

TRUST QUESTIONNAIRE

Client's Name(s)_____

Home Telephone_____

Husband's Work_____

Wife's Work_____

Principal Residence

Street Address_____

City_____ State_____ Zip_____

Vacation Home

Street Address_____

City_____ State_____ Zip_____

I. PERSONAL DATA

A. HUSBAND AND WIFE

Husband's full name_____

U.S. Citizen_____ If not, what Country_____

Marriage date_____

Previous marriages (list names of former spouse and children; provide a copy of the Divorce Decree)_____

Wife's full name_____

U.S. Citizen_____ If not, what Country_____

Marriage date_____

Previous marriages (list names of former spouse and children; provide a copy of the Divorce Decree)

B. Children

Is there a physical possibility of more children_____

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 such deceased children

1. Child's name _____ Date of Birth _____

Address _____

Spouse's name _____

Child's children (names and ages) _____

2. Child's name _____ Date of Birth _____

Address _____

Spouse's name _____

Child's children (names and ages) _____

3. Child's name _____ Date of Birth _____

Address _____

Spouse's name _____

Child's children (names and ages) _____

4. Child's name _____ Date of Birth _____

Address _____

Spouse's name _____

Child's children (names and ages) _____

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

HUSBAND YES _____ NO _____

WIFE 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.)

HUSBAND

Initial Trustee _____

Address _____

City _____ State _____ Telephone _____

Co-Trustee _____

Address _____

City _____ State _____ Telephone _____

Successor Trustee _____

Address _____

City _____ State _____ Telephone _____

WIFE

Initial Trustee _____

Address _____

City _____ State _____ Telephone _____

Co-Trustee _____

Address _____

City _____ State _____ Telephone _____

Successor Trustee _____

Address _____

City _____ State _____ Telephone _____

III. TRUST ARRANGEMENTS

A. Do you want the trust funds to be held in one common fund until your youngest has the opportunity to obtain a college education?

HUSBAND YES_____ NO_____

WIFE YES_____ NO_____

B. If your children are under a specified age, should their share be held in trust until a particular age?

HUSBAND YES_____ NO_____ If so, what age?_____

WIFE YES_____ NO_____ If so, what age?_____

C. Do you want all of a child's share to be distributed at one time or a percentage distributed at a particular age?

HUSBAND One time distribution_____

Age of distribution_____

WIFE One time distribution_____

Age of distribution_____

D. Does your child's children take his/her parents' share if your child does not survive you?

HUSBAND YES_____ NO_____

WIFE YES_____ NO_____

E. CHOICE OF GUARDIAN FOR MINOR CHILDREN IF BOTH GRANTORS ARE DECEASED_____

F. CARE INSTRUCTIONS FOR ANY MINOR CHILDREN

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 _____

3. 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

Husband only _____

Wife only_____

Joint_____

Total_____

Please add additional sheets as necessary.