

2019 Single Trust – Client Questionnaire

Please fill out this form as completely as possible. If you don't understand a question, please ask for assistance. If you need more space, please use the back or photocopy the page in question.

Today's date: _____

Name of Trust: _____

Grantor & Trustee Information: You will be the Grantors and the Trustees of your Trust. Please provide us with the following information:

Name of Grantor	Address	Home Phone Number	Alternate Phone Number	Do you have a former Spouse?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Trustee Information: A Co-Trustee is not always necessary. They are usually added in the event that the Trustee is not always capable or able to make transactions with the Trust. (An example would be when the Grantor is elderly and wishes to add a trusted family member as the Trustee)

Name of Co-Trustee	Address	Home Phone Number	Alternate Phone Number

Successor Trustee Information: A Successor Trustee is the person who will handle the affairs of your estate upon the death of both of you. This person or persons should be someone who is a responsible individual and is willing and able to take on this responsibility. You may list more than one Successor Trustee and indicate whether you wish for them to act as co-trustees. If you wish for them to be co-trustees, they must both consent to any and all decisions made.

Name of Successor Trustee	Address	Relationship
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)

Children Information: Please complete the information below. If you need more space, please attach an additional page. If you have children from a previous marriage, please include the relationship to each child. Also please name the guardian and an alternate guardian you wish to provide for your children in the event of your death.

Name of Child	Address	Relationship	% of the Estate to Distribute	Is the child a Minor?	If the child is a minor, Please indicate who you wish to be their Guardian and Alternate Guardian in the event of your death?
	<input type="checkbox"/> Same	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: _____ Alternate Guardian: _____
	<input type="checkbox"/> Same	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: _____ Alternate Guardian: _____
	<input type="checkbox"/> Same	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: _____ Alternate Guardian: _____
	<input type="checkbox"/> Same	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: _____ Alternate Guardian: _____
	<input type="checkbox"/> Same	<input type="checkbox"/> Son <input type="checkbox"/> Daughter		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: _____ Alternate Guardian: _____

Beneficiary Information: Please list any additional beneficiaries you wish to add to your trust. Only list the individuals you wish to divide a percentage of your estate to (should equal a combined total of 100%). You will have the option to list additional beneficiaries you wish to leave a lump sum or a large specific item to later.

Name of Beneficiary	Address	Relationship/Charity	% of the Estate to Distribute	Is Beneficiary a Minor?	Do you want to pass this distribution on to their children in the event they die before you?
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)

Contingent Beneficiary Information: A Contingent Beneficiary sometimes called the “last resort beneficiary” to be the recipient of your estate in the event that there are no other surviving beneficiaries. (Otherwise the estate would go to the State) If you wish to provide a contingent beneficiary, please list them below:

Name of Beneficiary	Address	Relationship/Charity

Special Distributions: A special distribution can be made upon the death of the Grantor, but BEFORE the entire estate is to be distributed to the beneficiaries. Often times this is a lump sum amount or valuable property. Please list any special distributions here. They can be listed here even though they might be listed as a child or a beneficiary, this will not affect their final distribution.

Name of Beneficiary	Address	Relationship	\$ Amount or Property to Distribute

Power of Attorney and Will Questions

Please answer the following questions individually. These documents are prepared separately for each individual, and you may have different answers or choose to select different decision makers to make medical and financial decisions on your behalf.

GENERAL POWER OF ATTORNEY: This document will allow your Agent/Attorney-in-Fact- to act on your behalf to make major financial and property decisions.

PRIMARY AGENT INFORMATION

Name of Agent	Address of Agent
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Please provide the names and addresses of any *Alternate Agents*:

Alternate 1	Name	Address
Alternate 2		

MEDICAL DIRECTIVE/HEALTH CARE POWER OF ATTORNEY: This document will allow your designated decision maker to act on your behalf to make medical and health care decision on your behalf.

PRIMARY AGENT INFORMATION

Name of Agent	Address of Agent
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Please provide the names and addresses of any *Alternate Agents*:

Alternate 1	Name	Address
Alternate 2	Name	Address
Alternate 3	Name	Address
Alternate 4	Name	Address

LIVING WILL: This document will allow your designated decision maker to act on your behalf to make decisions on whether to continue providing you with life support in the event you are in a vegetative state.

PRIMARY DECISION MAKER

Name of Agent
Address of Agent

Please provide the names and addresses of any *Alternate Agents*:

Alternate 1	Name	Address
Alternate 2	Name	Address
Alternate 3	Name	Address
Alternate 4	Name	Address

POUR OVER WILL: This document is like a Last Will and Testament. The Trust has already taken care of your assets. Here you can designate what shall happen to your body and any other special requests.

In the event of my death, I wish for my body to be:

- Buried Cremated

Please check off the options that apply:

- I have provided a list of instructions for my burial and funeral instructions
- I have provided Statement of Wishes for my loved ones to follow.