QUESTIONNAIRE
for
REVOCABLE LIVING TRUST

PERSONAL INFORMATION:

Client #1:

Name: ____ Date of Birth: __________________

Social Security Number: ______________________________

Primary Address: ____

______________________________State _____ Zip Code_____________

Email Address: ____

Telephone Numbers: *(circle preferred method of contact)*

-Home _________________________

-Business _______________________

-Cell ___________________________

-Fax ___________________________

Client #2:

Name: ____ Date of Birth: __________________

Social Security Number: ______________________________

Primary Address: ____

______________________________State _____ Zip Code_____________

Email Address: ____

Telephone Numbers: *(circle preferred method of contact)*

-Home _________________________

-Business _______________________

-Cell ___________________________

-Fax ___________________________

Relationship of Clients:

-married?

Date of Marriage: ______________________

-divorced?

Date of divorce_________________ State of Divorce: _______________
Name of Prior Spouse: ____
Address of Prior Spouse if Known: _______________________________
____

-separated but not divorced?

Date of legal separation _____________________
State of residence when separated______________

-living with someone/DOMESTIC partner?

Name of Partner: _____________________________________
Date of Birth of Partner: _________________________

Social Security Number of Partner: __________________________

Address of Partner : ____
____

-partners-same sex relationship?

Name of Partner: ____
Date of Birth of Partner: ______________________________

Social Security Number of Partner: _____________________

Address of Partner : ____
____

-living together and not married?

Name of Partner: ____
Date of Birth of Partner: _____________________________

Social Security Number of Partner: _______________________

Address of Partner: _______________________________________
____

NAME OF ORIGINAL TRUSTEE[S]:

____

NAME OF FALLBACK/SUCCESSOR TRUSTEE[S] UNDER THE WILL:

____

NAME OF GUARDIAN UNDER THE TRUST:

____

NAME OF FALL-BACK GUARDIAN:

____

BENEFICIARIES UNDER THE TRUST:

Personal property: H to W, W to H, then to:____________________.
OTHER:____.

Residuary Estate: H to W, W to H, then to:_____________________.
OTHER:____.

NOTE: IS PROPERTY TO BE DISTRIBUTED *PER STIRPES*_______ *OR PER CAPITA*______*?*

Name of LEGATEES	Relationship
___________________________________	________________________
___________________________________	________________________

______________________________ ____________________

______________________________ ____________________

______________________________ ____________________

-NAMES OF CHILDREN

Childs' Name	Date of Birth**	Residence	Social Security #

ARE ANY CHILDREN TO BE EXCLUDED UNDER THE TRUST?
IF YES, NAME: ________________________________

TERMS OF THE TRUST:

AGE OF DISTRIBUTION OF PRINCIPAL:

% OF DISTRIBUTION OF PRINCIPAL: _____% AT AGE ______
_____% AT AGE _______

SPECIFICS OF THE TRUST:

1. EDUCATIONAL TRUST
   TERMS:____
   ____
   ____
   ____
2. OTHER TRUST TYPE: ____________________
   TERMS:____
   ____
   ____

ARE THERE ANY GRANDCHILDREN TO BE EXCLUDED UNDER THE WILL?
IF YES, NAMES:

____

____

FUNERAL PLANS:

Burial or cremation?

Specific plans TO BE INSERTED IN THE TRUST:

SURVIVORSHIP PROVISIONS:
IF BOTH HUSBAND AND WIFE DIE AT SAME TIME, WHO IS TO BE DESIGNATED AS THE SURVIVOR? H:____________________
W:____________________

WILLS:

Do you have a CURRENT will? Yes____ No____
For a trust, a POUR OVER WILL will be prepared.
NAME OF PR UNDER WILL:______________________________________
FALLBACK:____

THE FOLLOWING QUESTIONS RELATE TO THE TYPE OF WILL TO BE PREPARED. GUIDELINES FOR NET WORTH ARE:

2012: $5 MILLION FEDERAL EXEMPTION
2012: MARYLAND STATE $1 MILLION.

GENERAL FINANCIAL INFORMATION RELATING TO NET WORTH UNDER THE TRUST:

Name of Primary Bank/Depositary:

How is the Account Titled: ____

Name of Primary Bank: ____

Address of Primary Bank: ____

____

Type of Account	Number	Current Balance

1) Name of Broker(s)/Investment Advisor:

Address of Broker/IA:

How is the Account Titled:

Address of Broker/Account:

Type of Account	Number	Current Balance

2) Name of Broker(s)/Investment Advisor:

Address of Broker/IA:

How is the Account Titled:

Address of Broker/Account:

Type of Account	Number	Current Balance

OTHER BROKERS/,MONEY MANAGERS:

ACCOUNTANTS:

REAL PROPERTY: **<u>must have deeds to all properties to create new deeds</u>**

Primary Residence:

Address: ____

How Titled: ____

Market Value: $___________________

Current Mortgages/Liens: $ ______________________

Net Value: $______________________

Secondary Residence/Rental or Investment Property:

Address: ____

How Titled: ____

Market Value: $___________________

Current Mortgages/Liens: $ ______________________

Net Value: $______________________

Automobiles:

Identify type, market value, how titled: WILL VEHICLES BE TITLED INTO THE NAME OF THE TRUST?____

Pension Benefits/401(K)/IRA PLANS:

Identify type of benefit, how titled, employer if applicable:

____

____

Need address of administrator.
MUST OBTAIN CHANGE OF BENEFICIARY FORMS.

POLICY/ACCOUNT OF HUSBAND:____
POLICY ACCOUNT OF WIFE:____

PRIMARY BENEFICIARY: FOR H:_________; FOR W:___________
CONTINGENT BENEFICIARY:_____________________________________

Identify total amount in pension account[s] and/or monthly estimated benefit:
$ ________________

How current is the beneficiary designation?
____

LIFE INSURANCE:

CLIENT #1:
VALUE: $__________________
TYPE: _____________________________

Primary BENEFICIARY:__________________________________
Contingent BENEFICIARY:_______________________________

CLIENT #2:
VALUE: $__________________
TYPE: _____________________________

Primary BENEFICIARY:__________________________________
Contingent BENEFICIARY:_________________________________

<u>Do you own a business entity?</u>

If yes, what is the legal form of the entity?
- -corporation
- -LLC
- -partnership
- -sole proprietorship

<u>IF BUSINESS IS A SUBCHAPTER S CORPORATION, INSERT SUBCHAPTER S TRUST PROVISIONS IN THE TRUST.</u>

Identify Name of Business/Address:
____

____
____

Address of Registered Agent/name and address of
Secretary:____

Estimated value of business interest: $______________________________

Any buy-out provisions or business succession plans? YES or NO

Heirs to business/stockholdings:

____
____
____

Other sources of income:

____
____

Outstanding Debt and other Obligations:

____
____

Other documents:

POUR OVER WILLS.

POA
For H: appointing ____________for medical, ______________for financial.
Fallback:_____________medical; __________________financial.

For W: appointing ____________for medical, ______________for financial.
Fallback:_____________medical; __________________financial.

POWER OF ATTORNEY

FOR
HUSBAND:________________________/FALLBACK_________________________________

SAME MEDICAL AND FINANCIAL? IF NOT, MEDICAL:______________________

FINANCIAL:________________

FOR
WIFE:________________________/FALLBACK____

SAME MEDICAL AND FINANCIAL?   IF NOT, MEDICAL:______________________
____FINANCIAL:________________