

LAW & CPA OFFICE OF ALAN FORESTER
800-464-1040
LIVING TRUST INFORMATION QUESTIONNAIRE
Husband & Wife

YOUR INFORMATION

Husband's Information

Husband's Name U.S. Citizen?* Y <input type="checkbox"/> N <input type="checkbox"/>	Name as it appears on your driver license, ID card, or passport:		
Other Names Used by Husband			
Social Security No.			
Street Address			
City, State, Zip			
Telephone	Home:	Work/Cell:	
Email Address			
Date of Birth			
Business/Employment			
Prior Marriage Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, name of prior spouse:	Termination: Death <input type="checkbox"/> Divorce <input type="checkbox"/>	Date of Termination:

Wife's Information

Wife's Name U.S. Citizen?* Y <input type="checkbox"/> N <input type="checkbox"/>	Name as it appears on your driver license, ID card, or passport:		
Other Names Used by Wife			
Social Security No.			
Telephone	Home:	Work/Cell:	
Email Address			
Date of Birth			
Business/Employment			
Prior Marriage Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, name of prior spouse:	Termination: Death <input type="checkbox"/> Divorce <input type="checkbox"/>	Date of Termination:

* Non United States Citizens must have additional provisions in the trust due to special estate tax considerations. Drafting these provisions incurs an additional fee.

FAMILY INFORMATION

Please list the names and address information of all living children of this marriage, if any.

Child's Name		
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Child's Name		
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Child's Name		
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Child's Name		
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Child's Name		
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Please list any children that have been adopted.

Child's Name		
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Child's Name		
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Please list any children from prior marriages.

Child's Name		Child of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Child's Name		Child of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Child's Name		Child of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Child's Name		Child of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
Date of Birth:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Child's Telephone		

Treat all children as if they are children of this marriage? Y N

Please list deceased children, if any, and whether their own children survived them.

Name	Date of Birth	Date of Death	Number of Deceased Child's Children

Name and contact information of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable).

Name(s)	
Street Address	
City, State, Zip	
Telephone	

CHOICE OF TRUSTEES/EXECUTORS

You will be the initial trustees of your trust. If one of you passes away, the surviving spouse will be the sole trustee. The successor and/or alternate trustees you name below will only become trustee(s) if neither of you are able to do so. For successor trustee choices, it is usually best to select named beneficiaries, family members, or long-time close friends. You should list at least choices for successor trustee in case your first choice is unavailable for some reason. The people you name here will have no power, control, or authority over you or your financial affairs while you are alive and have sufficient capacity to handle your own affairs.

Successor Trustee Choice #1 (There is no need to repeat an address if you have already written it once on this Questionnaire.)

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	

Alternative Successor Trustee Choice #2

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	

Alternative Successor Trustee Choice #3 (optional)

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	

BENEFICIARIES

Beneficiaries are those people to whom you wish to pass your estate upon your death. It is important to know that beneficiaries can be changed anytime you like by amending your living trust. You may specify a set percentage of your estate to each beneficiary or you may choose to let your estate pass to your beneficiaries in equal shares. If you choose to specify percentages, please be sure the total equals 100%. If you check the “equal share” box you do not need to fill in the percentages. If you will be naming more beneficiaries, please make additional copies of this page.

Beneficiaries (Check here if all beneficiaries are to receive equal shares)

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	
Share	

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	
Share	

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	
Share	

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	
Share	

Please state any specific concerns (not already addressed) that you have regarding the distribution of your estate:

ADDITIONAL IMPORTANT INFORMATION

	<u>YES</u>	<u>NO</u>
1. Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any relatives (other than children) who depend on you for all or part of their support?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you wish to disinherit any of your children, grandchildren or any other close relative?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have an existing Marital Property Agreement?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do either of you expect to inherit substantial assets (\$100K +)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you wish to make anatomical bequests (organ donor)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have existing Wills?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any existing trusts?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
11. Should the surviving spouse have the power to control the distribution of the entire estate after the first death?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you want any assets to pass to your children before the second spouse's death?	<input type="checkbox"/>	<input type="checkbox"/>
13. If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	<input type="checkbox"/>	<input type="checkbox"/>

POWER OF ATTORNEY CHOICES

There are two types of power of attorneys commonly used in estate planning. The first is a Durable Power of Attorney for assets and business affairs. Its purpose is to authorize someone to handle your day-to-day business affairs should you become incapacitated. The second is an Advanced Health Care Directive (also known as a Durable Power of Attorney for health decisions). Both power of attorneys are designed to be “springing” power of attorneys. This means that they only become valid if you become incapacitated or unable to handle your own affairs. Your spouse will automatically be your first choice. The selections you list below are only in case your spouse is unavailable or unable to act. Each spouse’s choices can be different, if desired.

Assets and business affairs Power of Attorney Choice #1 (if spouse is not available)

	Husband’s Choices	Wife’s Choices
Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Assets and business affairs Power of Attorney Choice #2 (alternate)

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Health Care Power of Attorney Choice #1 (if spouse is not available)

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Health Care Power of Attorney Choice #2 (alternate)

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

END-OF-LIFE DECISIONS

Please check the box of the statement that best states your desires:

End-Of-Life Decisions for Husband.

The choices below represent a summary of the instructions to your agent for health-care decisions. Please select:

- 1. Prolong Life as long as possible within the generally accepted health care standards.

- 2. My agent should ask, "is the proposed treatment an aid to recovery or merely a prolongation of inevitable death". Do not prolong my life if:
 - Incurable and irreversible condition,
 - I become unconscious and to a reasonable medical certainty I will not regain consciousness,
 - The likely risks and burdens of treatment outweigh the expected benefits.

End-Of-Life Decisions for Wife.

The choices below represent a summary of the instructions to your agent for health-care decisions. Please select:

- 1. Prolong Life as long as possible within the generally accepted health care standards.

- 2. My agent should ask, "is the proposed treatment an aid to recovery or merely a prolongation of inevitable death". Do not prolong my life if:
 - Incurable and irreversible condition,
 - I become unconscious and to a reasonable medical certainty I will not regain consciousness,
 - The likely risks and burdens of treatment outweigh the expected benefits.

BURIAL WISHES

Husband:

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

Wife:

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

SCHEDULE OF ASSETS

As an attachment to your Living Trust you need to make a list of your assets you intend to place in the trust. The schedule of assets should sufficiently identify the asset, but should not state values. For example, on bank accounts you would list the name of the bank and the account number, but you would not list how much money is in the account.

Note: Retirement accounts such as IRAs and 401ks do not have to be listed here. They are handled differently for tax reasons. The attorney will discuss this with you during your appointment.

Real Estate Owned

Address, City, State	
Address, City, State	
Address, City, State	

Bank Accounts

Bank Name and Address:	Account Number(s):
Bank Name and Address:	Account Number(s):
Bank Name and Address:	Account Number(s):

Securities Owned

Broker's Name and Address:	Account Number(s):
Broker's Name and Address:	Account Number(s):
Broker's Name and Address:	Account Number(s):

Retirement Plans (IRA, 401k, Deferred Compensation)

Name:	Account Number(s):
Name:	Account Number(s):
Name:	Account Number(s):

Life Insurance

Name:	Account Number(s): Insured:
Name:	Account Number(s): Insured:
Name:	Account Number(s): Insured:

Other Assets (Business Interest, Notes, etc.)
