

REVOCABLE LIVING TRUST QUESTIONNAIRE

DATE: _____

CLIENT NAME: _____

CLIENT ADDRESS: _____

CONFERENCE PARTICIPANTS: _____

MARRIED CLIENT TRUST: _____ OR SINGLE CLIENT TRUST _____

INITIAL TRUSTEE: _____

FIRST SUCCESSOR TRUSTEE NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

SECOND SUCCESSOR TRUSTEE NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

“OLD” OR “NEW” RIGHT OF REPRESENTATION? OLD ___ NEW ___

APPORTIONMENT:

PAYMENT OF TAXES, DEBTS AND EXPENSES – STANDARD? Yes ___ or No ___

- OR -

PAYMENT OF TAXES, DEBTS, AND EXPENSES ALTERNATIVE FORMAT – (Federal and State estate taxes, including any interest and penalties, to be paid from each transfer, whether made under the Will or Trust?) Yes ___ or No ___

MARITAL/CREDIT FUNDING FORMULA:

REVERSE PECUNIARY (FOR LARGE ESTATES)? Yes ___ or No ___

“UP FRONT” MARITAL TRUST (a/k/a “A” Trust – STANDARD CLAUSE): Yes ___ or No ___

(If no, explain: _____)

FAMILY TRUST (a/k/a “B” Trust - STANDARD CLAUSE): Yes ___ or No ___

GENERAL POWER OF APPOINTMENT MARITAL TRUST (STANDARD CLAUSE)

Yes ___ or No ___

QTIP? Yes ___ or No ___

ALL INCOME TO SPOUSE/PRINCIPAL BASED ON ASCERTAINABLES/FIVE AND FIVE POWER (STANDARD)? Yes ___ or No ___

POWER (STANDARD)? Yes ____ or No ____

SPRINKLE PROVISION? 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 distribution: _____

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: _____

ANY SPECIFIC DEVICES? Yes ____ or No ____

(Cash: _____
Personal Property: _____
Business: _____
Other: _____

IS MEDICAID PLANNING DESIRED: Yes ____ or No ____

IS ASSET PROTECTION PLANNING DESIRED: Yes ____ or No ____

WHAT DOCUMENTS ARE NEEDED TO COMPLETE TRUST FUNDING?

Realty (Deeds) – Home: _____ Cottage: _____

Vacant Land: _____ Other: _____

Business – Stock Certificate: _____ K-1s: _____

PREPARE TRUST FUNDING QUIT-CLAIM DEEDS? Yes ____ or No ____

PREPARE ASSIGNMENTS OF L.L.C. OR MEMBERSHIP INTEREST? Yes ____ or No ____

FLAT FEE SCHEDULE PROVIDED TO CLIENT BY ATTORNEY? Yes ____ or No ____

DEADLINE? Yes ____ or No ____ (If Yes, what is it? _____)

Circle one: MAIL EMAIL DRAFT TO CLIENT? OR NO, they will review at the EC _____