

ESTATE PLANNING QUESTIONNAIRE - TRUST

What will you like to name your trust:

(example: Smith Family Trust / John Smith and Jane Smith Revocable Trust)

Your Full Name:	
Date of Birth:	
Mobile Phone:	
SSN:	
Residential address:	
Are you an American citizen?	Yes _____ No _____
If this is a Trust for Married Couple, please provide the other spouse's personal information	
Full Name:	
Date of Birth:	
Mobile Phone:	
SSN:	
Residential address:	
Are you an American citizen?	Yes _____ No _____

Children

You should list below all of your children. You should include children adopted by you. If any of your children have passed away you should also list them with "*Deceased*" after their name in the Address column. If the deceased child had children [your grandchildren] that are surviving, list the names of these grandchildren with "*GC*" marked after their names and the names of their surviving parent in the "*Other Parent*" column. Do not list children of yours whose relationship to you was terminated by their adoption by someone else [unless you intend to leave them an inheritance of your estate]. If you have children by a previous relationship, list those children with the present name of the other parent.

Name of Child	Address	Date of Birth	Other Parent

1) Do you have children with handicaps or special needs which would require special care in the event of death? If so, briefly describe the problem and how you want to deal with it:

2) Who would you want to act as the Guardian of your children under the age of 18 years should you prematurely pass away? Give the name, address and telephone number of the individual, (not a couple, since it is possible that the couple could divorce, creating a question as to which one you want as Guardian) you would want to raise and care for your children. Please select an alternate as well.

A legal Guardian would have legal control of the children (just as a parent would), but would not necessarily have to live with them. Also, it is possible to nominate one individual to serve as the Guardian and nominate another (who is more capable with financial management) to manage assets left to underage children (called a trustee). Should you desire this arrangement, please let me know.

Guardian's

Name: _____ Address: _____ Phone: _____

Alternate's

Name: _____ Address: _____ Phone: _____

3) Trustee powers (do not answer if you do not intend for any of your estate to go directly to persons under 18 years old).

1. Do you want your trustee to have total discretion in spending trust assets?
Yes ___ No ___
2. Do you want your trustee to have authority to distribute trust assets to your children's guardian to pay for a larger house, nanny, vehicles, equipment, therapy, etc. in the event of your death(s)?
Yes ___ No ___
3. Do you want your trustee to have authority to advance trust assets to your children to allow them to start a business, buy a home, furnish a home, etc.?
Yes ___ No ___

Your Representatives

You must select individuals whom you can totally trust to act as a representative of you and to act on your behalf. We will review the separate, but sometimes overlapping/similar roles of the trustee, personal representative, and attorney-in-fact in our consultation. For now, please consider who you can rely on to follow your wishes, competently deal with financial matters, and be independent of individuals who would attempt to exert improper pressure or influence over your affairs. Couples may choose each other (and often do) as their respective first choice for the following roles.

1. Trustee, Personal representative, and attorney-in-fact

First Choice: _____ Address: _____
_____ Phone: _____

Second Choice: _____ Address: _____
_____ Phone: _____

2. **Guardian and Conservator.** This is **your** Guardian and Conservator, not your children's. A guardian would be responsible for seeing that your daily needs were taken care of should you be unable to care for yourself - eat, bathe, dress, etc. A conservator would tend and manage your finances - manage bank accounts, balance checkbook, etc. These may be separate individuals. Do not complete this section if you already know you are getting a trust as the trustee would serve these functions:

First Choice: _____ Address: _____
_____ Phone: _____

Second Choice: _____ Address: _____
_____ Phone: _____

3. **Advance Directive/Health Care Power of Attorney.** This individual makes decisions about your health care in the event you are unable to speak for yourself. This is a document where you leave instructions to your health care representative ahead of time to enable them to make informed decisions on your treatment. This is not a document that gives instructions on the procedure you desire be followed to determine whether you are incapacitated. Those instructions are found within living trusts. The individuals you choose below are usually the same as your trustee (if you are requesting a trust and not a will) or the same as your nominated guardian and conservator (if you are getting a power of attorney with a will), but they do not have to be the same.

First Choice: _____ Address: _____
_____ Phone: _____

Second Choice: _____ Address: _____
_____ Phone: _____

4. Procedure for determining incapacity

Please consider the method by which you would prefer to be determined incapacitated. It may be any of the suggested methods below or one of your own choice (please specify). Please note the difference between who decides when you are incapacitated, who must be consulted, and whether there must be an agreement between individuals. Please select one of the below:

- _____ My trustee **decides** upon **consulting** with treating physician.
- _____ My trustee **decides** upon **consulting** with family member.
- _____ By **agreement** between my treating physician and others.
- _____ A specific individual(s) of my choosing **decides**. That person or persons are: _____ and _____.
- _____ By **agreement** between treating physician and one other physician.
- _____ **Other:** _____

Your Advisors (OPTIONAL)

Please provide us with contact information for other individuals with whom we may need to contact in order to coordinate your estate plan now and in the foreseeable future.

	Accountant	Life Insurance Agent	Financial Planner/ Advisor	Physician
Name				
Phone				
Address				

Your Property and its Distribution

A. Real Estate (May be left to individual recipients or sold with the proceeds distributed)

Property Address	Owners	Fair market value currently	Upon death, 1 st choice of distribution:	2 nd choice of distribution if 1 st choice not available:
e.g. 222 Main St. Anytown, OR	Self	\$250,000	John, Jr. (only son)	John III (adult grandchild)

B. Investments/Mutual Funds/Stocks/Bonds/Annuities

Type of investment	Owner	Investment firm/business	Fair market value currently	Upon death, 1 st choice of distribution:	2 nd choice of distribution if 1 st choice not available:
e.g. Mutual Funds	Self	Edward Jones	\$7,500	Sister	Equal shares to Child 1, 2 and 3 (or their descendants)

C. Life Insurance

Insurance Carrier	Policy #	Insured	Primary Beneficiary	Secondary Beneficiary	Death Benefit Amount
e.g. State Farm	00-00000	Self	Brother	Equal shares to children	\$500,000

D. Bank Accounts (Checking, Savings, Money Market, CDs)

Bank	Owner of account	Type of account	Account Number (partial for ID is fine)	Current Balance	Primary Beneficiary	Secondary Beneficiary
e.g. Chase	Self	Checking	XXXX-3252	\$2,500	Brother	Equal shares to children

E. Pension/Retirement (including IRAs)

Employer	Owner	Investment firm/ Business	Plan Type	Primary Beneficiary	Secondary Beneficiary	Current Value
e.g. Big Oil Co.	Self	Fidelity	IRA	Sister	Equal shares to children	\$60,000

F. Intellectual property (Patents, Copyrights, Trademarks)

Property Item	Owner	Description (Patent, Copyright, or Trademark?)	Estimated Value	Renewed? Date of most recent renewal?	Primary Beneficiary	Secondary Beneficiary
e.g. Ashland painting	Self	Copyright - Oil Painting that friend did depicting Ashland market	\$10,000	Yes, 11/10/2005.	Friend	Equal shares to children

G. OTHER PROPERTY (Business ownership/interests, promissory notes, trust deeds, accounts receivables, burial plot, above average valued furniture, antiques, collectibles, etc.) Please describe the property and what you would like to see happen to it

H. Safe Deposit Box. If you have one, please complete the following:

Name of Institution: _____ Box No. _____

Address/Location of institution _____

Authorized signers: _____

Please list the contents of the box presently and to whom they are to be given to upon your death:

Specific Gift Distribution

Please indicate below what, if any, specific gifts of property you desire to give that have not already been dealt with above.

1) Monetary Gifts

To Whom:

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____

2) Property/Sentimental Gifts (jewelry, heirlooms, pictures, genealogy, etc.)

Gift	Owner	First Donee	Second Donee
e.g. 5 carat diamond ring	Self	Chelsea (daughter)	Elsa (granddaughter)

3) Charitable Gifts.

To Whom (include location/contact information):

AMOUNT

_____	\$ _____
_____	\$ _____

Distribution of the remainder of your property

1) **DISPOSITION OF REMAINDER (aka RESIDUE).**

Important: The residue of your estate is anything you own that you have not already specifically given to an individual or institution earlier in this questionnaire. The residue, or the left over assets of your estate may go to one individual or institution or be split between multiple parties (for example: 50% to grandchild A, 50% to grandchild B). Also, should you not decide to split your residue, you may choose a first choice and a second choice (for example: 100% to grandchild A, if grandchild A predeceases you then to charity A).

- 2) **ENDURING INSTITUTION:** Assuming that you do not desire any portion of your estate to pass to the state government upon your death, you should choose an enduring institution. An enduring institution is an entity such as an educational institution or university, charity, church/synagogue (or other religious organization), or private/public endowment-foundation established for the benefit of a particular group or purpose. In the worst case scenario where none of your descendants/beneficiaries survive you, your estate would go here instead of to the state of Oregon. Who would you choose as your enduring institution? Please provide their name and mailing address.

YOU'RE DONE!

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS FORM.

Save this pdf to your computer and email it to me
as an attachment to:

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