

Evergreen Elder Law

LIVING TRUST QUESTIONNAIRE

For:

The purpose of this questionnaire

Our office will use the information you provide in this questionnaire:

1. To help you organize personal and financial information so that you can assess your current estate plans and evaluate whether changes are desired or required.
2. To provide our office with the information needed to make a similar analysis.
3. To help you evaluate the estate planning recommendations. The estate plan is yours, and you must be satisfied that it is workable.

The information you provide must be as accurate as possible. If you are uncertain about exact information, tell us that and give your best assessment. If we believe that exact information is required, we will ask you to be more precise. You may provide as much or as little information as you want. We recognize that this questionnaire is a fairly intrusive document. Keep in mind, however, that the more complete the information is, the better it will equip us throughout the planning process to come up with the best possible estate planning alternatives. Your information will be kept confidential by our office unless you authorize or request its release to others.

Please state the names requested below exactly as you want them to appear in your Living Trust and other estate planning documents. Where the space on the form is insufficient, please use the reverse side.

Your name: _____ Date of birth: _____

Spouse's name: _____ Date of birth: _____

Home Address: _____

Telephone No.: _____

Your children, their spouses, and their children

Indicate which, if any, of your children is your child but not your spouse's, or vice versa. Also show the date and place of adoption of any adopted child. Be sure to include any deceased child and indicate the date of the child's death and his or her surviving spouse and children.

1. (a) Child: _____ Date of birth: _____

(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____ (d) Child's children
(and their dates of birth):

2. (a) Child: _____ Date of birth: _____

(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____ (d) Child's children
(and their dates of birth):

3. (a) Child: _____ Date of birth: _____

(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____ (d) Child's children
(and their dates of birth):

4. Please list below children that you wish to be disinherited.

5. Please list below the natural heirs that you wish to be disinherited.

6. Deceased family members you wish to recognize.

7. Please list any ongoing trusts you currently have.

Your trustees have the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create.

Depending on the terms of the trust, there may be adverse tax consequences if a trustee has an interest or possible interest in the trust, although usually if the trustee's discretion is limited those adverse tax consequences are similarly limited. A trustee can be a corporation (qualified to act) or individual. You may choose to have co-trustees, one of which may or may not be a corporation. Because corporate trustees must charge fees for their services, they may decline to accept small trusts. Their fees to administer a small trust may turn out to be disproportionately large if they are to cover their costs in handling the trust. In general, choose a trustee with the following qualities: integrity,

mature judgment, fiscal responsibility, and reasonable business and investment acumen. If you wish to select co-trustees, you may want to choose them for how well their individual strengths compliment each other. Frequently, the same person(s) or corporation selected as executor(s) may be designated as trustee(s).

(a) Principal trustees.

Names: _____

Addresses: _____

(b) Substitute trustees (to act if one or more of the principal trustees cannot or will not act).

Names: _____

Addresses: _____

11. Include distribution Trustees?

12. Include Specific distributions? (i.e. person, class of people, charity) -Property memo attached.

13. Residuary Beneficiaries distribution age?

14. Beneficiary withdrawal rights at what age?

15. Powers of Attorney for Finances?

First: _____

Alternate: _____

16. Powers of Attorney for Healthcare?

First: _____

Alternate: _____

17. Do you own any Firearms?

OTHER MATTERS

1. Other factors. Describe or list here any facts or matters that do not seem to be covered by the other sections of this questionnaire and that you believe may be important for your estate planning attorney to know.

Date completed: _____