



Revocable Living Trust Questionnaire

Trust Type & Name

Is this a restatement or an amendment of a prior Trust?

No, Yes – If Yes, you **MUST** provide a copy of the original trust with this application. Date of Original Trust _____

Desired Trust Name →

"THE _____

TRUST"

Client's Residence

Residence Address (Street, City, State & Zip)

Home Phone

Client/Husband's Information

Name as you sign legal documents (please print):

Date of Birth:

Birth State or Country:

SSN (optional):

Employed?: Yes No

Retired?: Yes No

US Citizen?: Yes No

Gender: M F

Marriage Information

Marital Status: Married Never Married Widowed Divorced

If widowed or divorce give former spouses name:

Wife's Information

Name as you sign legal documents (please print):

Date of Birth:

Birth State or Country:

SSN (optional):

Employed?: Yes No

Retired?: Yes No

US Citizen?: Yes No

Gender: M F

Children

Ref

Legend: Related To/Parent: **S/B** = Single or Both Settlor(s), **H** = Husband, **W** = Wife.

Name:

Address:

1

Complete if Child →

Parent:

S/B H W

Check one:

Son Daughter

Living:

Y N

Date of Birth:

Date of Death:

Has Issue:

Y N

Distribution → (if any)

Distribute:

None Outright At Age: _____

If not living:

to issue to remaining named beneficiaries

% of Estate (if any):

2

Name:

Address:

Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue: <input type="checkbox"/> Y <input type="checkbox"/> N
	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> At Age: _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

3	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue: <input type="checkbox"/> Y <input type="checkbox"/> N
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> At Age: _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

4	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue: <input type="checkbox"/> Y <input type="checkbox"/> N
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> At Age: _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

Other (non-children) Beneficiaries

1	Name:					
	Address:					
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:		
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries	

2	Name:					
	Address:					
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:		
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries	

3	Name:					
	Address:					
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:		
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries	

4	Name:					
	Address:					
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:		
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries	

Distribution

Include College Incentive Clause:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Include 10% of Trust upon graduation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Distribution Notes:

Gifts

(To be distributed prior to general distribution)

1	To:	Relationship:	If unable to receive, gift will: <input type="checkbox"/> Lapse, <input type="checkbox"/> go to Issue, or <input type="checkbox"/> go to other (describe) Distribute at death of: <input type="checkbox"/> Single or Both Settlers <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address (if not previously provided):		
	Gift Description:		

2	To:	Relationship:	If unable to receive, gift will: <input type="checkbox"/> Lapse, <input type="checkbox"/> go to Issue, or <input type="checkbox"/> go to other (describe) Distribute at death of: <input type="checkbox"/> Single or Both Settlers <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address (if not previously provided):		
	Gift Description:		

Family Disaster Clause

List contingent beneficiary(ies) who will receive distribution in the event that ALL named beneficiaries are deceased.

Full Name and Address:

Disinheritance

Notes → Persons natural heirs who will be intentionally excluded (disinherited) from distribution of the Estate.

Full Name and Address:

Initial Trustees

Original Trustees of the Trust will be: Client (and Spouse if Married) Husband only Wife only Other _____
Surviving Spouse will serve as: Sole Trustee, Joint Trustee with Successor

Successor Trustees/Pour over Will Executors

(to take over your affairs upon your death)

#	Agents Full Name (include full address if not previously provided)	Relationship	Agents will serve:
1			<input type="checkbox"/> one at a time <input type="checkbox"/> two at a time
2			

Durable Power Of Attorney for Property Management (to help during period of incapacity)

Skip this section if Agents are same order and selection as in Successor Trustees/Executors above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time
1			
2			

Advance Health Care Agents

(Complete for Client only)

Skip this section if Agents are same order and persons as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship
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1	Do not list spouse's name here	If married, first agent will be Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No
2		Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time

Spouse's Advance Health Care Agents (Complete for Spouse only)

Skip this section if Agents are same order and selection as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No
1	Do not list spouse's name here		
2			Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time

Guardian Of Minor Children

#	Guardians Full Name and Address	Relationship
1		
2		

Cash Assets and Securities (don't include retirement accounts or insurance here – see below) (attach extra pages if needed)

L E G E N D	Common and acceptable Account Types:	Ownership Types (ignore ownership on Single Trusts):
	<ul style="list-style-type: none"> Checking Savings CD (include maturity date) Money Market Brokerage Corporate Stocks Corporate Bonds Mutual Funds Treasury Bills Savings Bonds 	<ul style="list-style-type: none"> S/B = Single Settlor or Both Settlers H = Husband Sole and Separate Property W = Wife's Sole and Separate Property

#	Account Type (see legend above)	Ownership Type (see legend)	Amount	Name of Financial Institution	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
5		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
6		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
7		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
8		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			

Retirement Plans, Insurance and Annuities (attach extra pages if needed)

L E G E N D	Common and acceptable Account Types:	Ownership Types (ignore ownership on Single Trusts):
	<ul style="list-style-type: none"> IRA Keogh 401(k) 403(b) Qualified Plan Employer Plan Deferred Comp Annuity Pension Plan Roth IRA Insurance (incl. Face and Cash Values) 	<ul style="list-style-type: none"> S/B = Single Settlor or Both Settlers H = Husband Sole and Separate Property W = Wife's Sole and Separate Property

#	Account Type (see legend)	Ownership (see legend)	Amount	Financial Institution or Insurance Company	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
5		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			
6		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W			

Business Interests

Note → Include Partnerships, Sole Proprietorships, and Close Corporations only

1	Provide Business Name, address and Tax ID	Type of Business: (select one):
		<input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Professional Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship

Vehicles, Mobile Homes, Boats, Aircrafts, etc.

Not required -- all of these items are automatically transferred in to the trust by way of the bill of sale or general assignment.

Miscellaneous Assets (Only include assets of value, that are to be transferred to Trust, i.e., Trust Deeds, coin collections, antiques, etc.)

#	Complete Description
1	
2	

Timeshare Memberships

#	Complete Description
1	Name of Resort/Timeshare: _____ Membership / ID Number: _____

Real Estate (attach extra sheets for additional properties)

1	Property 1 (Personal Residence) - Complete Address (mark actual deed as "# 1"):			
	County:	APN or TAX ID:	Mortgage Balance:	Equity:
	Indicate whether community property or the separate property of one spouse:			
2	Property 2 - Complete Address (mark actual deed as "# 2"):			
	County:	APN or TAX ID:	Mortgage Balance:	Equity:
	Indicate whether community property or the separate property of one spouse:			

Notes

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Declaration of Trust

I / we certify that the information contained in this document indicates my/our intention to create a trust as required by California Probate Code 15201, and that is indeed a declaration of trust, and that the assets listed herein are hereby declared to be assets of the trust. All real property is hereby conveyed to the trustee of the trust in conformance with California Probate Code 15200(b) and 15206(b), and personal property, whether listed in this document or not, is declared to be hereby assigned to the trustee of the trust as assets of the trust. If any portion of this trust application that I consider to be my trust, is deemed to be invalid then the remainder shall still be in force and with full effect.

Client

Date

Spouse

Date