

Living Trust Questionnaire

1611 Spring Gate
Suite 370746
Las Vegas, NV 89137

For Office Use Only

Teleconference Scheduled with: _____ on _____ at _____

Follow-Up Conference Needed / Scheduled on: _____ at _____

» Please complete this questionnaire to the best of your ability. Upon receiving this questionnaire, you will be contacted to set up a phone consultation with one of our attorneys to review your responses prior to drafting your Trust.

CLIENT INFORMATION

First Name: Middle: Last:

Also Known As: Gender: Male Female

Date of Birth: (Month / Day / Year) U.S. Citizen?: Yes No

SSN:

Street Address:

City: State: ZIP: County:

Marital Status: Single Married Separated Divorced Widowed Date of Marriage:

Contact Phone: Email Address:

SPOUSE INFORMATION (if applicable)

First Name: Middle: Last:

Also Known As: Gender: Male Female

Date of Birth: (Month / Day / Year) U.S. Citizen?: Yes No

SSN:

Did you sign a pre-nuptial (ante-nuptial) contract or agreement?: Yes No (If yes, please attach a copy.)

Do you or your spouse currently have a Living Trust?: Yes No (If yes, please attach a copy.)

CHILDREN INFORMATION (continued on next page)

B = Child of Current Marriage
FC = Female Client's Child

A = Adopted (specify MC or FC)
DC = Deceased with Children

MC = Male Client's Child
DN = Deceased with No Children

Name	Date of Birth	Gender	Parent Codes
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN

CHILDREN INFORMATION *(continued from page 1)*

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	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN

ADDITIONAL FAMILY INFORMATION

List any family members (if any) you specifically want excluded from your Living Trust.

Name	Relationship	Gender
		M <input type="checkbox"/> F <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>

INITIAL TRUSTEES

Who will be your initial trustee(s)?

- Client to serve as an original trustee.
- Client and Spouse to serve together as trustees.
- Spouse to serve as an original trustee.

SUCCESSOR TRUSTEE(S)

The Successor Trustee is the individual who takes over for the Original Trustee in the event of the Original Trustee's death. You need to identify at least one individual to take the Original Trustee's place to manage, allocate and distribute your estate upon the death of the original Trustee(s).

Name	Address	Gender	U.S. Citizen?
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Choose One: The above are to serve in order;
- The above are to serve together (*Note: "Co-trustees" must agree on all actions*);
- Other, described as follows: _____

SPECIFIC GIFTS

List any valuable gifts (i.e. heirlooms) that you would like to be distributed to a specified individual(s) upon your passing. Keep in mind, personal items can be distributed via a separate schedule attached to your signed living trust document and do not need to be listed here.

Married couples typically will gift their personal residence to their spouse upon their passing. Check here if you are married but do not want your personal residence gifted to your spouse upon your passing.

Beneficiary Name	Relationship	Item

* Attach additional sheets if necessary.

DISTRIBUTION OF THE REMAINING TRUST ESTATE AFTER ANY SPECIFIC GIFTS

Specify how your estate should be distributed upon your passing, or if married, upon the passing of you and your spouse.

Choose One: Divide equally among the beneficiaries named below; **or**

Divide among the beneficiaries named below in the proportions indicated below:

Beneficiary Name	Relationship	Age	Gender	Percentage
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	

Specify how the above distributions are to take place:

Choose one: Immediate distribution upon the death of the Surviving Grantor;

To be placed in trust and held until the beneficiary attains the age of ____ (age 18 if not specified);

Periodic discretionary income payments with distribution of principal at the ages specified below:
Principal distribution (percent): ____% at age ____; then ____% at age ____; then ____% at age ____;

Principal distribution (intervals): ____% every ____ year(s) after creation of the beneficiaries trust.

If this beneficiary predeceases you, his/her share is to be:

Choose One: Divided equally among his/her children, if any. If he/she has no children, his/her share is to be distributed to the remaining trust beneficiaries in proportion to their shares;

Divided among the remaining beneficiaries in equal shares;

Other: _____

If all of the above beneficiaries and their children predecease you:

Choose one: Distribute to heirs at law (i.e. blood relatives); or

Distribute to individual, charity or organization named below:

Individual/Charity Name	Address (City and State)	Percentage

SPECIAL PROVISIONS

List any special concerns for a beneficiary (i.e. physical or mental health problems, difficulty managing money, etc.).

POUR-OVER WILL

List the Executors for your Pour-Over Will in order of preference. If you have inadvertently left assets outside of your Trust, the Executor will administer your probate estate. This person may also be responsible for making certain tax elections. If you are married, both you and your spouse must elect an Executor and an alternate (Note: if married, the primary is usually a spouse).

Client:		
Name	Address	Phone
1.		
2.		

Do you desire cremation? Yes No

Spouse (if applicable):		
Name	Address	Phone
1.		
2.		

Do you desire cremation? Yes No

GUARDIAN

List the Guardians for your minor children.

Name	Address	Relationship
1.		
2.		

FINANCIAL POWER OF ATTORNEY (DURABLE POWER OF ATTORNEY)

“Power of Attorney” is a legal term granting another person the authority to act on your behalf, also known as designating your attorney-in-fact. The legal effect of this document does not extend upon your passing. If you are married, both you and your spouse must elect a Power of Attorney and an alternate. (Note: the primary is usually a spouse).

Client:		
Name	Address	Phone
1.		
2.		

This Financial Power of Attorney shall be effective: *Immediately* **or** *Upon incapacity*

Spouse (if applicable):		
Name	Address	Phone
1.		
2.		

This Financial Power of Attorney shall be effective: *Immediately* **or** *Upon incapacity*

MEDICAL POWER OF ATTORNEY (DURABLE POWER OF ATTORNEY FOR HEALTH CARE)

This person will make medical decisions for you in the event you are unable to make them for yourself. If you are married, both you and your spouse must elect a Power of Attorney and an alternate (Note: the primary is usually a spouse).

Client:		
<input type="checkbox"/> Same as my Financial Power of Attorney or		
Name	Address	Phone
1.		
2.		

This Medical Power of Attorney shall be effective: *Immediately* **or** *Upon incapacity*

Do you wish to make anatomical gifts? Yes No

If Yes: *For transplantation only* *For research only* *For transplantation or research* **or** *For any purpose*

Spouse (if applicable):		
<input type="checkbox"/> Same as my Financial Power of Attorney or		
Name	Address	Phone
1.		
2.		

This Medical Power of Attorney shall be effective: *Immediately* **or** *Upon incapacity*

Do you wish to make anatomical gifts? Yes No

If Yes: *For transplantation only* *For research only* *For transplantation or research* **or** *For any purpose*

GROSS VALUE OF CURRENT ESTATE

Check the box that applies to your particular situation.

Your approximate current net worth is:

< \$1,000,000 \$1,000,000 - \$2,000,000 \$2,000,000 - \$4,000,000 > \$4,000,000

Is any part of your estate comprised of the following:

Farm Property Family Owned Business (Note: This does not include include an LP or LLC set up by Anderson Business Advisors for trading or holding real estate.) Professional Practice

LIFE INSURANCE

List the value of any life insurance policies you have and the type of policy.

Type: <i>Whole Life, Term, Universal, Variable, etc.</i>	Value	Is this Policy in an irrevocable life insurance trust?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL NOTES
