

JOINT TRUST QUESTIONNAIRE

DATE: _____

CLIENT NAME: _____

CLIENT ADDRESS: _____

CONFERENCE PARTICIPANTS: _____

INITIAL TRUSTEE: _____

FIRST SUCCESSOR TRUSTEE:

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

SECOND SUCCESSOR TRUSTEE:

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

CAN SPOUSE REVOKE AND AMEND THE TRUST AFTER FIRST DEATH?

Yes: _____ or No: _____

“OLD” OR “NEW” RIGHT OF REPRESENTATION? OLD: _____ or NEW: _____

ANY SPECIFIC DEVICES? Yes: _____ or No: _____

If Yes, Cash: _____

Personal Property: _____

Business: _____

Other: _____

IS MEDICAID PLANNING DESIRED? Yes: _____ or No: _____

IS ASSET PROTECTION PLANNING DESIRED? Yes: _____ or No: _____

IF CLIENTS HAVE CHILDREN NOT COMMON OF MARRIAGE (FROM PREVIOUS RELATIONSHIPS), TREAT EQUALLY AS IF COMMON OF MARRIAGE?

Yes: _____ or No: _____

If No, list desired distributions: _____

ADULT CHILDREN – OUTRIGHT DISTRIBUTION? Yes: _____ or No: _____

If No, list desired distribution: _____

MINOR CHILDREN – AGES FOR DISTRIBUTION? _____ Standard – one-third (1/3) of the remaining balance of each child’s separate trust when the child reaches age twenty-five (25), one-half (1/2) of the remaining balance of each child’s separate trust when the child reaches age thirty (30), and upon a written request, the remaining balance of each child’s separate trust when the child reaches age thirty-five (35); or Other _____: _____

NO CHILDREN – TO INDIVIDUALS AND/OR CHARITIES? Yes: _____ or No: _____

If Yes, list: _____

ANY SPECIFIC TRUST PROVISIONS DESIRED: Yes: _____ or No: _____

If Yes, Special Needs Trust: _____

Cottage Trust: _____

Business Advisory Committee: _____

Other: _____

ANY SPECIAL OR NONSTANDARD PROVISIONS DESIRED (OTHER THAN ABOVE QUESTION)? Yes: _____ or No: _____

If Yes, list: _____
