

**SLOAN & FELLER**  
**Attorneys at Law**



**Living Trust Questionnaire**

Please fill out the information packet to the best of your ability and bring a copy with you to your appointment.

# Living Trust Questionnaire

## CLIENT PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

S.S.N: \_\_\_\_-\_\_\_\_-\_\_\_\_ U.S. Citizen?  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_  Email Address: \_\_\_\_\_

## SPOUSE PERSONAL INFORMATION *(if applicable)*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

S.S.N: \_\_\_\_-\_\_\_\_-\_\_\_\_ U.S. Citizen?  Yes  No

Did you sign a pre-nuptial contract or agreement?  Yes  No (If yes, please attached 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**

**A = Adopted (specify MC or FC)**

**MC = Male Client's Child**

**FC = Female Client's Child**

**DC = Deceased with Children**

**DN = Deceased with No Children**

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

### CHILDREN INFORMATION *(continued from page 1)*

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

### INITIAL TRUSTEE

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 even 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
		<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Choose One:**    The above are to serve in order;
- The above are to serve together. Note: "Co-trustee: 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 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 *(continued on next page)*

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 name below; or
- Divide among the beneficiaries names below in the proportions indicated below:

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

## DISTRIBUTION OF THE REMAINING TRSUST ESTATE AFTER ANY SPECIFIC GIFTS *(continued from page 4)*

Beneficiary Name	Relationship	Age	Gender	Percentage
			<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	

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 the 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 and law (i.e. blood relatives); **or**
- Distribute to individual, charity or organization named below:

Individual/Charity	Address (City & State)	Percentage

## SPECIAL PROVISIONS

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

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## POUR-OVER WILL

List the Executors for your Pour-Over Will in order of preference. If you have inadvertently left assets outside 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	Phone

**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 designation 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)** *(Continued on next page)*

This person will make medical decisions for you in the even 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: \_\_\_\_\_

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

**MEDICAL POWER OF ATTORNEY  
(DURABLE POWER OF ATTORNEY FOR HEALTH) (continued from page 7)**

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 STATE**

Check the box that applies to your particular situation.

Your approximate currently 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       Professional Practice

**LIFE INSURANCE**

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

**Is this policy an  
irrevocable life  
insurance  
trust?**

**Type:** *Whole Life, Term, Universal, Variable, etc.*

**Value**

		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADDITIONAL NOTES**

Congratulations on decided to prepare a Living Trust! Sloan & Feller is committed to providing you with the highest quality service available. If at any time you need assistance, please contact us.

When you have completed this questionnaire, please return it to our office. For even fast service, fax this questionnaire to the number shown below. Remember that the fast you can return this questionnaire, the sooner we can begin working on your Living Trust.