

WILL & TRUST QUESTIONNAIRE

FULL NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____

STATE OF LEGAL RESIDENCE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

ADDRESS OF EMPLOYER: _____

TITLE OR POSITION: _____

MARITAL STATUS:

Married (Once/Several) Widow(er) Divorced Single

DATE OF MARRIAGE: _____

MILITARY STATUS:

Active Duty Spouse Dependent Retired

NAME OF SPOUSE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NAME OF FORMER SPOUSE:

Are there any Prenuptial or Postnuptial Agreements between Spouses or Has Either spouse been Divorce?
If Yes, Obtain copies: _____

CHILDREN: NONE
 YES - NUMBER: _____

MORE CHILDREN ARE ANTICIPATED	YES	NO
NO CHILD, BUT CHILDREN ARE ANTICIPATED	YES	NO
ADOPTED CHILDREN ARE TO BE EXPRESSLY	INCLUDED	EXCLUDED

Enter the names and other information about your CHILDREN:

Full Name (First, Middle, Last) City/State Sex DOB By Prior Marriage

=====

1. _____

2. _____

3. _____

4. _____

5. _____

PRIMARY BENEFICIARY - I wish to leave all the property, whether real or personal, I own when I die to the following person(s):

Full Name (First, Middle, Last) City/State Relationship % of Estate or Specific Items

=====

1. _____

2. _____

3. _____

4. _____

5. _____

ALTERNATE BENEFICIARY - If the primary beneficiaries die before I do, I wish to leave my property to the following person(s):

Full Name (First, Middle, Last) City/State Relationship % of Estate or Specific Items

=====

1. _____

2. _____

3. _____

4. _____

5. _____

SECOND ALTERNATE BENEFICIARY - If both the primary and alternate beneficiaries die before I do, I wish to leave my property to the following person(s):

Full Name (First, Middle, Last) City/State Relationship % of Estate or Specific Items

=====

1. _____

2. _____

3. _____

4. _____

5. _____

Do you want any children born or adopted by you after this Will is executed to share in your estate?

YES NO

If any of your children die before you and leave surviving grandchildren, do you want these grandchildren to divide the share their parents (your children) would be entitled to under your will?

YES NO

PERSONAL REPRESENTATIVE - I want the following Person(s) to act as the executor(s) of my estate:

Full Name (First, Middle, Last) City/State

=====

Primary: _____

Alternate: _____

GUARDIAN OF MINOR CHILDREN - If my spouse should die before me, or otherwise be unable to care for my minor children, I desire the following person(s) to be the Guardian(s) of my children who have not reached the age of majority at the time of my death:

Full Name (First, Middle, Last) City/State

=====

Primary: _____

Alternate: _____

A beneficiary is to be deemed a "minor," whose legacy (what the child will inherit from you) should be held for the child's benefit, if he or she is under the age of: (CHECK BOX):

___ 18 ___ 19 ___ 20 ___ 21

TRUSTEE;

Full Name (First, Middle, Last) City/State

=====

Primary: _____

Alternate: _____

TRUST FOR MINOR

Create trust for minors? YES NO

Your child is considered a Minor if age ___ 18 ___ 19 ___ 20 ___ 21,(_____).

When is minor to receive his/her share of the trust estate? ___ 18 ___ 19 ___ 20 ___

21,(_____).

Do you want one distribution age or more than one _____

Income earned during period -- is it to be (retained intact) YES NO

(used for school, clothing, car, food, housing, medical, _____) YES NO

Trust assets - can they be sold? _____ Home sold? _____ Car sold? _____ Other

Can trust assets (all) (some, as necessary) be used up annually?

to care for minors? YES NO

Restriction: _____

If more than one minor, is there to be (ONE TRUST) (SEPARATE TRUSTS FOR EACH)?

Can Trustee expend more income for one minor because of need? YES NO

Restrictions: _____

If more than one trust, can assets be owned jointly? _____ Can the income be commingled? _____

How: _____

If minor dies before reaching required age, who is to receive that share:

TRUST FOR ADULT

Income earned during period -- is it to be (retained intact) YES NO
(used for school, clothing, car, food, housing, medical, _____) YES NO
Trust assets - can they be sold? _____ Home sold? _____ Car sold? _____ Other
Can trust assets (all) (some, as necessary) be used up annually? YES NO
Restriction: _____

PRIMARY BENEFICIARY FOR TRUST - Full Name (First, Middle, Last) City/State Relationship % of Estate or Specific Items

- =====
1. _____

 2. _____

 3. _____

Upon my death, I wish the trust to end and the balance to be distributed to:

1. _____

2. _____

3. _____

List Assets you would like transferred to the trust.

Please check appropriate blocks below if you would like any of the following documents in addition to your will and trust:

LIVING WILL (withdrawing medical treatment if you are Terminally Ill)

YES NO

I don't want life prolonging procedure is at any time I am incapacitated and

I have terminal condition YES NO

I have a end stage condition YES NO

I have a persistent vegetative state YES NO

I want my agent for purposes of the living will to be:

Full Name (First, Middle, Last)

=====

Primary: _____

NAME

ADDRESS

TELEPHONE

Secondary: _____

NAME

ADDRESS

TELEPHONE

DURABLE POWER OF ATTORNEYS: (This allows the appointee to handle your general or specific affairs if you become disabled, ill, or leave the country.) (Since they must be recorded Immediately in order to be valid, you must have absolute faith and trust in those you name for this position.) (Even though this may avoid the necessity of a guardianship, the taking out of a Guardianship will probably nullify this appointment. Further, some title companies, stock transfer companies and some banks will not recognize these powers or will require execution on their own form. IRS has its own form to be executed.)(If you check YES, please enter names and addresses of agent(s) (including spouse) to act if you are incapacitated below.)

YES NO

I want my agent for purposes of the durable power of attorney to be:

Full Name (First, Middle, Last) City/State Relationship

=====

Primary: _____

The following desires should be written in a separate letter and given to your personal representative.

Do you wish to be an Organ Donor? YES NO

Do you want to donate your body for Medical/Scientific purposes? YES NO

Do you want special funeral arrangements? (Please State) YES NO

Do you want to be cremated? YES NO

Do you want to be buried with Full Military Honors? YES NO

Do you want to be buried at sea? YES NO

Special Financial or medical needs of husband, wife and dependents:

Includable Lifetime Transfers- Obtain Gift Tax Returns: _____

IMPORTANT: IT IS WISE FOR YOU TO PREPARE AN INVENTORY OF YOUR ASSETS, INCLUDING LIFE INSURANCE, ANNUITIES, RETIREMENT PLANS, INVESTMENTS, PROPERTIES--REAL AND PERSONAL--TO DETERMINE WHETHER OR NOT YOU HAVE A POSSIBLE TAXABLE ESTATE. AT PRESENT TIME (2012), a \$5,120,000.00 ESTATE IS NOT TAXABLE, BUT OVER THAT SUM IS TAXABLE.

ASSETS AND LIABILITIES

	Husband State value	Wife State Value	Jointly Owned State value
1. Residence value_____			
2. Other Real Estate: Description: _____			
-			

-			

3. Other Real Estate: Description: _____			
-			

-			

4. Personal Property: Furnishings			

Jewelry & Furs			

Objects of Art			

Collections (Stamps, coin, ect.)			

Autos & boats			

Other (Describe):			

-			
5. Marketable Securities: Stocks			

Bonds			

Mutual Funds			

Other

6. Cash and Accounts:
Checking

Savings

Money Market

Other

7. Business Interests:
Proprietorships

Partnership Ownership %

Corporation

S Corp _____

Regular Corp _____

	Husband State value	Wife State Value	Jointly Owned State value
8. Notes & Accounts Receivable (owed to client)			

9. Employee Benefits			
Pensions Plans			

Profit sharing Plans			

401 K			

Deferred Compensation			

Group Insurance			

Other _____			
	9		07/18/13 revised

IRA

10. Expected Gifts of Inheritance:

-

-

-

11. Other Assets Not
Listed

-

-

-

12. Life Insurance:

A. Policy

#: _____

Face

Amount: _____

Beneficiaries _____

Policy

Loans _____

B. Policy

#: _____

Face

Amount: _____

Beneficiaries _____

Policy

Loans _____

Additional Information:

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