TRUST QUESTIONNAIRE

I. PERSONAL DATA

A. CLIENT

CLIENT'S FULL NAME:		
U.S. Citizen: YES NO	If not U.S. Citizen, what Country:	
ADDRESS:		
CITY:	**STATE:**	**ZIP:**
PHONE: ( ) -	**ALTERNATE PHONE:** ( ) -	

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:

  _____

CHILD'S NAME:	**DATE OF BIRTH:**	
ADDRESS:		
CITY:	**STATE:**	**ZIP:**
SPOUSE'S NAME:	**CHILD'S CHILDREN (name & ages):**	

CHILD'S NAME:	**DATE OF BIRTH:**	
ADDRESS:		
CITY:	**STATE:**	**ZIP:**

SPOUSE'S NAME:	CHILD'S CHILDREN (name & ages):

CHILD'S NAME:		DATE OF BIRTH:
ADDRESS:		
CITY:	STATE:	ZIP:
SPOUSE'S NAME:	CHILD'S CHILDREN (name & ages):	

CHILD'S NAME:		DATE OF BIRTH:
ADDRESS:		
CITY:	STATE:	ZIP:
SPOUSE'S NAME:	CHILD'S CHILDREN (name & ages):	

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.

INITIAL TRUSTEE:			
ADDRESS:			
CITY:	**STATE:**	**ZIP:**	**PHONE:**

CO-TRUSTEE/TRUSTEE:			
ADDRESS:			
CITY:	**STATE:**	**ZIP:**	**PHONE:**

SUCCESSOR TRUSTEE:			
ADDRESS:			
CITY:	**STATE:**	**ZIP:**	**PHONE:**

- 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?

_____

_____

_____

_____

_____

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) _____

_____

_____

V. FINANCIAL DATA

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)

_____

_____

_____

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

_____

Please add additional sheets as necessary.