Strategic Tax Planning, LLC

Tax Consulting · Tax Preparation · Trust Services · Asset Protection

CLIENT QUESTIONNAIRE REVOCABLE LIVING TRUST

(Married Couple - Separate Disposition Plan - Blended Family)

PLEASE PRINT ALL ANSWERS

What name would you like your trust to have? We recommend "THE (YOUR LAST NAME) REVOCABLE LIVING TRUST"; you may choose any name:			
Husband's name Social Security N			r in legal documents),
Name	S	SN:	DOB:
Wife's name (as Security Numbe			legal documents), Soc
Name	S	SN:	DOB:
Address:			
Street Address			
City	State	Zip	County
Phone (Days)):		
(Eveni	ings):		
Where will docu	ments be signed	?	
State:	County:		

NOTE: Employees of Strategic Tax Planning LLC are not lawyers, are not employed by a lawyer, cannot give legal advice, and communications with us are not privileged.

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trust:	uch control do you want the surviving spouse to have over the e options - you may select your own option - describe below)		
Option	1: (Maximum Control)		
trust be <i>authori</i>	Maximum control consistent with creditor protection and tax nce provided by trust. (Includes the right to re-name the final eneficiaries). This option gives the surviving spouse the try to re-write the trust as to how it will be disposed of upon death; it is the same as a joint tenancy title.		
Option	Option 2: (Medium Control) All income; use of principal to maintain standard of living; little or no accountability to final heirs. This option gives the surviving spouse a great deal of control as to how assets are managed and spent during his/her lifetime; however, the deceased spouse's assets must go to his/her heirs when the surviving spouse dies; the surviving spouse may change the percentage among the heirs, excluding any one or more.		
spouse spent d must go spouse			
Option	Option 3: (Limited Control)		
great d his/her	All income; use of principal to maintain standard of living; tability to final heirs. <i>This option gives the surviving spouse a leal of control as to how assets are managed and spent during lifetime; however, the surviving spouse is legally accountable to all heirs for following the terms of the trust.</i>		
Other:			
	·		

Husband's Estate

Name	Relationship*	Date of Birth	If H Doesn		vive	%
			1 2	3 4	5 _	
			1 2	3 4	5 _	
			1 2	3 4	5 _	
			1 2	3 4	5	
	(Use other side for more names; must t	total 100%	· •)		_	
2 = if heir 3 = if heir otherw 4 = if heir otherw 5 = if heir NOTE: If i	H = husband's child, W = wife's child, doesn't survive, to his/her own children, if any, otherwise podoesn't survive, to his/her spouse, if any, otherwise podoesn't survive, to his or her children, if any, otherwise pro rata to other beneficiaries. doesn't survive, to his or her spouse, if any, otherwise ise pro rata to other beneficiaries. doesn't survive, pro rata to other beneficiaries and Note to options 1-5 apply, please describe the appropriate to other beneficiaries.	vise pro ra ro rata to o e to his or e to his or OT to the h	ta to ot other be her sp her chi neir's s	her beneficouse	ciaries , if an , if an e or c	s. y, y, hildren.
SU	rvive) under No. 20 "Custom Drafting Instructions".					
9.	Person(s) who should inherit the husband' no. 8 above are deceased:	s assets	if ALI	. PE	RSC	NS in
Name	Relationship	Date of Birth	If H Doesn	leir 't Sur	vive	%
			1 2	3 4	5	

Persons who should inherit husband's assets after both spouses are

8.

deceased:

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_____ 1 2 3 4 5 ____

(Use other side for more names; must total 100%)

_____ 1 2 3 4 5 ____

Wife's Estate

10. Persons who should inherit wife's assets after both spouses are deceased:

Name	Relationship*	Date of If Heir Birth Doesn't Survive %
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
	(Use other side for more names; mus	
H = 1	*Relationship: if heir is a son or dau	_

1 = if heir doesn't survive, to his/her own children, if any, otherwise pro rata to other beneficiaries.

- 2 = if heir doesn't survive, to his/her spouse, if any, otherwise pro rata to other beneficiaries.
- 3 = if heir doesn't survive, to his or her children, if any, otherwise to his or her spouse, if any, otherwise pro rata to other beneficiaries.
- 4 = if heir doesn't survive, to his or her spouse, if any, otherwise to his or her children, if any, otherwise pro rata to other beneficiaries.
- 5 = if heir doesn't survive, pro rata to other beneficiaries and NOT to the heir's spouse or children.

NOTE: If none of options 1-5 apply, please describe the appropriate succession (if heir doesn't survive) under No. 20 "Custom Drafting Instructions".

11. Person(s) who should inherit the wife's assets if **ALL PERSONS** in no. 10 above are deceased:

(Only list person who will not inherit under question 10)

Name	Relationship	Date of If Heir Birth Doesn't Survive %
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
(Use other side for more names: must total 100%)		

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12.	 Postponement of possession - for young or financially unsophisticated heirs: Funds will be available before distribution age(s) for education, health care, support and maintenance. 		
	describe a differe	options; if you choose one, fill-in age(s); you may ent option under "Custom Instructions" below). If want different disposition plans, please put a "H" or "Weach one.	
-	Option 1: Give contro	of inheritances after age (default = 25).	
	Option 2: Supplemen (suggested minimi	tal monthly income of \$ until age um: age 40) then distribute in full.	
-		I of inheritances in stages: tions; Choose one (1) and fill-in ages(s)	
	Option a:	1/10 of total inheritance at age 2/10 more at age 3/10 more at age 4/10 (balance) at age (Default = 25, 28, 31 and 34)	
	Option b:	1/3 at age 1/3 at age 1/3 at age	
	Option c:	1/4 at age 1/4 at age 1/4 at age 1/4 at age	
	Option d:	½ at age ½ at age	

13.(a) Who should serve as successor trustee, if **neither** spouse can serve?

_____ Distribute in ten annual installments beginning at age _____.

Option 4:

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First Choice:			
Second Choice:			
Third Choice:			
Who should direct investments, if other than successor trustee? (This is a non-binding recommendation for the Trustee).			
(b) Who should serve as trustee for husband's heirs (until they reach the "control" age)?			
First Choice:			
Second Choice:			
Third Choice:			
(c) Who should serve as trustee for wife's heirs (until they reach the "control" age)?			
First Choice:			
Second Choice:			
Third Choice:			
Note: You may list more than one person in the same order of priority to serve as co-trustees; if one can't serve, the other(s) will serve. The person(s) in the next order of priority won't serve unless all of the persons in the higher priority are unavailable.			
14. Who should make your health care decisions if neither of you are mentally competent?			
Husband: Wife: ————————————————————————————————————			
Second Choice:			
Third Choice:			

15. Who should act as Guardian of any minor child(ren)?

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Husband:		Wife:
First Choice	9:	
Second Cho	oice:	
Third Choic	e:	
16. Do you	want a living will?	
Husband Wife:	d: Yes Yes	No No
17. Do you	want to be cremated?	
Husband Wife:	d: Yes Yes	No No
18. Do you	wish to donate your organs fo	or transplant?
Husband Wife:	d: Yes Yes	No No
19. Do you	want a Mental Health Care P	ower of Attorney?
	d: Yes Yes	No No
20. Approxi Husban	mate net worth: joint- \$ d: \$; Wife: \$;
Life ins	urance (total death benefit)	Husband: \$ Wife: \$
REGARDING A	ARIZONA TRUSTS ONLY:	
	one spouse dies, should the to notify the final heirs of their ri	rustee (usually, the surviving spouse) ghts under the trust? Yes or No
	on is non-binding; both partie	en the trustee and a trust beneficiary? s have to agree to accept this

22.	Custom Drafting Instructions (describe any personal desires of either spouse which do not fit within the general questions above):		

Heirs (anyone who will receive a distribution) and successor trustees (persons who will run the trust):

a)	Name:	
	Nickname:	
	Address:	
	Phone:	Date of Birth:
	SSN:	Relationship:
b)	Name:	
	Nickname:	
	Address:	
	Phone:	Date of Birth:
	SSN:	Relationship:
c)	Name:	
	Nickname:	
	Address:	
	Phone:	Date of Birth:
	SSN:	Relationship:
d)	Name:	
	Nickname:	
	Address:	
	Phone:	Date of Birth:
	SSN:	Relationship:

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e)	Name:	
	Nickname:	
	Address:	
	Phone:	Date of Birth:
	SSN:	Relationship:
f)	Name:	
	Nickname:	
	Address:	
	Phone:	Date of Birth:
	SSN:	Relationship:
g)	Name:	
	Nickname:	
	Address:	
	Phone:	Date of Birth:
	SSN:	Relationship:
h)	Name:	
	Nickname:	
	Address:	
	Phone:	Date of Birth:
	SSN:	Relationship: