

TRUST QUESTIONNAIRE FORM (RLT etc. Unmarried Person)

[NOTE: If trust is being re-stated you must use original trust name, date and client name as they appear in original document]

1. What name would you like your trust to have? We recommend "THE [YOUR LAST NAME] LIVING TRUST"; you may choose any name:

2. Your full name (First, Middle or Middle Initial and Last; use Sr. or Jr. when appropriate):

3. Address:

_____ (Apt.)
Street address

_____ City State Zip County

4. Phone

(Days): _____
Area code Number

(Evenings): _____
Area code Number

Will the Trust Documents be signed in the above County and State? Y N

Client signature of approval: _____

5. Persons who should inherit the trust after you are deceased:

You may divide heirs into two groups (Group a or Group b). Example: 40% to your parents - Group a - and 60% to your siblings - Group b.

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

[Must total 100%]

- 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 not to the heir's spouse or descendants (children, grandchildren, etc.).**

6. Person(s) who should inherit the estate if all individuals in no. 5 above are deceased: **(Only list person(s) who will not inherit under question 5)**

<u>Name</u>	<u>Relationship*</u>	If Heir					<u>%</u>	<u>Group</u>	
		<u>Doesn't</u>	<u>Survive</u>						
_____	_____	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
_____	_____	1	2	3	4	5	_____	a	b

NOTE: Charities that are listed in question 5 must be listed here also if you intend for them to inherit in the event the *individuals* in question #5 are all deceased.

7. Is any family member intentionally excluded?

Name(s) and Relationship: _____

8. Postponement of possession - for young or financially unsophisticated heirs

NOTE: Funds will be available before distribution age(s) for education, health care, support and maintenance.

[4 options; choose one & fill-in age(s)]

OPTION 1 [Default Option]

_____ Give control of inheritances after age _____ (default = age 25).

OPTION 2:

_____ Supplemental monthly income of \$ _____ (default = \$1,000) until age _____ then distribute in full (Default = 50; **minimum = 40**).

OPTION 3:

_____ Give control of inheritances in stages **[4 options; choose one]:**

Option (a): 1/10 of total inheritance at age _____) (Default =
2/10 more at age _____) 25, 30, 35, 40)
3/10 more at age _____)
4/10 (balance) at age _____)

Option (b): 1/3 at age _____) (Default = 25, 30, 35)
1/3 at age _____)
1/3 at age _____)

Option (c): 1/4 at age _____) (Default = 25, 30, 35, 40)
1/4 at age _____)
1/4 at age _____)
1/4 at age _____)

Option (d): 1/2 at age _____) (Default = 25, 30)
1/2 at age _____)

OPTION 4:

_____ Distribute in ten annual installments beginning at age _____ (Default = 25)

9. If an heir challenges the trust, should that heir forfeit his/her share? **Yes No**
Should the heir's descendants (children, grandchildren, etc.) also forfeit? **Yes No**

10. Who should serve as successor trustee, if you are unable to serve?

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; when the documents are signed you will be able to select what happens if one can't serve.

11. Who should direct investments if other than successor trustee? **(This is a non-binding recommendation for the Trustee)** _____

12. Who should make your **health care** decisions if you are not mentally competent?

First Choice: _____

Second Choice: _____

Third Choice: _____

NOTE: You may not list more than one person in any order of priority.

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

First Choice: _____

Second Choice: _____

NOTE: You may list more than one person in any order of priority.

14. Do you want a living will? Y N

NOTE: The following two options only apply if you checked "Y" to living will

15. Do you want to be cremated? Y N

16. Do you wish to donate your organs for transplant? Y N

REGARDING ARIZONA TRUSTS ONLY:

17. Who should resolve a dispute between the trustee and a trust beneficiary? (The decision is non-binding; both parties have to accept this person's decision): _____
