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ESTATE PLANNING/LIVING TRUST QUESTIONNAIRE

SELECTING THE PROVISIONS THAT BEST SUIT YOUR NEEDS:

ONE OF THE BIGGEST ADVANTAGES OF THE LIVING TRUST IS THAT IT OFFERS YOU FLEXIBILITY IN MANAGING YOUR ESTATE, BOTH BEFORE AND AFTER YOUR DEATH. IN ORDER TO TAKE FULL ADVANTAGE OF THIS FLEXIBILITY, YOUR LIVING TRUST SHOULD REFLECT YOUR WISHES. THEREFORE, PLEASE MAKE SURE THAT ALL OF YOUR REQUIREMENTS ARE INCLUDED HEREIN. IF THERE IS NO CATEGORY OR NOT ENOUGH SPACE, PLEASE INCLUDE YOUR INFORMATION ON A SEPARATE SHEET OF PAPER

BASIC PLAN FORMS (check appropriate form)

_____ YOU ARE MARRIED WITH CHILDREN:

_____ and you and your spouse want to divide your estate equally among your children after your death.

_____ and you and your spouse have a different plan for distribution of your estate after your death.

_____ YOU ARE SINGLE WITH CHILDREN

_____ and you want to divide your estate equally among your children after your death.

_____ and you have a different plan for distribution of your estate after your death.

_____ YOU ARE MARRIED WITH NO CHILDREN

_____ YOU ARE SINGLE WITH NO CHILDREN

YOUR INFORMATION

Legal Name: _____

Other names ever known by: _____

Address: _____

Telephone: H() _____ B() _____ Cell() _____

E-mail Address: _____ Soc. Sec. No.: _____

Birthdate: _____ Place of Birth: _____

Date Of Arrival in State: _____ State of Residence (if not CA): _____

Citizenship: _____ (if not a U.S. citizen) Immigration Status: _____

Occupation (and Title or Position): _____

Employer: _____

Business Address: _____

Business Telephone: () _____

Any major health problems? Yes / No (If yes, please explain below)

SPOUSE'S INFORMATION

Legal Name: _____

Other names ever known by: _____

Address: _____

Telephone: H() _____ B() _____ Cell() _____

E-mail Address: _____ Soc. Sec. No.: _____

Birthdate: _____ Place of Birth: _____

Date Of Arrival in State: _____ State of Residence (if not CA): _____

Citizenship: _____ (if not a U.S. citizen) Immigration Status: _____

Occupation (and Title or Position): _____

Employer: _____

Business Address: _____

Business Telephone: () _____

Any major health problems? Yes / No (If yes, please explain below)

CURRENT MARRIAGE: Date of Marriage: _____

Place of Marriage (City and State): _____

PreMarital/PostMarital Agreements: Have you entered into any written agreements with each other concerning the Community/Separate nature of ownership of your real or personal property? Yes / No (If Yes - attach a copy)

CHILDREN FROM CURRENT MARRIAGE

1) **Name:** _____ **Birthdate:** _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

2) **Name:** _____ **Birthdate:** _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

3) **Name:** _____ **Birthdate:** _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

4) **Name:** _____ **Birthdate:** _____
Current Address: _____
City, State, Zip: _____
Currently Married? _____ Name of Spouse: _____
If Deceased, Date of Death: _____
(Please list any additional children of this marriage on a separate sheet of paper)

Do you plan on having any more children? Yes / No / Undetermined

HUSBAND'S PREVIOUS MARRIAGE (If Applicable):

Name of former spouse: _____ Currently alive? Yes / No
Current City and State of Residence: _____
How did Marriage Terminate? Death / Divorce / Annulment
Date and Location (*County & State*) of Divorce/Death/Annulment: _____

WIFE'S PREVIOUS MARRIAGE (If Applicable):

Name of former spouse: _____ Currently alive? Yes / No
Current City and State of Residence: _____
How did Marriage Terminate? Death / Divorce / Annulment
Date and Location (*County & State*) of Divorce/Death/Annulment: _____
(If there is more than one previous marriage, please list the same information on a separate sheet of paper.)

HUSBAND'S CHILDREN FROM PRIOR RELATIONSHIPS:

1) **Name:** _____ **Birthdate:** _____
Current Address: _____
City, State, Zip: _____
Currently Married? _____ Name of Spouse: _____
If Deceased, Date of Death: _____

2) **Name:** _____ **Birthdate:** _____
Current Address: _____
City, State, Zip: _____
Currently Married? _____ Name of Spouse: _____
If Deceased, Date of Death: _____

WIFE'S CHILDREN FROM PRIOR RELATIONSHIPS:

1) Name: _____ Birthdate: _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

2) Name: _____ Birthdate: _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

(Please list any additional children from prior marriages on another sheet of paper. Also If any of the children from this marriage or prior marriages have special needs, please explain the nature of their disability and whether they receive any government financial assistance on a separate sheet of paper.)

PRIOR ESTATE PLAN DOCUMENTS:

Has either spouse executed any Estate Planning documents in the past? Yes / No

(If so, on a separate sheet of paper, please state who and when, and whether those documents have been previously revoked. Please also submit copies of those documents if they have not yet been revoked)

FIDUCIARY AGENTS AND ADVISORS

A) Initial Executor/Trustee: (usually you, the Trustors. If yes, check here ____, otherwise complete)

Name: _____

Nature of their Relationship to Trustor(s): _____

Telephone No.: () _____

Address: _____

City, State, Zip: _____

B) Successor Executor/Trustee(s): (persons you wish to handle your affairs after your death or incapacitation or the removal, death or incapacitation of the initial Trustee)

Name: _____

Nature of their Relationship to Trustor(s): _____

Telephone No.: () _____

Address: _____

City, State, Zip: _____

C) Co-Executor/Trustee or Second Successor Executor/Trustee: (If desired. Please indicate if this person is to work jointly with the First Successor or handle the Estate if the First Successor is unavailable.)

Name: _____

Nature of their Relationship to Trustor(s): _____

Telephone No.: () _____

Address: _____

City, State, Zip: _____

D) Proposed Guardian(s) for your minor children: (if you wish to advise the court as to whom you believe would be the best person or people to care for your children upon your death)

Name(s): _____

Telephone No.: () _____

Address: _____

City, State, Zip: _____

E) Secondary Guardian(s) for minor children (If any):

Name(s): _____

Telephone No.: () _____

Address: _____

City, State, Zip: _____

Are there any beneficiaries to be specifically disinherited? Yes / No

If yes, Please name here: _____

Individual Gifts (If applicable)

WIFE: Specific gifts of money or property such as personal items, including charitable donations:

A) Recipient: _____

Relationship to wife: _____

Specific item, percentage of Estate, or amount to be given: _____

When to be given: ____ upon own death ____ upon death of surviving spouse

B) Recipient: _____

Relationship to wife: _____

Specific item, percentage of Estate, or amount to be given: _____

When to be given: ____ upon own death ____ upon death of surviving spouse

HUSBAND: Specific gifts of money or property such as personal items, including charitable donations:

A) Recipient: _____

Relationship to wife: _____

Specific item, percentage of Estate, or amount to be given: _____

When to be given: ____ upon own death ____ upon death of surviving spouse

B) Recipient: _____

Relationship to wife: _____

Specific item, percentage of Estate, or amount to be given: _____

When to be given: ____ upon own death ____ upon death of surviving spouse

If your children are to receive a share of your assets, at what age would you like them to receive their entire share (until that age, it will be held for them and their needs will be met from those assets)? _____.

If your Estate IS NOT to be distributed to your children in equal shares, please state how you want your assets distributed after your death.

(You may name specific amounts, items or percentages)

NAME AND RELATIONSHIP

BEQUEST/GIFT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any other specific bequests (gifts) such as keepsakes or favorite items you wish to give to a specific child or individual on a separate sheet of paper:

HEALTH CARE DIRECTIVES

Husband

Wife

1. Do you wish to donate your organs upon death?

Y / N

Y / N

2. Do you wish to prolong your life through medical means if you have lost consciousness and to a reasonable degree of medical certainty, you will not regain consciousness?

Y / N

Y / N

3. Disposal of Remains: Do you wish to be interred, cremated, or other? (specify if you have a preference now)

Husband's wishes: _____

Wife's wishes: _____

4. Whom do you wish to designate as your agent to make your health care decisions if you are unable to do so?

(If your spouse first, then check box and then you may name a backup agent if you wish)

Husband (Spouse to be initial agent)

Name of Successor Agent (or initial agent if not your spouse): _____

Tel. No. () _____

Address: _____

City/State/Zip: _____

Wife (Spouse to be initial agent)

Name of Successor Agent (or initial agent if not your spouse): _____

Tel. No. () _____

Address: _____

City/State/Zip: _____