TRUST PLANNING QUESTIONNAIRE

Revocable & Irrevocable Trust Intake

Please complete this questionnaire as thoroughly as possible and return it to us electronically along with the documents requested on the final page. Your answers allow us to evaluate your goals, determine whether a revocable or irrevocable trust best fits your situation, and prepare your documents in advance so that we can meet just once, in person, to review and sign. This questionnaire is provided for informational purposes only, does not constitute legal advice, and does not create an attorney-client relationship.

1. Your Information

Full Legal Name

Date of Birth

Phone

Address

Email

Marital Status

○ Single ○ Married ○ Divorced ○ Widowed

2. Trust Type Assessment

Your answers below help us determine whether a revocable or irrevocable trust is the better fit for your goals.

Do you want the ability to change, amend, or revoke this trust during your lifetime?

○ Yes ○ No

Is your main goal avoiding probate and keeping your affairs private, while keeping full control of your assets?

○ Yes ○ No

Are you concerned about protecting assets from potential creditors, lawsuits, or long-term care costs?

○ Yes ○ No

Are you in a profession or situation with higher lawsuit exposure (e.g., medical, business ownership)?

○ Yes ○ No

Do you anticipate needing to qualify for Medicaid or other needs-based benefits within the next 5 years?

○ Yes ○ No

Is reducing estate or gift tax exposure a significant concern for you?

◯ Yes ◯ No

Estimated total value of your estate:

◯ Under $1M ◯ $1M-$5M ◯ $5M-$15M ◯ Over $15M

3. Primary Goals (check all that apply)

☐ Avoid probate

☐ Protect children or grandchildren

☐ Asset management if incapacitated

☐ Reduce family conflict

☐ Keep family property in the family

☐ Privacy

☐ Protect a family business or LLC

Other

4. Family

Spouse

Children (include adopted/step children, if applicable)

Any beneficiary with special needs?

◯ Yes ◯ No

If yes, please explain

5. Successor Trustee

First Choice

Relationship

Phone / Email

Alternate Successor Trustee

6. Beneficiaries

Who should receive your assets after your death?

Should anyone receive a specific gift?

◯ Yes ◯ No

Describe

7. Real Estate

List each property and how it is owned

8. Other Assets

Bank Accounts

Investment Accounts

Business / LLC Interests

Life Insurance

Retirement Accounts (401(k), IRA, etc.)

Vehicles / Boats / RVs

Other Valuable Property

9. Distribution Preferences

Should beneficiaries receive assets:

◯ Immediately ◯ At a specific age ◯ In stages ◯ At trustee discretion

Special instructions

10. Incapacity Planning

Who should manage your affairs if you cannot?

Should the trustee be allowed to continue operating your business?

◯ Yes ◯ No

11. Final Questions

Do you currently have a will or trust?

◯ Yes ◯ No

Do you own property in another state?

◯ Yes ◯ No

Any concerns about lawsuits, creditors, or family disputes?

Anything else you would like your attorney to know?

12. Documents to Submit Electronically

Please scan or photograph each item below and submit them along with this completed questionnaire.

- [ ] Driver's license or government-issued photo ID
- [ ] List of assets
- [ ] Property deeds
- [ ] LLC or business formation documents
- [ ] Existing estate planning documents (wills, trusts, powers of attorney)
- [ ] Beneficiary designations (if available)

Thank you for completing this questionnaire. Once we receive your completed form and documents electronically, we will review your goals, prepare your trust documents, and reach out to schedule a single in-person meeting for review and signing.