



# Living Trust Questionnaire

*For Office Use Only*

Teleconference Scheduled with: \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Follow-Up Conference Needed / Scheduled: \_\_\_\_\_ at \_\_\_\_\_

574 S. Rancho Santa Fe Road  
San Marcos, California 92078

Tel. 760.295.8420  
Fax. 760.593.5079

Email. [info@carsslaw.com](mailto:info@carsslaw.com)  
[www.carsslaw.com](http://www.carsslaw.com)

**» Please complete this questionnaire to the best of your ability. Upon receiving this questionnaire, you will be contacted to set up a consultation with one of our attorneys to review your responses prior to drafting your Trust.**

## CLIENT INFORMATION (HUSBAND)

First Name: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Also Known As: \_\_\_\_\_ Gender: *Male* \_\_\_ *Female* \_\_\_

Date of Birth: \_\_\_\_\_ U.S. Citizen?: *Yes* \_\_\_ *No* \_\_\_

SSN: \_\_\_\_\_ -- -- Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Marital Status: *Single* \_\_\_ *Married* \_\_\_ *Separated* \_\_\_ *Divorced* \_\_\_ *Widowed* \_\_\_ Date of Marriage: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Best Method to send documents: Email \_\_\_ US Postal \_\_\_

## SPOUSE INFORMATION (WIFE) (if applicable)

First Name: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Also Known As: \_\_\_\_\_ Gender: *Male* \_\_\_ *Female* \_\_\_

Date of Birth: \_\_\_\_\_ U.S. Citizen?: *Yes* \_\_\_ *No* \_\_\_

SSN: \_\_\_\_\_ -- -- Email Address: \_\_\_\_\_

Did you sign a pre-nuptial (ante-nuptial) contract or agreement?: *Yes* \_\_\_ *No* \_\_\_ (If yes, please attach a copy.)

Do you or your spouse currently have a Living Trust?: *Yes* \_\_\_ *No* \_\_\_ (If yes, please attach a copy.)

## TRUST INFORMATION

Name of Trust: "The \_\_\_\_\_ Living / Family / \_\_\_\_\_ Trust"

Any Separate Property? YES / NO If YES: Nature: \_\_\_\_\_

Convert it to Community Property? YES / NO Belongs to whom? \_\_\_\_\_

Designate a Trust: Advisor / Protector / NO If YES, name: \_\_\_\_\_

Designate an Investment Manager: YES / NO If YES, name: \_\_\_\_\_

**CHILDREN INFORMATION** (if more space is needed, add a separate page)

B = Child of Current Marriage      A = Adopted (specify MC or FC)      MC = Male Client's Child  
 FC = Female Client's Child      DC = Deceased with Children      DN = Deceased with NO Children

Name	Date of Birth	Gender	Parent Codes
	/ /	M ___ F ___	B A MC FC DC DN
	/ /	M ___ F ___	B A MC FC DC DN
	/ /	M ___ F ___	B A MC FC DC DN
	/ /	M ___ F ___	B A MC FC DC DN

**ADDITIONAL FAMILY INFORMATION**

List any family members (if any) you specifically want **excluded** from your Living Trust.

Name	Relationship	Gender
		M ___ F ___
		M ___ F ___

**INITIAL TRUSTEES**

Who will be your initial trustee(s)?

- Husband and Wife to serve together as trustees. (Typically both spouses serve as initial trustees.)
- Husband to serve as an original trustee.     Wife to serve as an original trustee.

**SUCCESSOR TRUSTEE(S)**

The Successor Trustee is the individual who takes over for the Original Trustee in the event of the Original Trustee's death. You need to identify at least one individual to take the Original Trustee's place to manage, allocate and distribute your Estate upon the death of the Original Trustee(s). It is best to also have an alternate Successor Trustee.

Name	Address	Gender	U.S. Citizen?
		M ___ F ___	Yes ___ No ___
		M ___ F ___	Yes ___ No ___
		M ___ F ___	Yes ___ No ___

- Choose One:  The above are to serve in order;  
 The above are to serve together (Note: "Co-trustees" must agree on all actions).

**SPECIFIC GIFTS**

List any valuable gifts (i.e., heirlooms) that you would like to be distributed to a specified individual(s) upon your passing. Keep in mind, personal items can be distributed via a separate schedule attached to your signed Living Trust document and do not need to be listed here.

- Married couples typically will gift their personal residence to their spouse upon their passing. Check here if you are married but **do not** want your personal residence gifted to your spouse upon your passing.

Name	Relationship	Item


\* Attach additional sheets if necessary.

**Any distributions at 1<sup>st</sup> Death?** If HUSBAND dies 1<sup>st</sup>: \_\_\_\_\_

If WIFE dies 1<sup>st</sup>: \_\_\_\_\_

**SPECIFIC DISTRIBUTION OPTIONS (optional)**

Gifts of Cash: YES / **NO** If YES: # of Gifts: \_\_\_\_\_ \$ \_\_\_\_\_  Class Gift to: \_\_\_\_\_

Gift of Business: YES / **NO** If YES: Name of Business: \_\_\_\_\_

Option to Purchase Real Property: YES / **NO** If YES, who: \_\_\_\_\_ % of FMV: \_\_\_\_\_

Gifts of Real Property: YES / **NO** If YES, Beneficiary: \_\_\_\_\_

Forgive Indebtedness: YES / **NO** If YES, Adjust forgiveness against remainder of estate? \_\_\_\_\_

Pet Trust: YES / **NO** If YES: All Pets / Specific Pet named: \_\_\_\_\_

Funded with: \_\_\_\_\_ % of trust, or \$ \_\_\_\_\_ Trustee: \_\_\_\_\_ 2<sup>nd</sup> Trustee: \_\_\_\_\_

**DISTRIBUTION OF THE REMAINING TRUST ESTATE AFTER ANY SPECIFIC GIFTS**

Specify how your Estate should be distributed upon your passing, or if married, upon the passing of you and your spouse.

**Choose One:**  Divide equally among the beneficiaries named below; **or**

Divide among the beneficiaries below in the proportions indicated below:

Name	Relationship	Age	Gender	%
			M ___ F ___	
			M ___ F ___	
			M ___ F ___	
			M ___ F ___	
			M ___ F ___	
			M ___ F ___	

Specify how the above distributions are to take place:

**Choose One:**  Immediate distribution upon the death of the Surviving Grantor;

To be placed in trust and held until the beneficiary attains the age of \_\_\_\_\_ (age 18 if not specified);

Periodic discretionary income payments with distribution of principal at the ages specified below:

Principal distribution (percent): \_\_\_\_\_ % at age \_\_\_\_\_; then \_\_\_\_\_ % at age \_\_\_\_\_; then \_\_\_\_\_ % at age \_\_\_\_\_;

Principal distribution (intervals): \_\_\_\_\_ % every \_\_\_\_\_ year(s) after creation of the beneficiaries trust.

If this beneficiary predeceases you, his/her share is to be:

**Choose One:**  Divided equally among his/her children, if any. If he/she has no children, his/her share is to be distributed to the remaining trust beneficiaries in proportion to their share;

To be placed in trust and held until the beneficiary attains the age of \_\_\_\_\_ (age 18 if not specified);

Other: \_\_\_\_\_

If all of the above beneficiaries and their children predecease you:

**Choose One:**  Distribute to heirs at law (*i.e.*, blood relatives); **or**

Distribute to an individual, charity or organization named below:

Individual/Charity Name	Address (City and State)	%

**SPECIAL PROVISIONS**

List any special concerns for a beneficiary (*i.e.*, physical or mental health problems, drug/alcohol problems, difficulty managing money, etc.) that you want addressed in the Trust:

---



---

**POUR-OVER WILL**

List the Executors for your Pour-Over Will in order of preference. If you have inadvertently left assets outside of your Trust, the Executor will administer your Probate Estate. This person may also be responsible for making certain tax elections. If you are married, both you and your spouse must elect an Executor and an Alternate Executor. (Note: if married, the primary is usually a spouse).

**Husband:**

Name	Address	Phone
1.		
2.		

**Wife (if applicable):**

Name	Address	Phone
1.		
2.		

**GUARDIAN (if applicable):**

List the Guardians for your minor children.

Name	Address	Relationship
1.		
2.		
3.		

**FINANCIAL POWER OF ATTORNEY (DURABLE POWER OF ATTORNEY)**

“Power of Attorney” is a legal term granting another person the authority to act on your behalf, also known as designating your attorney-in-fact. The legal effect of this document does not extend upon your passing. If you are married, both you and your spouse must elect a Power of Attorney and an alternate. (Note: the primary is usually a spouse).

<b>Husband:</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
1.		
2.		

This Financial Power of Attorney shall be effective: *Immediately*  **or** *Upon Incapacity*

<b>Wife (if applicable):</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
1.		
2.		

This Financial Power of Attorney shall be effective: *Immediately*  **or** *Upon Incapacity*

**MEDICAL POWER OF ATTORNEY (DURABLE POWER OF ATTORNEY FOR HEALTH CARE)**

This person will make medical decisions for you in the event you are unable to make them for yourself. If you are married, both you and your spouse must elect a Power of Attorney and an alternate. (Note: the primary is usually a spouse).

<b>Husband:</b>		
<input type="checkbox"/> Same as my Financial Power of Attorney <b>or</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
1.		
2.		

This Medical Power of Attorney shall be effective: *Immediately*  **or** *Upon Incapacity*

Do you wish to make anatomical gifts?  Yes  No  
 If Yes:  For transplantation only  For research only  For transplantation or research **or**  For any purpose

**End of Life Decision:**  Trust my Agent;  Remove Treatment if no Cognitive function;  Keep Alive

Do you desire cremation?  Yes  No  
 I would like my ashes disposed as follows: \_\_\_\_\_  
 If buried, I would like my remains interred as follows: \_\_\_\_\_  
 I have already made arrangements at: \_\_\_\_\_

<b>Spouse (if applicable):</b>		
<input type="checkbox"/> Same as my Financial Power of Attorney <b>or</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
1.		
2.		

This Medical Power of Attorney shall be effective: *Immediately*  **or** *Upon Incapacity*

Do you wish to make anatomical gifts?  Yes  No  
 If Yes:  For transplantation only  For research only  For transplantation or research **or**  For any purpose

**End of Life Decision:**  Trust my Agent;  Remove Treatment if no Cognitive function;  Keep Alive

Do you desire cremation?  Yes  No  
 I would like my ashes disposed as follows: \_\_\_\_\_  
 If buried, I would like my remains interred as follows: \_\_\_\_\_  
 I have already made arrangements at: \_\_\_\_\_

**ASSETS**

List all assets owned by you and your spouse. It is important to list all assets, even those not to be transferred to the Trust. (Note: assets not transferred to trust may be subject to probate).

**Real Estate** (R = Residential, V = Vacation, C = Commercial, Rent = Rental)

Address	Use	Est. Value	Mort. Debt
1.		\$	\$
APN (Parcel #):	Legal Description: Do you have a copy?		
2.		\$	\$
APN (Parcel #):	Legal Description: Do you have a copy?		
3.		\$	\$
APN (Parcel #):	Legal Description: Do you have a copy?		

**Bank Accounts**

Name	Account #	Type of Account	Est. Value
1.			\$
2.			\$
3.			\$

**Retirement Accounts & Trust Plans** (TSP / 401K / IRA / etc)

Name	Account #	Type of Account	Est. Value
1.			\$
2.			\$
3.			\$

**Stocks, Bonds, Mutual Funds & Securities**

Name	Account #	Type of Account	Est. Value
1.			\$
2.			\$

**Life Insurance:**

List the value of any life insurance policies you have and the type of policy.

Type: Life, Term Universal, Variable, etc.	Value	Beneficiary

Congratulations on deciding to prepare a Living Trust! The Law Offices of Ty Carss are committed to providing you with the highest quality service available. If at any time you need assistance, please contact us. Tel.: 760.295.8420  
 When you have completed this questionnaire, please return it to our office, email: [info@carsslaw.com](mailto:info@carsslaw.com) Fax: 760.593.5079  
 Remember that the faster you can return this questionnaire, the sooner we can begin working on your Living Trust.