



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 _____

Spouse N/A

2) Significant Other's 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 _____

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

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 _____

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.):

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:
