



Trust-Based Estate Plan

INDIVIDUAL QUESTIONNAIRE

This document is designed to preview the precise questions our software will require answers for. If you have general questions, this document helps your financial advisor better assist in coordinating your estate plan. In our software, should you have questions, they have access to detailed tips accompanying each of the questions below. Your final answers are then submitted to EncorEstate Plans, and they use this information to prepare and review your documents.

TRUST-BASED ESTATE PLANNING QUESTIONNAIRE - INDIVIDUAL

STEP 1 – MARITAL STATUS

☐ Single ☐ Divorced ☐ Widowed ☐ Married ☐ Domestic Partnership

STEP 2 – PERSONAL INFORMATION

Primary Email: _____

Client Name (as you want it to appear on documents): _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Current/Former (C/F) Spouse or Partner's Legal Name: _____

Are/Were they a U.S. Citizen? ☐ Yes ☐ No

Home Address: _____ **County:** _____

Do you own this home? ☐ Yes ☐ No

If yes, who currently holds legal ownership of the property? ☐ Both ☐ Client ☐ Current/Former Spouse

Do you want the home transferred into the trust? ☐ Yes ☐ No

STEP 3 – FAMILY INFORMATION

What do you want to call this Trust? _____

You do not need a new Trust name if this is a restatement.

What state and county will these documents be notarized in? _____

OR ☐ Not Sure

Have you previously done a Trust? ☐ Yes ☐ No

If so, what is the name and execution date of the Trust? _____

Do you own any other real estate? ☐ Yes ☐ No

If yes, list the addresses below and identify who owns the property.

Do you want to deed this property to the trust? ☐ Yes ☐ No

Address

Do you own any business interests? ☐ Yes ☐ No

Do you want a business assignment prepared for these interests? ☐ Yes ☐ No

Do you have any biological or adopted children, living or deceased? ☐ Yes ☐ No

If yes, fill out the next page. If no, skip the next page.

Information about Living Children: (*Please add additional children on a separate sheet)

Child 1 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 2 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 3 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 4 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Information about Deceased Children:

Child's Name _____

Name(s) of the Deceased Child's Children, if any: _____

STEP 4 – BENEFICIARIES (The individuals who receive everything after you pass.)

Are the Beneficiaries receiving equal shares? ☐ Yes ☐ No

If yes, leave the share column blank. If no, fill in the share column. (i.e. 12.5% or 1/8)

Identify where their share should go should they predecease you. Each beneficiary can be different.

- Per Stirpes - to their natural born or adopted children
 - If per stirpes is selected for your biological or adopted children, It will lapse to the other children if they have no heirs.
- Lapse - to the other named beneficiaries
- Other – be prepared to provide your response during plan entry

Beneficiary Information			
	First, Middle, and Last Name OR Name of Organization	IF NOT EQUAL- % or Share	Select One Designation
B1			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B2			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B3			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B4			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B5			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B6			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
		Total = 100%	

Do you want restrictions on the distributions to beneficiaries? ☐ Yes ☐ No

Beneficiaries would still have access to funds for health care, education, & support. If yes, select from the following or fill in your wishes using Option D, *Other*. Then, identify which beneficiary the restriction will apply to. Each beneficiary can be different.

Age-Based Restrictions - Choose a restriction and the beneficiary it applies to or fill in your own.

Option A: 1/3 at 25, 1/3 at 30, and 1/3 at 35

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Option B: 1/3 at earlier of undergrad degree or 25, 1/3 at 30, and 1/3 at 35

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Option C: 1/2 at 25, 1/2 at 30

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Option D: *Other, please describe:* _____

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Special Needs Trust - Beneficiaries with special health needs who may have needs-based public benefits.

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Specific Gifts (Charitable donations, funds to care for pets or gifts of significant value for others.)

The tangible personal property list is the best place to list who will care for pets, receive family heirlooms or receive personal property that may change frequently like personal vehicles.

Specific Gift Information		
	First, Middle, and Last Name OR Name of Organization	\$ Amount, Percentage, or Item
1		
2		
3		
4		
5		
6		

STEP 5 – TRUSTEE/EXECUTOR/POWER OF ATTORNEY (Financial Agent)

Do you want your Financial Agent's powers limited in any way? ☐ Yes ☐ No (Most common)

Timing on Power of Attorney:

☐ Immediate for Primary Agent Only (Most Common for Couples)

☐ Immediate for All Agents ☐ Springing for All Agents

If you cannot make financial decisions for yourself, who do you want to make them for you?

Please list the relationship also.

Successor Trustee/Executor/Power of Attorney		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐ Yes ☐ No (Most common)

If yes, which ones? ☐ 1 ☐ 2 ☐ 3

STEP 6 – HEALTH CARE AGENTS

Do you want to include specific wishes regarding your health care if incapacitated? ☐ Yes ☐ No

If yes, please complete the Statement of Wishes attachment in the Knowledge Base.

If you cannot make health care decisions for yourself, who do you want to make them for you? We generally see the spouse/partner listed first. Please list the relationship, too.

Client 1 Health Care Agent		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐ Yes ☐ No (Most common)

If yes, which ones ☐ 1 ☐ 2 ☐ 3

STEP 7 – GUARDIAN

Do you have any minor children (under 18), or do you expect to in the future? ☐ Yes ☐ No

If yes, who would have physical custody of the minor children? Please list the relationship, too.

Guardians		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these guardians act together? ☐ Yes ☐ No

If yes, which ones? ☐ 1 ☐ 2 ☐ 3

TANGIBLE PERSONAL PROPERTY LIST

[illegible]

EXHIBIT A

Real Estate

Bank Accounts

Brokerage Accounts (non-retirement accounts)

Life Insurance

Retirement Accounts (401(k), ROTH or Traditional IRA, etc.)

Business Interests (LLC, Partnership, Corporation, etc.)

Other Assets (of significant value)
