necessary transfers, including (but not limited to), entering any safe deposit boxes I may own and removing the contents, executing any checks or orders to transfer any funds I have on deposit with any bank or other financial institution, executing any documents of title required to effect any transfer, giving any assurances or warranties to any person, and executing any other documents on my behalf.

2. This power of attorney relates to and gives my attorney-in-Fact full power and authority to act for me and in my name, in any way which I myself could act, if I were personally present and able to act, with respect to the following matters.

- A) Real estate transactions.
- B) Tangible personal property transactions.
- C) Bond, share, and commodity transactions.
- D) Financial institution transactions.
- E) Business operating transactions.
- F) Insurance transactions.
- G) Gifts, in accordance with principal's will & Trust.
- H) Estate transactions.
- I) Claims and litigation.
- J) Tax matters.
- K) Personal relationships and affairs.
- L) Records, reports, and statements.
- M) To join with my spouse in executing joint income tax returns.
- N) All other matters.

3. This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.

4. This power may be revoked by me at any time by a written instrument. No person shall be liable to me or my estate in any way for any losses resulting from his or her good-faith recognition of my attorney-in-Fact's authority, prior to having received a written notice of revocation.

5. Any person may rely fully, completely, and equally on (a) the original of this power of attorney, (b) a duly executed counter part of this power of attorney, or ( c ) a copy certified by my attorney-in-Fact to be a true copy of the original power of attorney.

6. If either \_\_\_\_\_ or \_\_\_\_\_ ceases to act as my attorney-in-fact due to death, incapacity or resignation, I appoint the remaining attorney-in-fact to serve as my sole attorney-in-fact.

7. This power of attorney shall be governed by and constructed according to the laws of the State of Utah whenever the context of this power of attorney requires, the masculine gender includes the feminine or neuter, and vice versa, and the singular number includes the plural, and vice versa.

IN WITNESS WHEREOF I have executed this Durable Power of Attorney, and I have directed that photographic copies of this power shall have the same force and effect as an original.

Date: \_\_\_\_\_ 20\_\_

Name, \_\_\_\_\_

NOTARY

STATE OF UTAH. )

:ss.

COUNTY OF \_\_\_\_\_ )

ON \_\_\_\_ Day of \_\_\_\_\_, 20\_\_ before me

\_\_\_\_\_, a Notary Public

personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on this Durable Power of Attorney the person, or the entity upon behalf of which the person acted, executed this instrument. I certify under PENALTY OF PREJURY under the laws of the state of Utah that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Seal and Stamp

Signature \_\_\_\_\_

**ADVANCE HEALTH CARE DIRECTIVE For \_\_\_\_\_**  
**(\*Reactivate 5 years from this date )**

**PART 1: POWER OF ATTORNEY FOR HEALTH**  
**Designation of Agent.**

I, \_\_\_\_\_ appoint \_\_\_\_\_ as my agent.  
If \_\_\_\_\_ can't serve, I appoint \_\_\_\_\_,  
as my agent.

**Any person I have named as my agent will serve unless any of the following conditions occur:**

- A) I revoke his or her authority in writing.
- B) He or she becomes unavailable or unwilling to act as my agent.
- C) He or she is my spouse and we commence proceedings for divorce.

**Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Ph. No: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Ph. No: \_\_\_\_\_

**Agent's Authority:**

Unless I have specified otherwise in this document, I grant my agent full authority on all matters relating to my health care, including full power to give or refuse consent to all medical, surgical, hospital, and related health care.

X \_\_\_\_\_ By initialing this paragraph, I expressly authorize my agent to make decisions to withhold or withdraw life-prolonging treatment, and artificially administered food and water, which would allow me to die, and I acknowledge such decisions could or would allow my death.

**My agent's power includes, but is not limited to, the authority to:**

- A) Hire and fire personnel.
- B) Visit me in any hospital, hospice, nursing home, adult home, or other medical care facility.
- C) Request, receive and review (In accordance with the Health Insurance Portability and Accountability Act), any information, verbal or written, regarding my physical or mental health, including medical and hospital records and other protected health information, and to execute any releases or other documents that may be required in order to obtain such information.
- D) To sign any documents required to request, withdraw, or refuse medical treatment or to be released or transferred to or from a hospital, hospice, nursing home, adult home, or any other medical facility.
- F) To authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home, or other medical care facility, and to execute any releases or other documents that may be required to do so.

G) Select where I live and receive care and support when those choices relate to my health care needs.

H) Sign any waiver or release from liability required by a hospital or physician, and contract on my behalf for any health care related service or facility, without incurring personal financial liability for such contracts.

**When Effective:**

When this document is signed, each individual identified as my agent is, in accordance with the Health Insurance Portability And accountability Act, my personal representative for all purposes related to any assessment of my capacity to make informed decisions regarding my health care.

**Agent's Obligation:**

My agent shall make health care decisions for me in accordance with this document and any other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

**Agent's Post Death Authority:**

The authority of my agent shall continue after my death for a period of time sufficient for my agent to carry out any wishes described in my Last Will & Testament & the \_\_\_\_\_ Revocable Living Trust.

**Nomination of Conservator:**

If a court must appoint a conservator of my person, I nominate the agent or each alternate agent whom I have named, in the order designated in this form to serve without bond or security.

**PART 2: INSTRUCTIONS FOR HEALTH CARE**

I direct my health care providers to follow the health care decisions made for me by my agent.

**PART 3: DONATION OF ORGANS AT DEATH**

I authorize my agent the power and the authority to execute on my behalf whether to make donations of my organs, tissues, or other body parts after I die.

**PART 4: PRIMARY PHYSICIAN**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART 5: DEFINITIONS**

For purposes of this document:

**Health care means** any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition.

**Terminal condition means** a condition that will cause imminent death or, to a reasonable degree of medical certainty, is hopeless unless artificially supported through the use of life-prolonging procedures. The condition must be confirmed by a physician who is qualified and experienced in making such diagnosis.

**Artificially administered food and water also called nutrition and hydration means** administering food and water through a tube or intravenous line, where the recipient is not required to chew or swallow voluntarily.

**Permanently unconscious** means a condition that, to a reasonable degree of medical certainty, will last permanently, without improvement, and in which there is no cognitive thought, sensation, purposeful action, social interaction, and awareness of self and environment, in addition, the condition must have existed for a period of time sufficient to make such a diagnosis, and must be confirmed by two physicians who are qualified and experienced in making such a diagnosis.

**Life prolonging treatment** means any medical treatment, procedure, or intervention that, in the judgment of the attending physicians, would serve only to prolong the dying process where the patient has a terminal illness or injury, or would serve only to maintain the patient in a condition of permanent unconsciousness. These procedures include assisted ventilation, cardiopulmonary resuscitation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs and antibiotics.

## **PART 6: SIGNATURES**

### **Governing Law:**

I intend this document to be my Advance Health Care Directive under Utah law. However, if any of the health care instructions go beyond what Utah law authorizes, I request that those instructions be respected and followed in keeping with my right to direct my own health care as guaranteed by the U.S. Constitution.

### **Effect of Copy:**

A copy of this document has the same effect as if it were the signed original.

### **Severability:**

If a court finds any of the specific provisions in this document to be invalid, that shall not affect other provisions in this document to be invalid, that shall not affect other provisions that can be given effect without the invalid provision.

### **DATE AND SIGNATURE OF PRINCIPAL:**

I Sign my name to this Advance Health Care Directive on this \_\_\_ day  
of \_\_\_\_\_, 20 \_\_, in \_\_\_\_\_, State of Utah.

\_\_\_\_\_  
**Name:**

### **DURATION:**

I understand that this power of attorney will exist for five years from the date I execute this document unless I establish a shorter time. If I am able to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make health care decisions for myself.

### **PRIOR DESIGNATIONS REVOKED:**

I hereby revoke any prior durable power of attorney for health care.

**STATEMENT AND SIGNATURE OF WITNESSES:**

**We declare under penalty of perjury under the laws of Utah that \_\_\_\_\_ is personally known to us and we acknowledge that he/she appeared to be of sound mind and under no duress, fraud, or undue influence when he/she signed this Advance Health Care Directive, in our presence.**

\_\_\_\_\_, Residing at: \_\_\_\_\_  
**Signature of Witness** \_\_\_\_\_

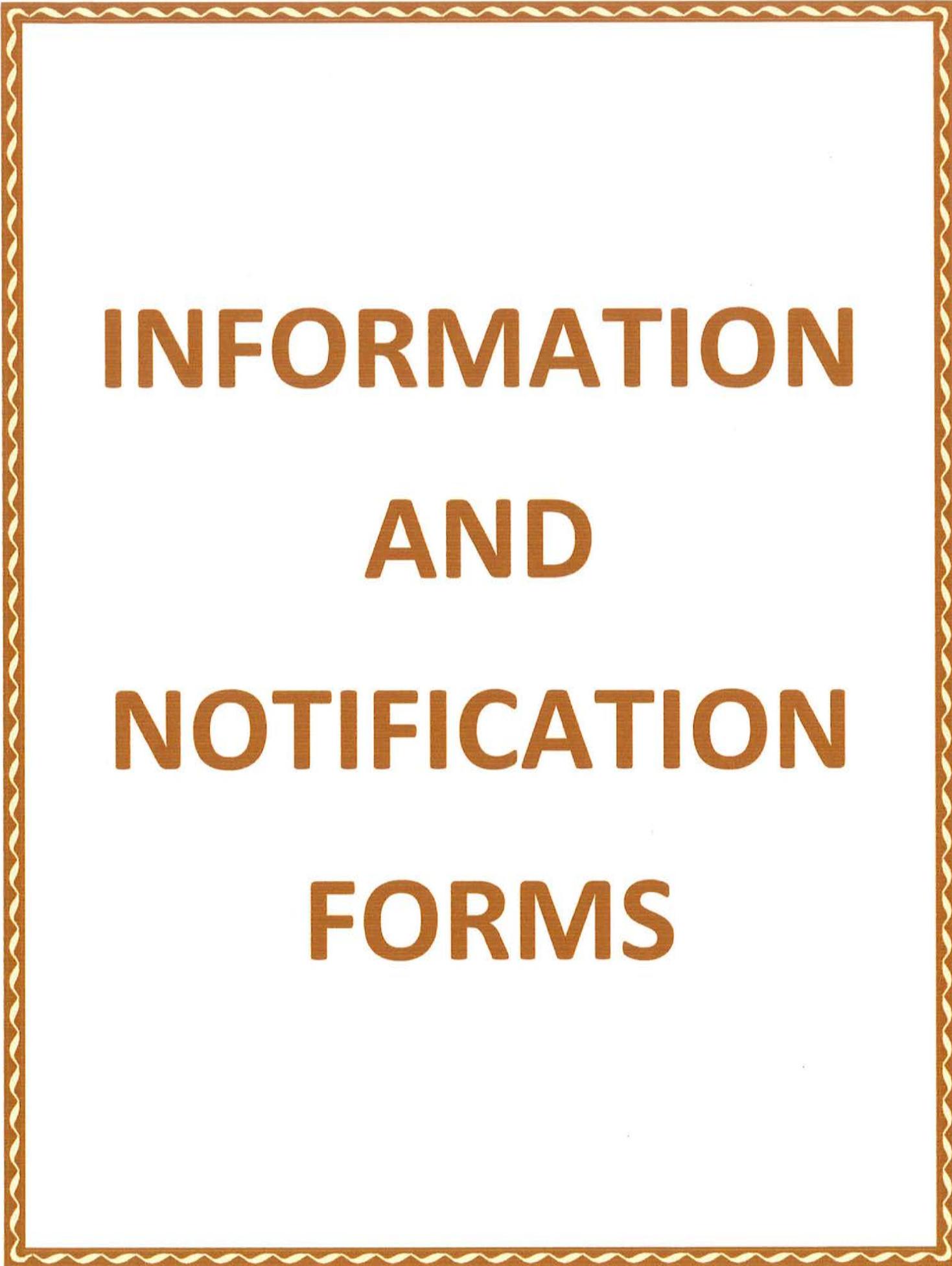
\_\_\_\_\_, Residing at: \_\_\_\_\_  
\_\_\_\_\_

**STATE OF UTAH )**  
**:ss.**  
**COUNTY OF \_\_\_\_\_ )**

**On this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_, personally appeared before me \_\_\_\_\_, who duly acknowledged to me that he/she has read and fully understands the foregoing Advance Health Care Directive, executed the same of his/her own volition and for the purposes set forth, and that he/she was acting under no constraint or undue influence whatsoever. I certify under PENALTY OF PREJURY under the laws of the State of Utah that the foregoing paragraph is true and correct.**

**WITNESS my hand and official seal. For Notary Seal or Stamp**

\_\_\_\_\_  
**NOTARY PUBLIC**



**INFORMATION  
AND  
NOTIFICATION  
FORMS**

**INFORMATION FORMS  
FOR FAMILY  
AND  
SUCCESSOR TRUSTEES**

**Insurance information for Home, Auto, Health and Life**

**Credit Card Account information**

**Financial Account information for accounts outside Trust**

**Retirement Account information**

**Death and Burial information**

# INSURANCE INFORMATION FOR

&

## HOUSE INSURANCE:

COMPANY:

POLICY #

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

## AUTO INSURANCE:

COMPANY:

POLICY #

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

## MEDICAL INSURANCE:

COMPANY:

POLICY #

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

## LIFE INSURANCE:

COMPANY:

POLICY #

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

# CREDIT CARD ACCOUNT INFORMATION FOR

\_\_\_\_\_ & \_\_\_\_\_

:

COMPANY:

Account # \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

COMPANY:

Account # \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

COMPANY:

Account # \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

# FINANCIAL ACCOUNT INFORMATION

## OUTSIDE OF TRUST

:

**COMPANY:**

Account #  
AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

**COMPANY:**

Account #  
AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

**COMPANY:**

Account #  
AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

-

# RETIREMENT ACCOUNT INFORMATION

## FOR

\_\_\_\_\_ & \_\_\_\_\_

:

COMPANY:

Account #

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

COMPANY:

Account #

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

COMPANY:

Account #

AGENT NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

# DEATH AND BURIAL INFORMATION

FOR

&

This form will provide your Successor Trustees and your Loved ones with any advanced end of life planning you have in place.

Such As;

- 1) Any prepaid plan you have with a cemetery for your burial plat, opening and closing of the grave etc.
- 2) Any prepaid plan for your selection of a casket etc.
- 3) Any arrangements you have made in advance for memorial services.
- 4) Any instructions or request who you would like to officiate at your services and who you would like to speak.
- 5) Who you would like to carry your casket and give the final prayer at your grave site.
- 6) What you would like your obituary to say.
- 7) Rather you want to be buried or cremated.
- 8) If you would like to donate any or all of your organs.