

CONFIDENTIAL ESTATE PLANNING  
QUESTIONNAIRE FOR

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FAMILY REVOCABLE TRUST

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DATE

I/We hereby declare that the information contained in this confidential estate planning questionnaire is correct and accurate to the best of our knowledge. When attorney has completed my/our documents, I/we would like my/our documents sent to (CHECK ONE) [ ] me/us OR to [ ] \_\_\_\_\_, our advisor.

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Client

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Client

The primary advantage of a Living Trust over a will is to avoid probate. If your estate is in excess of \$2,000,000 and you are married, you may also eliminate or reduce estate taxes.

\_\_\_ I want a Living Trust to avoid probate.

\_\_\_ I want a Living Trust to eliminate or reduce estate taxes.

PERSONAL INFORMATION

APPROXIMATE ESTATE VALUE \_\_\_\_\_

\_\_\_\_\_ INDIVIDUAL TRUST ( M / F )

\_\_\_\_\_ JOINT TRUST

Client Name: \_\_\_\_\_ S.S.# \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ County of Residency: \_\_\_\_\_

\_\_\_\_\_ U.S. Citizen : Yes No

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupation: \_\_\_\_\_ If retired, previous occupation: \_\_\_\_\_

Current Marital Status: Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_

If married, date of marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Spouse: \_\_\_\_\_ S.S.# \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ U.S. Citizen : Yes No

Occupation: \_\_\_\_\_ If retired, previous occupation: \_\_\_\_\_

Full Names (including middle name) of All Children (living and deceased):

	<u>Age</u>	<u>Sex</u>	<u>Child of H, W, or Both</u>	<u>Distribution % of Estate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Distribute outright.  Hold in Trust until \_\_\_\_ years of age.

If a beneficiary predeceases you, his or her share is to be:

- Divided equally among his or her children, if any.
- Divided among the remaining beneficiaries named above in the proportions indicated

Other Beneficiaries:

<u>Name</u>	<u>Relationship</u>	<u>Distribution % of Estate</u>
_____	_____	_____
_____	_____	_____

Do you have a will, trust, living will, power of attorney (health and financial)? \_\_\_\_\_

If you have a trust, name and date of trust: \_\_\_\_\_

TRUSTEE AND REPRESENTATIVE INFORMATION

Successor Trustee (The person or entity that takes care of the administration of your trust estate if you cannot)

First (name, city, state): \_\_\_\_\_

Second (name, city, state): \_\_\_\_\_

- The above are to serve in order.       The above are to serve together as Co-Trustees and must agree.

Personal Representatives (Pour Over Will) and Successor Agents (General Power of Attorney) for financial matters.  
For Husband:

- Same as Successor Trustees, or

First (name, city, state): \_\_\_\_\_

Second (name, city, state): \_\_\_\_\_

- The above are to serve in order.       The above are to serve together as Co-Agents and must agree.

For Wife:

- Same as Successor Trustees, or

First (name, city, state): \_\_\_\_\_

Second (name, city, state): \_\_\_\_\_

- The above are to serve in order.       The above are to serve together as Co-Agents and must agree.

Representative for Living Will and Medical Representative for Health Care (The person who makes your health care decisions if you cannot)

For Husband:

- Same as Successor Trustees

- Same as my Personal Representatives/Agents, or

First (name, city, state): \_\_\_\_\_

Second (name, city, state): \_\_\_\_\_

- The above are to serve in order.       The above are to serve together as Co-Reps and must agree.

For Wife:

- Same as Successor Trustees

- Same as my Personal Representatives/Agents, or

First (name, city, state): \_\_\_\_\_

Second (name, city, state): \_\_\_\_\_

- The above are to serve in order.       The above are to serve together as Co-Reps and must agree.

Guardians for minor children (The person who will take care of your children at your death)

First (name, city, state, relationship): \_\_\_\_\_

Second (name, city, state, relationship): \_\_\_\_\_

Real property owned: \_\_\_\_\_ parcels

List County of each piece of real property owned in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Obtain a copy of each deed for real property.

NOTE: We will only prepare deeds for the State of Arizona.

NOTES AND COMMENTS

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