

Living Trust

Funding Information

Name

Date

Sullivan Estate Law, LLC
Estate & Business Planning Strategies Group

Tom H. Sullivan

Thomas H. Sullivan was born and raised in Phillipsburg, Kansas. He attended the University of Kansas where he earned a Bachelor Science in Business Administration and Accounting. He earned his Juris Doctor from the University of Kansas Law School and returned to Phillipsburg to join his family firm of Sullivan and Sullivan where he had a diverse law practice.

Tom is a Charter member of the National Network of Estate Planning Attorneys, a member of the Probate and Estate Planning Section of the Kansas Bar Association and a member of the association's Ethics and Grievance committee. In addition to his professional affiliations, Tom is a member of the Leawood, Kansas Rotary Club and co-chair of its 2003 charity auction, the Overland Park, Kansas Chamber of Commerce, and the University of Kansas Alumni Association. He is a director of the Huck Boyd Foundation, a member and co-treasurer of Trinity United Methodist Church in Kansas City, Missouri, and a past director and officer of the County Counselor's Association.

Tom maintains offices in Overland Park and Phillipsburg, Kansas and represents clients in matters from simple to complex, involving estate planning, asset protection, tax planning, revocable living trusts, wills, probate, incapacity, guardianships, conservatorships, retirement planning, business succession, and charitable giving.

You have executed a living trust as a part of your estate planning. In order for your trust to continue to meet your planning goals and to avoid probate of your assets, it is critical that your assets be titled in the name of your trust. The process of transferring your assets into your trust is called "trust funding". The purpose of this booklet is to assist you in compiling and organizing the information necessary to fund your trust. Please complete the information in this booklet and bring it with you to our next funding meeting.

Please remember that your trust has control over only those assets which have actually been transferred to it. If you need any assistance or have any questions, please do not hesitate to contact us by phone. We will be happy to help you.

Funding Newly Acquired Assets

From time to time, you will acquire new assets that you will want to add to your trust. Funding newly acquired assets should be a relatively easy process and is accomplished in one of two ways depending on the type of asset you are acquiring.

Personal property, such as household goods, jewelry, antiques, appliances, tools and collections are funded utilizing a Bill of Sale. We have prepared a Bill of Sale for you to sign to fund the personal property you own today. For newly acquired personal property, we recommend that you sign a new Bill of Sale on a regular basis to fund any newly acquired personal property.

All other types of assets are funded by either titling them in the name of your trust or by completing a beneficiary designation form. We strongly recommend that you receive legal counseling prior to attempting to self-fund your trust. There are several ways you can receive counseling from our office which are described below.

<i>Call Firm</i>	<i>Send Verification</i>	<i>Effectiveness</i>
Before	Upon Receipt	Highly
During	Upon Receipt	Inconsistent
After	Upon Receipt	Minimal
No Action	N/A	Total Estate Planning Failure!

CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (*Indicate type below for all bank and credit union accounts.*) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market “MM” ♦ Investment Account “IA” ♦ Cash Management “CM” ♦ or Other Account “OA”. (*Indicate type below for all investment and street accounts.*) If you hold individual stock certificates, please indicate those under “Stocks” on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under “Corporate and Professional Business Interests.” Stocks held in a **Street Account** or **Investment Account** should be listed under “Investment Accounts”. If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TOTAL \$ _____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. *(Indicate type below and give a lump sum value for miscellaneous items.)*

Type	Owner	Value	Indicate Primary Driver for Automobiles	Is there a lien against the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

Name of Car Insurance Agent _____			
Policy # _____			
Company _____			
Address _____	City _____	State _____	Zip _____
Phone # _____	Fax # _____	E-Mail _____	

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)* Please provide a copy of your Retirement Plan Summary Agreement.

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

PENSION PLANS

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Account #	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care *(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation")*.

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Face Amount TOTAL \$ _____

Are any of the above referenced insurance policies pledged as collateral on any loans? Yes No

Do either of you plan on purchasing additional insurance in the near future? If so, for what reason and what amount? _____

Do you currently have long-term care insurance coverage? _____ If yes, please fill in the blanks below:

Insured	Company	Daily Benefit	Term	Exemption Period
H W	_____	_____	_____	_____
H W	_____	_____	_____	_____

ANNUITIES

Please provide a copy of each annuity contract.

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Survivorship		<input type="checkbox"/> Period Certain			

TOTAL \$ _____

BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*) If you are named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Owner	Face Value	Social Security # on Bond Face
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL \$ _____

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you
(Please provide a copy of any promissory notes.)

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.
(Please provide a copy of the Partnership Agreement.)

Name of Partnership or LLC _____
Owners _____ Value _____
Who holds Partnership or LLC papers _____ Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company
Name of General Partner or Managing Member _____

Name of Partnership or LLC _____
Owners _____ Value _____
Who holds Partnership or LLC papers _____ Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company
Name of General Partner or Managing Member _____

TOTAL \$ _____

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

Company _____	Address _____	Phone: _____
Number of Shares _____	% of Ownership _____	
Owner _____	Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company _____	Address _____	Phone: _____
Number of Shares _____	% of Ownership _____	
Owner _____	Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company _____	Address _____	Phone: _____
Number of Shares _____	% of Ownership _____	
Owner _____	Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TOTAL \$ _____

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

TOTAL \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Value
_____	_____
_____	_____

TOTAL \$ _____

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

TOTAL \$ _____

FARM AND RANCH INTERESTS

TYPE: Lease ♦ Livestock ♦ machinery , etc. *(If your farm or ranch is not owned by a corporation or partnership, you need to treat it as a sole proprietorship.)*

Company	_____	Type	_____	Name	_____
Address	_____	City	_____	State	_____ Zip _____
County	_____	Phone #	_____		
Owner	_____	Value	_____		

Company	_____	Type	_____	Name	_____
Address	_____	City	_____	State	_____ Zip _____
County	_____	Phone #	_____		
Owner	_____	Value	_____		

TOTAL \$ _____

OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE) *(Please provide a copy of the Deed or Agreement relating to each property.)*

Address _____	Owner	Mortgage Amount	Fair Market Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

Address _____	Owner	Mortgage Amount	Fair Market Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

TOTAL \$ _____