

# WILLS / TRUST QUESTIONNAIRE WITH SPOUSE

Creating a Trust proves to be very advantageous in managing your Assets and belongings. The Trust is designed to distribute your Assets per your direction, following your death. This package is for Couples

## REQUEST FOR PREPARATION OF:

\_\_\_\_\_ Revocable Living Trust and Pour Over Will  
\_\_\_\_\_ Pour Over Will Only  
\_\_\_\_\_ Revocable Living Trust Only

## SECTION 1 – PERSONAL INFORMATION

1. **Primary Gender:** \_\_\_ Male \_\_\_ Female

**Date:** \_\_\_\_\_

Primary Name (First, Middle, Last)

Date of Birth

Email Address

Home Telephone

Cellular Telephone

**Spouse Gender:** \_\_\_ Male \_\_\_ Female

Spouses Name (First, Middle, Last)

Date of Birth

Email Address

Home Telephone

Cellular Telephone

Home Address

City

State

Zip Code

2. **Do you have a Will now?**

**Primary:** Y / N

**Spouse:** Y / N

3. **Do you have a Trust now?**

**Primary:** Y / N

**Spouse:** Y / N

4. **Children** born to you or adopted by you:

Name	Address	Gender	Date of Birth

5. Information pertaining to all **grandchildren**

Name	Address	Gender	Date of Birth


## **Section 2: INDIVIDUALS / INSTITUTIONS WHO WILL STEP IN UPON YOUR DEATH:**

- 1. Executor(s)** - Person who will serve as personal representative in the administration of your estate. Your executor is the person who will distribute your estate according to your wishes. This is usually your spouse or a close relative or friend.

**Primary # 1 Choice:** Name: \_\_\_\_\_

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

**Primary Alternate:** Name: \_\_\_\_\_

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

**Spouse # 1 Choice:** Name: \_\_\_\_\_

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

**Spouse's Alternate:** Name: \_\_\_\_\_

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

- 2. Guardians for Minor Children** – Person who will raise your children if something happens to you and/or your spouse.

**# 1 Choice:** Name: \_\_\_\_\_

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

**Alternate:** Name: \_\_\_\_\_

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

Do you want to provide a brief explanation of why you chose this person or guardian in case any questions arise?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Trustee / Custodian for Minor Children / Grandchildren** – Manages your children's inheritance. This can be the same Person as the guardian, another adult and/or a corporate trustee.

**# 1 Choice:** Name: \_\_\_\_\_

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

**Alternate:** Name: \_\_\_\_\_

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

4. Do you want your children’s inheritance to be in a Uniform Trust to Minors Account (UTMA) - custodial account ending at age: \_\_\_\_ 18 or \_\_\_\_ 21
- OR
- Minor’s Sub trust – Trust account that must end by the time the minor reaches age 35. Choose an age where trust will terminate for the child: \_\_\_\_ 18 \_\_\_\_ 21 \_\_\_\_ 25 \_\_\_\_ 30 \_\_\_\_ 35 – max age

**SECTION 3: BENEFICIARIES – YOUR HEIRS**

1. **Beneficiaries:** Your beneficiaries are the people and organizations who will inherit your property. You can designate a dollar amount or a percentage of your estate to be given to each. (Provide address for individuals/organizations who are not your children/grandchildren, and the amount or Percentage as follows: (Will these beneficiaries be same for Will and Trust?))

Primary Beneficiaries	Address	Phone Number	Email	% Amount	\$ Amount

Spousal Beneficiaries	Address	Phone Number	Email	% Amount	\$ Amount

2. **Alternate Beneficiaries** – If one of your beneficiaries' pre-deceases their inheritance, do you want to divide their share among the others or do you want to leave their share to someone else (i.e., Their spouse or children?) \_\_\_\_\_ **Re-Distribute** \_\_\_\_\_ **Distribute as below**

Primary's Alternate Beneficiaries	Address	Phone Number	Email	Amount %

Spouses Alternate Beneficiaries	Address	Phone Number	Email	Amount %

3. **Special Gifts to organizations** – Do you want to make a gift (cash or specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Description of Gift

4. **Special Gifts to Individuals** – Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Description of Gift

5. **Disinheriting** – Are there any relatives that you specifically do NOT want to receive anything from your estate?


6. **Do you want to forgive any debts upon your death? If so, describe the debt indicating the amount and the name and address of the debtor:**


#### **SECTION 4: FOR LIVING TRUSTS ONLY:**

A Revocable Living Trust is an entity that survives your passing away. All property you transfer to your trust will pass on to your heirs without going through the court process of probate which may take years and could result in a substantial amount of legal and court fees. Since this trust is revocable, it can be changed at any time during your life, and you are in total control of your property until you die. If you are married, your trust can leave your assets to your spouse upon your death with the final resting place of the property being with your final beneficiaries, such as your children. In order to benefit fully from the trust, all your property must be formally moved into the trust. This includes bank and investment accounts, real property, personal property and ALL property, provided there is no beneficiary already designated. To transfer real property (house, land, farm), you need to file a quit claim deed with the county recorder. To transfer bank and brokerage accounts, you must check with the institution as to how to formally transfer the property into the trust. Usually, a letter or form will suffice, but every institution has different requirements. You must name a successor trustee(s). You are the trustee of your living trust during your lifetime. When you pass away, a successor trustee is appointed to manage the trust. You may name a trustee and an alternate trustee. The successor trustee should be the same person as the executor of your estate you have named in your Will.

#### **IF SAME AS SECTION 2, PLEASE STATE: SAME**

**Primary # 1 Choice:** Name: \_\_\_\_\_

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

**Primary Alternate:** Name: \_\_\_\_\_

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

**Spouse # 1 Choice:** Name: \_\_\_\_\_

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

**Spouse's Alternate:** Name: \_\_\_\_\_

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

- List all property you own that has a recorded title** – house, car, boat, bank accounts, investment accounts  
EXCEPT ANY ITEMS THAT ALREADY HAVE A BENEFICIARY SUCH AS: LIFE INSURANCE AND RETIREMENT ACCOUNTS  
– THEY ARE NOT INCLUDED IN A WILL OR TRUST SO DO NOT INCLUDE THEM HERE.

Description and Location	Joint Property	Primary's Property	Spouse's Property

- List all other property you wish to include in the trust** such as Outstanding Loans, jewelry, furniture, antiques and so on

Description and location	Joint Property OR	Primary's Property	Spouse's Property

- Primary Physician**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

- Spouse's Primary Physician**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

- Insurance Agent**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

- Tax Person**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

- Attorney**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

## FINAL ARRANGEMENTS

If you desire to provide specific instructions to your survivors regarding your final arrangements, complete the following:

1. Which type of service do you want Primary? \_\_\_\_ Cremation \_\_\_\_ Burial or \_\_\_\_ Other
2. Which type of service do you want Spouse? \_\_\_\_ Cremation \_\_\_\_ Burial or \_\_\_\_ Other
3. Specific religious traditions for Primary \_\_\_\_\_
4. Specific religious traditions for Spouse \_\_\_\_\_
5. What type of service do you want, how elaborate, and where? Are there any special people to contact?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If you have a cemetery lot or crypt, where is it located? Or if you have pre-paid for any services

Name of Cemetery/ Cremation Services	Phone Number	City	State	Paid In Full Yes or No

7. If Cremation, who will retain the ashes?

Primary: \_\_\_\_\_

Spouse: \_\_\_\_\_

### Schedule A: List of all assets

Property Address	How is title held? Joint tenants, trust, community property, with another party

Bank Organization	Phone Number	Account Number	Checking / Savings / 401K / Stocks



**Life Insurance for you and Spouse:**

Primary's Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Spouse's Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Automobiles /Boats / RV	Make / Model	License Plate No.	Registered to: Primary or Spouse

**List any Personal Loans or agreements made with others and any information needed**

Name of Party	Amount of Loan	Debtor	Creditor

**Please list any other family/friends to be contacted**

Name	Phone Number

**Please list any further wishes for your estate or for your family to follow:**

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**ACKNOWLEDGEMENT AND AUTHORIZATION**

I Understand that the Legal Document Assistant (LDA) preparing my document is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Primary's Signature\_\_\_\_\_  
Spouse's Signature