

LIVING TRUST INFORMATION QUESTIONNAIRE

Individual

YOUR INFORMATION

Legal Name	Name as it appears on your driver license, ID card or passport:		
Street Address			
City, State, Zip			
Telephone	Home	Work/Cell	
Email Address			
Date of Birth			
Marital Status		US Citizen Y___ N___	Gender M___ F___

For Office Use Only

Sep. Prop. Trust:
Yes / No

Nom. Guard:
Yes / No

Reg. DP: Yes / No

Ref. By:

FAMILY INFORMATION

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

Child Name		Date of Birth
Child's Street Address		Gender M___ F___
City, State, Zip		
Child's Telephone		

Child Name		Date of Birth
Child's Street Address		Gender M___ F___
City, State, Zip		
Child's Telephone		

For Office Use Only

Child Name		Date of Birth
Child's Street Address		Gender M___ F___
City, State, Zip		
Child's Telephone		

Child Name		Date of Birth
Child's Street Address		Gender M___ F___
City, State, Zip		
Child's Telephone		

Child Name		Date of Birth
Child's Street Address		Gender M___ F___
City, State, Zip		
Child's Telephone		

For Office Use Only

Please list deceased children, if any, and whether they were survived by their own children:

Name	Date of Birth	Date of Death	Number of deceased child's children

Have you had any other children not listed above, ever, in your life? Yes___ No___

CHOICE OF TRUSTEES/EXECUTORS

You will be the sole initial trustee of your trust. However, successor and/or alternate trustees must be listed in case of your death or incapacity. It is usually best to select named beneficiaries, family members, or long-time close friends as your successor trustees. You should list at least two 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.*

Name		Gender M___ F___
Street Address		
City, State, Zip		
Telephone		

**For Office Use
Only**

Alternate Successor Trustee Choice #2

Name		Gender M___ F___
Street Address		
City, State, Zip		
Telephone		

Alternate Successor Trustee Choice #3 (Optional)

Name		Gender M___ F___
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) *There is no need to repeat an address if you have already written it once.*

Name		Gender M ___ F ___
Street Address		Age:
City, State, Zip		
Telephone		
Share		

Name		Gender M ___ F ___
Street Address		Age:
City, State, Zip		
Telephone		
Share		

Name		Gender M ___ F ___
Street Address		Age:
City, State, Zip		
Telephone		
Share		

Name		Gender M ___ F ___
Street Address		Age:
City, State, Zip		
Telephone		
Share		

For Office Use Only

I/N: I L

A _____

Rel _____

I/N: I L

A _____

Rel _____

I/N: I L

A _____

Rel _____

I/N: I L

A _____

Rel _____

Are any of the named beneficiaries currently receiving need-based government assistance (e.g. SSI, Medi-Cal)? Yes ___ No ___

POWER OF ATTORNEY CHOICES

There are two types 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 Advance Health Care Directive (also know as a Durable Power of Attorney for health decisions). Both are designed to be “springing” power of attorneys – meaning that they only become valid if you become incapacitated or unable to handle your own affairs. You should list the person you wish to be your primary Power of Attorney holder and a second choice should your primary choice not be available to act on your behalf.

Assets and business affairs Power of Attorney Choice #1 *There is no need to repeat an address if you have already written it once.*

Name		Gender M___ F___
Street Address		
City, State, Zip		
Telephone		

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

Name		Gender M___ F___
Street Address		
City, State, Zip		
Telephone		

Health Care Power of Attorney Choice #1

Name		Gender M___ F___
Street Address		
City, State, Zip		
Telephone		

Health Care Power of Attorney Choice #2 (alternate)

Name		Gender M___ F___
Street Address		
City, State, Zip		
Telephone		

**For Office Use
Only**

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	

Bank Accounts:

Bank name:	Account Number(s)
Bank name:	Account Number(s)
Bank name:	Account Number(s)

Securities Owned:

Broker name:	Account Number(s)
Broker name:	Account Number(s)
Broker name:	Account Number(s)

Do you have retirement accounts such as an IRAs or a 401ks? Yes___ No___
Do you have life insurance or other pay-on-death policies? Yes___ No___
Do you own a business interest that should be included? Yes___ No___
Have you loaned money to anyone and have a promissory note or recorded a deed of trust on that person's property? Yes ___ No___

