

## TRUST QUESTIONNAIRE FORM (RLT etc. Unmarried Person)

**[NOTE: If trust is being re-stated you must use original trust name, date and client name as they appear in original document]**

1. What name would you like your trust to have? We recommend "THE [YOUR LAST NAME] LIVING TRUST"; you may choose any name:

\_\_\_\_\_

2. Your full name (First, Middle or Middle Initial and Last; use Sr. or Jr. when appropriate):

\_\_\_\_\_

3. Address:

\_\_\_\_\_ (Apt.)  
Street address

\_\_\_\_\_ City State Zip County

4. Phone (Days):

\_\_\_\_\_ Area code Number

(Evenings):

\_\_\_\_\_ Area code Number

Will the Trust Documents be signed in the above County and State?      Y      N

Client signature of approval: \_\_\_\_\_

5. Persons who should inherit the trust after you are deceased:

You may divide heirs into two groups (Group a or Group b). Example: 40% to your parents - Group a - and 60% to your siblings - Group b.

Name	Relationship*	If Heir					%	Group	
		Doesn't	Survive					a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b

_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b

**[Must total 100%]**

- 1 = If heir doesn't survive, to his/her own descendants (children, grandchildren, etc.), if any, otherwise pro rata to other beneficiaries**
- 2 = If heir doesn't survive, to his/her spouse, if any, otherwise pro rata to other beneficiaries**
- 3 = If heir doesn't survive, to his or her descendants (children, grandchildren, etc.), if any, otherwise to his or her spouse, if any, otherwise pro rata to other beneficiaries**
- 4 = If heir doesn't survive, to his or her spouse, if any, otherwise to his or her descendants (children, grandchildren, etc.), if any, otherwise pro rata to other beneficiaries**
- 5 = If heir doesn't survive, pro rata to other beneficiaries and not to the heir's spouse or descendants (children, grandchildren, etc.).**

6. Person(s) who should inherit the estate if all individuals in no. 5 above are deceased: **(Only list person(s) who will not inherit under question 5)**

<u>Name</u>	<u>Relationship*</u>	If Heir					<u>%</u>	<u>Group</u>	
		<u>Doesn't</u>	<u>Survive</u>						
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b
_____	_____	1	2	3	4	5	_____	a	b

**NOTE: Charities that are listed in question 5 must be listed here also if you intend for them to inherit in the event the *individuals* in question #5 are all deceased.**

7. Is any family member intentionally excluded?

Name(s) and Relationship: \_\_\_\_\_

\_\_\_\_\_

8. Postponement of possession - for young or financially unsophisticated heirs  
**NOTE: Funds will be available before distribution age(s) for education, health care, support and maintenance.**

**[4 options; choose one & fill-in age(s)]**

**OPTION 1 [Default Option]**

\_\_\_\_\_ Give control of inheritances after age \_\_\_\_\_ (default = age 25).

**OPTION 2:**

\_\_\_\_\_ Supplemental monthly income of \$ \_\_\_\_\_ (default = \$1,000) until age \_\_\_\_\_ then distribute in full (Default = 50; **minimum = 40**).

**OPTION 3:**

\_\_\_\_\_ Give control of inheritances in stages **[4 options; choose one]:**

**Option (a):** 1/10 of total inheritance at age \_\_\_\_\_ ) (Default = 25, 30, 35, 40)  
2/10 more at age \_\_\_\_\_ )  
3/10 more at age \_\_\_\_\_ )  
4/10 (balance) at age \_\_\_\_\_ )

**Option (b):** 1/3 at age \_\_\_\_\_ ) (Default = 25, 30, 35)  
1/3 at age \_\_\_\_\_ )  
1/3 at age \_\_\_\_\_ )

**Option (c):** 1/4 at age \_\_\_\_\_ ) (Default = 25, 30, 35, 40)  
1/4 at age \_\_\_\_\_ )  
1/4 at age \_\_\_\_\_ )  
1/4 at age \_\_\_\_\_ )

**Option (d):** 1/2 at age \_\_\_\_\_ ) (Default = 25, 30)  
1/2 at age \_\_\_\_\_ )

**OPTION 4:**

\_\_\_\_\_ Distribute in ten annual installments beginning at age \_\_\_\_\_ (Default = 25)

9. If an heir challenges the trust, should that heir forfeit his/her share? **Yes No**  
Should the heir's descendants (children, grandchildren, etc.) also forfeit? **Yes No**

10. Who should serve as successor trustee, if you are unable to serve?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**NOTE: You may list more than one person in the same order of priority to serve as co-trustees; when the documents are signed you will be able to select what happens if one can't serve.**

11. Who should direct investments if other than successor trustee? **(This is a non-binding recommendation for the Trustee)** \_\_\_\_\_  
\_\_\_\_\_

12. Who should make your **health care** decisions if you are not mentally competent?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**NOTE: You may not list more than one person in any order of priority.**

13. Who should act as Guardian of any minor child(ren)?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**NOTE: You may list more than one person in any order of priority.**

14. Do you want a living will?                    Y        N

**NOTE: The following two options only apply if you checked "Y" to living will**

15. Do you want to be cremated?                    Y        N

16. Do you wish to donate your organs for transplant?        Y        N

**REGARDING ARIZONA TRUSTS ONLY:**

17. Who should resolve a dispute between the trustee and a trust beneficiary? (The decision is non-binding; both parties have to accept this person's decision): \_\_\_\_\_  
\_\_\_\_\_