Estate Plan

Client Information – Trust Questionnaire

Name of Trust_____

Type of Trust: A-Trust ☐ A-B Trust ☐ A-B-C Trust ☐

1) Your Information

Legal Name _____

Other Names Used_____

Date of Birth _____ Social Security Number _____/_____/_____

Address_____

County_____

Home Phone (____)_____ Cell Phone (____)_____

Prior Marriages? Yes ☐ No ☐ If yes, name of prior spouse _____

How Terminated? Death ☐ Divorce ☐ Separated ☐ Date_____

U.S. Citizen? Yes ☐ No ☐ If no, country of citizenship_____

2) Significant Other's Information Spouse ☐ N/A ☐

Legal Name _____

Other Names Used_____

Date of Birth _____ Social Security Number _____/_____/_____

Address_____

County_____

Home Phone (____)_____ Cell Phone (____)_____

Prior Marriages? Yes ☐ No ☐ If yes, name of prior spouse _____

How Terminated? Death ☐ Divorce ☐ Separated ☐ Date_____

U.S. Citizen? Yes ☐ No ☐ If no, country of citizenship_____

3) Children's Information

Name _____ D.O.B ____/____/____S.S.# ____/_____/_____ H☐ W ☐ B☐

Name _____ D.O.B ____/____/____S.S.# ____/_____/_____ H☐ W ☐ B☐

Name _____ D.O.B ____/____/____S.S.# ____/_____/_____ H☐ W ☐ B☐

Name _____ D.O.B ____/____/____S.S.# ____/_____/_____ H☐ W ☐ B☐

Name _____ D.O.B ____/____/____S.S.# ____/_____/_____ H☐ W ☐ B☐

Disclosure: *All trusts and legal documents are prepared by American Living Trust Services, Inc.* ELE Wealth Management, LLC and its affiliates do not provide legal or tax advice. Be sure to consult with your own tax and legal advisors before taking any action that could have tax consequences. Any estate plan should be reviewed by an attorney who specializes in estate planning and is licensed to practice law in your state.

4) Beneficiary Information: What is the name of each **beneficiary** and what percentage is each to receive upon the death of the last Trustor?

____% TO _____ S.S# _____/_____/_____

____% TO _____ S.S# _____/_____/_____

____% TO _____ S.S# _____/_____/_____

____% TO _____ S.S# _____/_____/_____

____% TO _____ S.S# _____/_____/_____

____% TO _____ S.S# _____/_____/_____

____% TO _____ S.S# _____/_____/_____

____% TO _____ S.S# _____/_____/_____

____% TO _____ S.S# _____/_____/_____

If any beneficiary is deceased at the time of distribution, to whom will his/her share be distributed?

Per Stirpes ☐ Divided evenly among remaining beneficiaries ☐

5) Successor Trustees

Name _____ Address _____

City_____ State_____ Zip Code_____

Name _____ Address _____

City_____ State_____ Zip Code_____

Name _____ Address _____

City_____ State_____ Zip Code_____

Name _____ Address _____

City_____ State_____ Zip Code_____

Name _____ Address _____

City_____ State_____ Zip Code_____

Successor Trustees Will: Work in Order Listed ☐ Work Together ☐

6) Personal Representative (for Pour-over Will): List the names of persons or institutions that you want to serve as the **Personal Representative** (Executor) of your will. List these only if they are different than your **Successor Trustees**, otherwise, leave blank.

Name _____ Address _____

City_____ State_____ Zip Code_____

Name _____ Address _____

City_____ State_____ Zip Code_____

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7) <u>Guardian</u>: If both of the minor or disabled child's parents are deceased, who do you want named guardian for that person?

Full Name and County and State of Residence

1. _____
2. _____

Number 1 is your first choice and number 2 is an alternate

8) <u>Disinheriting</u>: Are there any persons "related by blood" that you specifically wish to exclude from receiving anything from your estate?

1. _____
2. _____
3. _____

9) <u>Additional Questions</u>

1. Do any of your beneficiaries have a learning disability, special needs, medical or physical needs?
   Yes ☐ No ☐
2. Do you have an existing Marital Property agreement?
   Yes ☐ No ☐
3. Do you have any existing Wills?
   Yes ☐ No ☐
4. Do you have any existing Trusts?
   Yes ☐ No ☐

Special instructions for question #9:

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10) Life Insurance *Note: Do not include Accidental Death Policies*

◊ "Company" name of insurance carrier
◊ "Insured" will be "H" husband; "W" wife; or "S" survivor
◊ "Owner" will be "H" husband; "W" wife; or "C" community property
◊ "Type" indicate if policy is whole life, term (5, 10, 15, 20 yrs.), etc
◊ "Cash Value" use best guess (term policies normally have no cash value)
◊ "Face Value" is the amount payable at death
◊ "Beneficiary" will be "H" husband; "W" wife; "C" child; "O" other

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
COMPANY				
INSURED **(H/W/S)**				
OWNER **(H/W/C)**				
TYPE **Whole Life, Term**				
CASH VALUE **(Estimate Amount)**				
FACE VALUE **(Amount paid on death)**				
BENEFICIARY **(H/W/C/O)**				

Special Instructions for question #10 (e.g. assigned to a funeral home, church, etc.):

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11) My Burial Wishes

At my death, I wish to be: Cremated ☐ Buried ☐

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

_____

_____

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

_____

_____

_____

I have already made arrangements at:

_____

_____

12) Significant Other/ Spouse's Burial Wishes (if applicable)

At my death, I wish to be: Cremated ☐ Buried ☐

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

_____

_____

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

_____

_____

_____

I have already made arrangements at:

_____

_____

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13) Estimated Value of Estate Please use best guess; this can be an approximate value.

TYPE OF ASSET:	Individual's Property	Significant Other's/ Spouse's Individual Property	Community Property
◊ REAL ESTATE: (fair market value, less loans)	$_____	$_____	$_____
◊ SECURITIES: (stocks, bonds, mutual funds)	$_____	$_____	$_____
◊ CASH TYPE ASSETS: (cash, annuities, notes due you)	$_____	$_____	$_____
◊ BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	$_____	$_____	$_____
◊ RETIREMENT PLANS: (IRA, 401k, etc. †)	$_____	$_____	$_____
◊ VEHICLES: (autos, R.V., boat)	$_____	$_____	$_____
◊ PERSONAL PROPERTY: (jewelry, furniture, antiques)	$_____	$_____	$_____
TOTAL:	$_____	$_____	$_____

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Special Instructions for question #13:

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Additional Information

Please take a few minutes to list any additional information or notes that you would like for us to consider when preparing your estate documents:

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