Strategic Tax Planning, LLC

Tax Consulting · Tax Preparation · Trust Services · Asset Protection

TRUST QUESTIONNAIRE FORM REVOCABLE LIVING TRUST (Married Couple)

NOTE: If trust is being re-stated you must use **ORIGINAL** trust name, date and client names as they appear in original document.

| 1. | | | | | We recommend "T nay choose any nam | |
|-------------------------------|---|--------------------------------|---------------|---------------|---------------------------------------|--------|
| 2. | | d's name (First propriate): | t, Middle or | Middle Initia | al and Last; use Sr. o | or Jr. |
| 3. | Wife's name (First, Middle or Middle Initial and Last): | | | | | |
| 4. | Address | : | | | | |
| | Street A | ddress | | | | _ |
| | City | | State | Zip | County | _ |
| 5. | Phone | (Days): | | | | |
| | | (Evenings): | | | | |
| Will the | Trust Docu | ıments be sigr | ned in the al | bove County | and State? | |
| Yes | | or | No | | | |
| Client Signature of approval: | | | | | | |
| | | | | | | |

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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| 6. | How much control do y trust: (3 options; choose | | surviving spouse to | have ov | ver the | | |
|------|--|---|---|---|---------------------------------------|--|--|
| | Option 1: (Maximum Control) | | | | | | |
| | Maximum control consistent with creditor protection and tax avoidance provided by trust. (Includes the right to re-name the final trust beneficiaries). This option gives the surviving spouse the authority to re-write the trust as to how it will be disposed of upon his/her death; it is the same as a joint tenancy title. | | | | | | |
| | Option 2: (Medium Co | ntrol) | | | | | |
| | All income; unlittle or no accountability spouse a great deal or spent during his/her lift must go to his/her heir spouse may change the one or more. | ty to final heir f <i>control as to</i> fetime; however fers when the su | how assets are mader, the deceased surviving spouse die | es the su anaged a spouse's es; the su | urviving and assets urviving | | |
| | Option 3: (Limited Cor | Option 3: (Limited Control) | | | | | |
| | All income; use accountability to final his/her lifetime; however the final heirs for follows | neirs. <i>This op</i> s to how asse ver, the survivi | ts are managed and ing spouse is legal | viving spe nd spent | ouse a during | | |
| 7. | Persons who should in deceased: | herit assets a | ifter both spouses | are | | | |
| | livide heirs into two groups (C - and 50% to wife's children - | | b). Example: 50% to | husband' | s children | | |
| Name | | Relationship* | If Heir Doesn't Survive | % | Group | | |
| | | | 1 2 3 4 5 | | a b | | |
| | | | 1 2 3 4 5 | | a b | | |
| | | _ | 1 2 3 4 5 | | a b | | |
| | | | 1 2 3 4 5 | | a b | | |
| | | | 1 2 3 4 5 | | a b | | |

| (| Must total 100% | o) | | |
|---|-----------------|-----------|-------|---|
| | | 1 2 3 4 5 | а | b |
| | | 1 2 3 4 5 | а | b |
| | | 1 2 3 4 5 | а | b |

*Relationship: if heir is a son or daughter select:
H = husband's child, W = wife's child, J = joint child

- 1 = if heir doesn't survive, to his/her own descendants (children, grandchildren, etc), 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 descendants (children, grandchildren, etc.), 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 descendants (children, grandchildren, etc.), if any, otherwise pro rata to other beneficiaries.
- 5 = if heir doesn't survive, pro rata to other beneficiaries and <u>NOT</u> to the heir's spouse or descendants (children, grandchildren, etc.).
 - 8. Person(s) who should inherit the estate if **ALL INDIVIDUALS** in no. 7 above are deceased: (Only list person(s) who will not inherit under question 7)

| Name | Relationship* | If Heir Doesn't Survive | % | Group |
|------|---------------|----------------------------|---|-------|
| | | 1 2 3 4 5 | | a b |
| | | 1 2 3 4 5 | | a b |
| | | 1 2 3 4 5 | | a b |
| | | 1 2 3 4 5 | | a b |
| | | 1 2 3 4 5 | | a b |
| | | 1 2 3 4 5 | | a b |
| | | 1 2 3 4 5 | | a b |
| | | 1 2 3 4 5 | | a b |

Note: Charities that are listed in question #7 must be listed here also if you intend for them to inherit in the event the individuals in question #7 are all deceased.

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| 9. | Is any family member intentionally excluded? | | | |
|-----|--|---|--|--|
| | Name(s) and F | Relationship: | | |
| | | | | |
| 10. | heirs. | of possession - for young or financially unsophisticated be available before distribution age(s) for education, health care, tenance. | | |
| | (For | ur (4) options; choose one and fill-in age(s) | | |
| 0 | ption 1: Default (| Option | | |
| _ | Give contro | of inheritances after age (default = 25). | | |
| 0 | ption 2: | | | |
| uı | | tal monthly income of \$ (default = \$1,000) en distribute in full (Default = 50; minimum = 40). | | |
| 0 | ption 3: | | | |
| _ | Give contro | of inheritances in stages:(Four options; Choose one) | | |
| | Option a: | (Default = 25, 30, 35, 40) 1/10 of total inheritance at age 2/10 more at age 3/10 more at age 4/10 (balance) at age | | |
| | Option b: | (Default = 25, 30, 35) 1/3 at age 1/3 at age 1/3 at age | | |
| | Option c: | (Default = 25, 30, 35, 40) ¼ at age ¼ at age ¼ at age ¼ at age | | |

| | Option d: | (Default = 25, 30) ½ at age ½ at age | |
|---------|----------------------|--|---|
| Op | otion 4: (Default | : 25) | |
| | Distri | oute in ten annual installments beginning at age | |
| 11. | Who should se | ve as successor trustee, if neither spouse can serve? | |
| Fir | st Choice: | | _ |
| Se | cond Choice: | | _ |
| Th | ird Choice: | | _ |
| | _ | t more than one person in the same order of priority to s; if one can't serve, the other(s) will serve. | |
| 12. | | ect investments, if other than successor trustee? (This recommendation for the Trustee). | |
| 13. | mentally comp | ke your health care decisions if neither of you are etent? commatically first choice; do not enter spouse's name) | |
| Husba | and: | Wife: | |
| First C | Choice: | | |
| Secor | nd Choice: | | |
| Third | Choice: NOTE: You | nay list more than one person in any order of priority. | _ |
| 14. | Who should ac | t as Guardian of any minor child(ren)? | |
| First C | Choice: | | |
| Secor | nd Choice: | | |
| Third | Choice: NOTE: You | nay list more than one person in any order of priority. | _ |

| 15 | 5. Do you want | a living will? | |
|--------|---------------------|------------------------------------|---|
| | Husband: | Yes | No |
| | Wife: | Yes | No |
| | NOTE: The following | owing two options only apply if yo | ou checked "Yes" to living will. |
| 16 | S.Do you want | to be cremated? | |
| | Husband: | Yes | No |
| | Wife: | Yes | No |
| 17 | 7. Do you wish | to donate your organs for to | ransplant? |
| | Husband: | Yes | No |
| | Wife: | Yes | No |
| 18 | 3. Do you wan | t a Mental Healthcare Powe | er of Attorney? |
| | Husband | Yes | No |
| | Wife | Yes | No |
| REGA | ARDING ARIZ | ONA TRUSTS ONLY: | |
| be red | | the final heirs of their right | tee (usually, the surviving spouse) s under the trust? |
| | decision is no | | the trustee and a trust beneficiary? to agree to accept this person's |
| | | | |

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: |

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| <u>SSN:</u> | Relationship: |
|-------------|----------------|
| | |
| Name: | |
| Nickname: | |
| Address: | |
| Phone: | Date of Birth: |
| SSN: | Relationship: |
| Name: | |
| Nickname: | |
| Address: | |
| Phone: | Date of Birth: |
| SSN: | Relationship: |
| Name: | |
| Nickname: | |
| Address: | |
| Phone: | Date of Birth: |
| SSN: | Relationship: |
| Name: | |
| Nickname: | |
| Address: | |
| Phone: | Date of Birth: |
| SSN: | Relationship: |

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