

# TRUST QUESTIONNAIRE

## I. PERSONAL DATA

### A. HUSBAND AND WIFE

<b>HUSBAND'S FULL NAME:</b>		
U.S. Citizen:	YES    NO	If not U.S. Citizen, what Country:
<b>WIFE'S FULL NAME:</b>		
U.S. Citizen:	YES    NO	If not U.S. Citizen, what Country:
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b> (    )    -	<b>ALTERNATE PHONE:</b> (    )    -	

### B. CHILDREN

- Is there a physical possibility of more children? (Please circle one):    YES                      NO
- Are any of your children adopted; if so, please list \_\_\_\_\_
- Are any of your children handicapped or in poor health, if so, please list:  
\_\_\_\_\_
- Are any of your children deceased, if so, please list:  
\_\_\_\_\_
- Please list any grandchildren of above deceased children:  
\_\_\_\_\_

<b>CHILD'S NAME:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>	
<b>CITY:</b>	<b>STATE:</b> <b>ZIP:</b>
<b>SPOUSE'S NAME:</b>	<b>CHILD'S CHILDREN (name &amp; ages):</b>

<b>CHILD'S NAME:</b>		<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>SPOUSE'S NAME:</b>	<b>CHILD'S CHILDREN (name &amp; ages):</b>	

<b>CHILD'S NAME:</b>		<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>SPOUSE'S NAME:</b>	<b>CHILD'S CHILDREN (name &amp; ages):</b>	

<b>CHILD'S NAME:</b>		<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>SPOUSE'S NAME:</b>	<b>CHILD'S CHILDREN (name &amp; ages):</b>	

**C. PETS.** Do you want to provide for the care of your pets should you become disabled or pass away?

YES \_\_\_\_\_ NO \_\_\_\_\_

Caregiver choice \_\_\_\_\_

Name/Type of Pet(s) \_\_\_\_\_

## II. CHOICE OF TRUSTEE

The trustee is responsible for managing assets held in trust for the benefit of specified beneficiaries. Please be aware that you may have as many trustees as you wish, we ask that you please list them in order.

<b>INITIAL TRUSTEE:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>PHONE:</b>

<b>CO-TRUSTEE/TRUSTEE:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>PHONE:</b>

<b>SUCCESSOR TRUSTEE:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>PHONE:</b>

- ▶ If more than one trustee or successor trustee is chosen, how will they serve (one at a time or all together)? If they serve together can they act independently of one another or must they act together?  
\_\_\_\_\_
- ▶ How will disagreements among multiple trustees serving together be resolved? Will a majority decision to act suffice, or must the decision be unanimous? \_\_\_\_\_

## III. TRUST DISTRIBUTION

A. Who are the intended beneficiaries? \_\_\_\_\_

- ✓ What percentage or monetary amount will the above beneficiaries each receive?


- ✓ If a beneficiary does not survive you, what is to happen to that beneficiaries share?

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- B.** If your children are under a specified age, should their share be held in trust until a particular age?  
YES                      NO                      If so, what age? \_\_\_\_\_
- C.** Do you want all of a child's share all to be distributed at one time or a percentage distributed at a particular age? (Please indicate which choice you prefer)  
One time distribution \_\_\_\_\_ Age of distribution \_\_\_\_\_
- D.** Are there any descendants who are to be omitted? If so, please state name(s) \_\_\_\_\_

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## V. FINANCIAL DATA

(Designate whether owned by husband(H) or wife (W), or jointly owned (J)).

### A. REAL ESTATE OWNED

1. Legal Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner \_\_\_\_\_ Date Acquired \_\_\_\_\_

Cost \_\_\_\_\_ Lien \_\_\_\_\_ Value \_\_\_\_\_

2. Legal Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner \_\_\_\_\_ Date Acquired \_\_\_\_\_

Cost \_\_\_\_\_ Lien \_\_\_\_\_ Value \_\_\_\_\_

## B. STOCKS AND BONDS

Company\_\_\_\_\_

Type\_\_\_\_\_ # of Shares\_\_\_\_\_ Value\_\_\_\_\_

Owner\_\_\_\_\_

Company\_\_\_\_\_

Type\_\_\_\_\_ # of Shares\_\_\_\_\_ Value\_\_\_\_\_

Owner\_\_\_\_\_

## C. BANK ACCOUNTS

Bank\_\_\_\_\_ Type\_\_\_\_\_

Owner\_\_\_\_\_ Balance\_\_\_\_\_

Bank\_\_\_\_\_ Type\_\_\_\_\_

Owner\_\_\_\_\_ Balance\_\_\_\_\_

Bank\_\_\_\_\_ Type\_\_\_\_\_

Owner\_\_\_\_\_ Balance\_\_\_\_\_

Bank\_\_\_\_\_ Type\_\_\_\_\_

Owner\_\_\_\_\_ Balance\_\_\_\_\_

## D. BUSINESS INTERESTS

Name\_\_\_\_\_ Type\*\_\_\_\_\_

Owner\_\_\_\_\_ Value\_\_\_\_\_

\*Type: C-Corporation P-Partnership S-S Corporation SP-Sole Partnership

## G. PLEASE DESCRIBE ANY RETIREMENT PLAN, PROFIT SHARING PLAN, ETC. (LIST EQUITY)

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\_\_\_\_\_

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## H. LIFE INSURANCE OR ANNUITIES

Company \_\_\_\_\_ Type \_\_\_\_\_

Amount \_\_\_\_\_ Cash value \_\_\_\_\_

Beneficiary \_\_\_\_\_

Accountant or Tax Preparer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Stock Broker \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Financial Planner \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## I. ESTIMATED GROSS ESTATE

Husband only \_\_\_\_\_

Wife only \_\_\_\_\_

Joint \_\_\_\_\_

Total \_\_\_\_\_

Please add additional sheets as necessary.