

If yes, please provide the name and address of the funeral home:

SECTION V: SOCIAL SERVICE AGENCIES PROVIDING SERVICES TO THE TRUST BENEFICIARY (E.G. CASE MANAGEMENT SERVICES, COMPANIONS, PCA, HOMEMAKER)

37. Name of Organization: _____

Contact Person: _____

Telephone Number: _____

Email: _____

38. Name of Organization: _____

Contact Person: _____

Telephone Number: _____

Email: _____

39. Name of Organization: _____

Contact Person: _____

Telephone Number: _____

Email: _____

SECTION VI: LEGAL/FINANCIAL ADVISORS

40. Does the Trust Beneficiary have his or her own attorney? YES NO

If yes:

Name of Attorney: _____

Firm: _____

Office Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

41. Does the Trust Beneficiary have a Guardian? YES NO

If yes:

Name of Guardian: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

42. Does the Trust Beneficiary have a Conservator? YES NO

If yes:

Name of Conservator: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

43. Does the Trust Beneficiary have a Representative Payee? YES NO

If yes:

Name of Rep Payee: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

SECTION VII: WISH LIST

44. What are your wishes for the Trust Beneficiary for the near and distant future? _____

45. If for some reason you wishes cannot be fully implemented, which items that you have identified do you feel are most important? _____

46. Please share any further information that would help us in understanding this Trust Beneficiary: _____

PLEASE CONTACT US REGARDING ANY CHANGES IN INFORMATION.

Donor Signature: _____ **Date:** _____

Print Name: _____

Relationship to Trust Beneficiary: _____