

Joint Trust – Client Questionnaire

Please fill out this form as completely as possible. If you don't understand a question, please ask for assistance. If you need more space, please use the back or photocopy the page in question.

Today's date: _____ Do you own REAL PROPERTY? Yes No Do ALL your assets TOTAL more than \$100,000? Yes No

Grantor & Trustee Information: You will be the Grantors and the Trustees of your Trust Please Provide us with the following information:

Name of Grantor Husband	Address	Home Phone Number	Alternate Phone Number	Do you have a former Spouse?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Grantor Wife	Address	Home Phone Number	Alternate Phone Number	Do you have a former Spouse?
	<input type="checkbox"/> Same	<input type="checkbox"/> Same	<input type="checkbox"/> Same	<input type="checkbox"/> Yes <input type="checkbox"/> No

Successor Trustee Information: A Successor Trustee is the person who will handle the affairs of your estate upon the death of both of you. This person or persons should be someone who is a responsible individual and is willing and able to take on this responsibility. You may list more than one Successor Trustee and indicate whether you wish for them to act as co-trustees. If you wish for them to be co-trustees, they must both consent to any and all decisions made.

Name of Successor Trustee	Address	Relationship
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)

Children Information: Please Complete the information below. If you need more space please attach an additional page. If you have children from a previous marriage please include the relationship to each child. Also please name the guardian and an alternate guardian you wish to provide for your children in the event of your death.

Name of Child	Address	Relationship	% of the Estate to Distribute	Is the child a Minor?	If the child is a minor, Please indicate who you wish to be their Guardian and Alternate Guardian in the event of your death?
	<input type="checkbox"/> Same	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____
	<input type="checkbox"/> Same	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____
	<input type="checkbox"/> Same	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____
	<input type="checkbox"/> Same	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____
	<input type="checkbox"/> Same	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____

Beneficiary Information: Please list any additional beneficiaries you wish to add to your trust. Only list the individuals you wish to divide a percentage of your estate to. You will have the option to list additional beneficiaries you wish to leave a lump sum or a large specific item to later.

Name of Beneficiary	Address	Relationship/Charity	% of the Estate to Distribute	Is Beneficiary a Minor?	Do you want to pass this distribution on to their children in the event they die before you?
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
	<input type="checkbox"/> Same			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)

Contingent Beneficiary Information: A Contingent Beneficiary sometimes called the “last resort beneficiary” to be the recipient of your estate in the event that there are no other surviving beneficiaries. (Otherwise the estate would go to the State) If you wish to provide a contingent beneficiary, please list them below:.

Name of Beneficiary	Address	Relationship/Charity

Special Distributions: A special distribution can be made upon the death of either the Husband or Wife, to be distributed before the final estate is divided and distributed. Often times this is a lump sum amount or valuable property. Please list any special distributions here. They can be listed here even though they might be listed as a child or a beneficiary, this will not effect their final distribution.

Name of Beneficiary	Address	Relationship	\$ Amount or Property to Distribute	After the Death of Husband or Wife?
	<input type="checkbox"/> Same			<input type="checkbox"/> Husband <input type="checkbox"/> Wife
	<input type="checkbox"/> Same			<input type="checkbox"/> Husband <input type="checkbox"/> Wife
	<input type="checkbox"/> Same			<input type="checkbox"/> Husband <input type="checkbox"/> Wife
	<input type="checkbox"/> Same			<input type="checkbox"/> Husband <input type="checkbox"/> Wife
	<input type="checkbox"/> Same			<input type="checkbox"/> Husband <input type="checkbox"/> Wife

Power of Attorney and Wills Questions:

Please answer the following questions individually. These documents are prepared separately for each individual, and you may have different answers or choose to select different decision makers to make medical and financial decisions on your behalf.

GENERAL POWER OF ATTORNEY

This document will allow your Agent/Attorney-in-Fact- to act on your behalf to make major financial and property decisions.

Do you wish to designate your spouse as your Agent in the event of your death?

HUSBAND

Yes No

If No, please list the name and address of your Agent below:

Name of Agent
Address of Agent

Please provide the names and addresses of any *Alternate Agents*:

Alternate 1	Name	Address
Alternate 2		

WIFE

Yes No

If No, please list the name and address of your Agent below:

Name of Agent
Address of Agent

Please provide the names and addresses of any *Alternate Agents*:

Alternate 1	Name	Address
Alternate 2		

MEDICAL DIRECTIVE/HEALTH CARE POWER OF ATTORNEY

medical and health care decision on your behalf.

This document will allow your designated decision maker to act on your behalf to make

Do you wish to designate your spouse as your Primary decision maker in the event of your death?

HUSBAND

Yes No

If No, please list the name and address below:

Name of Agent
Address of Agent

WIFE

Yes No

If No, please list the name and address below:

Name of Agent
Address of Agent

Please provide the names and addresses of any *Alternate Agents*:

HUSBAND

Alternate 1	Name	Address
Alternate 2	Name	Address
Alternate 3	Name	Address
Alternate 4	Name	Address

Please provide the names and addresses of any *Alternate Agents*:

WIFE

Alternate 1	Name	Address
Alternate 2	Name	Address
Alternate 3	Name	Address
Alternate 4	Name	Address

LIVING WILL

This document will allow your designated decision maker to act on your behalf to make decisions on whether to continue providing you with life support in the event you are in a vegetative state.

Do you wish to designate your spouse as your *Primary decision maker* in the event of your death?

HUSBAND

Yes No

If No, please list the name and address below:

Name of Agent
Address of Agent

WIFE

Yes No

If No, please list the name and address below:

Name of Agent
Address of Agent

Please provide the names and addresses of any *Alternate Agents*:

HUSBAND

Alternate 1	Name	Address
Alternate 2	Name	Address
Alternate 3	Name	Address
Alternate 4	Name	Address

Please provide the names and addresses of any *Alternate Agents*:

WIFE

Alternate 1	Name	Address
Alternate 2	Name	Address
Alternate 3	Name	Address
Alternate 4	Name	Address

POUR OVER WILL This document is like a Last Will and Testament. The Trust has already taken care of your assets. Here you can designate what shall happen to your body and any other special requests.

In the event of my death, I wish for my body to be:

HUSBAND

Buried Cremated

WIFE

Buried Cremated

Please check off the options that apply:

I have provided a list of instructions for my burial and funeral instructions

I have provided a list of instructions for my burial and and funeral instructions.

I have provided Statement of Wishes for my loved ones to follow

I have provided a Statement of Wishes for my loved ones to follow.

SPECIAL DISTRIBUTIONS A special distribution can be made upon the death of a Grantor, but before the entire estate is to be distributed to the beneficiaries. Often times, this is a lump sum amount or valuable property. Please list any special distributions here. They can be listed here even though they might be a child or beneficiary. This will not affect their final distribution.

Please provide the names and addresses of any Alternate Agents:

Name of Beneficiary	Address	Relationship	Dollar amount or property to distribute

Please check the following boxes:

_____ I have read the [FAQ](#) page and am familiar with the content.

_____ I have read the [Disclaimer](#) page and am familiar with the content.

_____ I have read the [Retainer Agreement](#) and hereby agree to same.