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**Estate Planning Questionnaire for
Revocable Living Trust**

The following questionnaire includes all of the information necessary to complete your Estate Plan. It is important to complete this form completely and accurately, as the information provided will be relied upon to draft your documents. Please contact us if you have any questions or if there is anything you do not fully understand. **Your Trust cannot be completed until all of the information requested in this form has been provided.**

NEW TRUST

AMENDED IN ITS ENTIRETY

AMENDED

Prepared for:

Your Name: _____
(as you would sign a legal document)

Your Social Sec. #: _____ Your Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: (Primary) _____ (Work) _____

E-mail Address: _____

IF APPLICABLE

Your Spouses Name: _____
(as you would sign a legal document)

Spouse's Social Sec. #: _____ Spouses Date of Birth: _____

Spouse's Phone # _____ Spouse's email: _____

Your Deceased Children		Deceased Children from Another Relationship	
Name	D.O.D.	Name	D.O.D.
_____	_____	_____	_____
_____	_____	_____	_____

Successor Trustee/Attorney-in-Fact and Guardian/Conservator Information

In the following section, please list the persons your **Successor Trustee**. Your successor trustee will manage your assets if you die or become incapacitated. If you are married or domestic partners, your spouse **automatically** be your First Successor Trustee, so you will NOT need to list them here. Your successor trustee will serve only upon the death or incapacity of both you and your spouse, or just you, individually, if you are not married.

Persons designated as Successor Trustee will also be your **executor** and **power of attorney**.

You may also designate a person to act as your **Guardian** of your minor children. Your Guardian will take responsibility for the education, living and medical care of any minor children you may have.

First Successor Trustee	First Guardian of Minor Children (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: () _____	Zip: _____ Phone: () _____

Second Successor Trustee	Second Guardian of Minor Children
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: () _____	Zip: _____ Phone: () _____

Third Successor Trustee	Third Guardian of Minor Children
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: () _____	Zip: _____ Phone: () _____

Beneficiary Information

Generally, there are two ways you may distribute your estate to your beneficiaries: through a share distribution, where your beneficiaries each received a percentage of your estate, and through a specific gift distribution, where your beneficiaries receive specific assets or property from your estate. It is possible to combine these forms of distribution, so that some of your beneficiaries receive specific gifts, and others receive a percentage of the remaining estate. In the space below, please identify each beneficiary you wish to receive a portion of your estate, your relationship to that person (i.e. Son, Sister, Friend), and the percentage of your estate you wish each to receive.

	Name	Relationship	Percentage
1)	_____	_____	_____
	If predeceased to: _____		
2)	_____	_____	_____
	If predeceased to: _____		
3)	_____	_____	_____
	If predeceased to: _____		
4)	_____	_____	_____
	If predeceased to: _____		
5)	_____	_____	_____
	If predeceased to: _____		

Specific Gift Distributions

Age of Distribution if other than 18: _____
Age of Distribution for CUTMA Accounts (Between 18 and 25): _____

Physician Information

Your Primary Physician

Your Spouse's Primary Physician

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____ Phone: _____

Zip: _____ Phone: _____

Burial Instructions

If you (and/or your spouse) have any specific instructions regarding how you wish to be buried/cremated, you may list them here, and they will be included in the will portion of your estate plan. Feel free to be as specific as possible, or leave discretion for your Successor Trustee or family if you prefer not to decide at this time.

Your Burial Instructions: _____

Spouse's Burial Instructions: _____

Special Requests/Instructions Regarding Health Care

--- YOU ---

Choose one of the following:

() CHOICE NOT TO PROLONG LIFE - I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits

() CHOICE TO PROLONG LIFE - I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

--- YOUR SPOUSE ---

Choose one of the following:

() CHOICE NOT TO PROLONG LIFE - I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits

() CHOICE TO PROLONG LIFE - I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

Donation of Organs at Death

Please read carefully and state YOUR wishes:

1. Upon my death: I give any needed organs, tissues, or parts
OR
I give the following organs, tissues, or parts only (List specific organs)

2. My gift is for the following purposes (choose the ones you DO want - if any)

Transplant
Therapy
Research
Education

Specific Instructions: _____

Please read carefully and state YOUR SPOUSES wishes:

1. Upon my death: I give any needed organs, tissues, or parts
OR
I give the following organs, tissues, or parts only (List specific organs)

2. My gift is for the following purposes (choose the ones you DO want - if any)

Transplant
Therapy
Research
Education

Specific Instructions: _____

Asset Transfer Information

In order for your trust to provide an orderly transfer of your estate property, legal title of your “non-retirement” property and assets must be transferred to the trust. Accordingly, it is important for you to list each asset and property you own. For real property, you must attach a copy of the grant deed. If you do not have a copy of the deed, we can obtain a copy for you. For other assets, you must list all the information requested, including the **account number** and **complete address or contact information** of the institution where the asset is held.

**Bank/Credit Union Accounts
(CD’s, Money Market, Savings, Checking, Safety Deposit Boxes, etc.)**

Account 1	Account 2
Institution: _____	Institution: _____
Account Number: _____	Account Number: _____
_____	_____
Exact name of account holder(s)	Exact name of account holder(s)
Account 3	Account 4
Institution: _____	Institution: _____
Account Number: _____	Account Number: _____
_____	_____
Exact name of account holder(s)	Exact name of account holder(s)
Account 5	Account 6
Institution: _____	Institution: _____
Account Number: _____	Account Number: _____
_____	_____
Exact name of account holder(s)	Exact name of account holder(s)

Securities (Stocks, Bonds, Mutual Funds, etc.)

Securities 1	Securities 2
Institution: _____	Institution: _____
Account Number: _____	Account Number: _____
_____	_____
Exact name of security holder(s)	Exact name of security holder(s)

Securities 3

Institution: _____

Account Number: _____

Exact name of security holder(s)

Securities 4

Institution: _____

Account Number: _____

Exact name of security holder(s)

Retirement Related Accounts (IRA's, 401K's, 403b's, TSA, Annuities, etc.)

Account 1

Institution: _____

Account Number: _____

Exact name on Account

Account 2

Institution: _____

Account Number: _____

Exact name on Account

Account 3

Institution: _____

Account Number: _____

Exact name on Account

Account 4

Institution: _____

Account Number: _____

Exact name on Account

Life Insurance

Account 1

Institution: _____

Account Number: _____

Exact name on Policy

Account 2

Institution: _____

Account Number: _____

Exact name on Policy

Account 3

Institution: _____

Account Number: _____

Exact name on Policy

Account 4

Institution: _____

Account Number: _____

Exact name on Policy

Client-owned business

Name of business: _____

Type of business (e.g., sole proprietorship, partnership, corporation):
_____. If business is incorporated, please
provide corporate documents.

Nature of business and location: _____

Co-owners and ownership interest of each: _____

Fair market value of business: _____

Have you entered into a buy-sell agreement, partnership agreement, employment agreement, key executive insurance agreement, or pension or profit-sharing plan? _____ If yes, please attach a copy of each agreement and plan

Additional Assets

Have you and your spouse executed a prenuptial agreement or postmarital agreement? _____
If yes, please attach a copy of the agreement.

Promissory notes

For each promissory note in which you have an ownership interest, list the name of the payer, the name(s) of the payee(s), and the current outstanding balance on the note. Please attach a copy of each note and security agreement or deed of trust, if any: _____

Other Additional Assets not mentioned above:

Real Property Transfer Information

In the space below, list all real property that is to be transferred into the trust. A copy of the deed for each property listed should be attached.

1st Real Property (Residence) PLEASE PROVIDE A COPY OF LAST **GRANT** DEED WITH LEGAL DESCRIPTION ATTACHED.

APN _____

Street Address: _____

City: _____ State: _____ Zip: _____

2nd Real Property PLEASE PROVIDE A COPY OF LAST **GRANT** DEED WITH LEGAL DESCRIPTION ATTACHED.

APN _____

Street Address: _____

City: _____ State: _____ Zip: _____

3rd Real Property PLEASE PROVIDE A COPY OF LAST **GRANT** DEED WITH LEGAL DESCRIPTION ATTACHED.

APN _____

Street Address: _____

City: _____ State: _____ Zip: _____

Current Financial Planner _____

Phone Number: (____) _____ Email: _____

Current CPA and/or Accountant _____

Phone Number: (____) _____ Email: _____