

Living Trust Update Form

Client Name(s): _____

Name & Date of Trust: _____

Important: Completing & signing this form will be considered a valid trust amendment. A more formal amendment will be prepared if you schedule an appointment with our office. If you do not wish to have it considered an amendment at this time, complete the form, but leave it unsigned. Please print all changes below and sign where indicated.

Financial Agent: This is who steps in upon the death or disability of you (and your spouse) and manages your financial affairs, and eventually distributes your estate. This is the most important selection you will make.

Choice 1: Name: _____

Choice 2: Name: _____

Choice 3: Name: _____

Medical Agent: This is who you would have make major medical decisions for you if you could not do so yourself. If you are married, then it is assumed that your respective spouse would be the first choice.

Husband:

Wife:

Choice 1: _____

Choice 2: _____

Other changes (please describe in detail)

Signature(s):

Date: _____

Date: _____

By signing this update form, you request that the acting trustee treat this document as a legal and binding amendment of your original trust. While this update form will be used to create a more formal witnesses and notarized trust amendment, this form will act to legally amend your trust.