

## CONFIDENTIAL PERSONAL INFORMATION – SINGLE

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

### Children/Other Beneficiaries

(C) Child; (G) Grandchild; (O) Other Beneficiary  
(M) Married; (S) Single; (D) Divorced

Check One	Full Name	Sex	DOB	Marital Status	# of Children
C G O	_____	_____	___/___/___	M S D	_____
C G O	_____	_____	___/___/___	M S D	_____
C G O	_____	_____	___/___/___	M S D	_____
C G O	_____	_____	___/___/___	M S D	_____
C G O	_____	_____	___/___/___	M S D	_____
C G O	_____	_____	___/___/___	M S D	_____
C G O	_____	_____	___/___/___	M S D	_____
C G O	_____	_____	___/___/___	M S D	_____

- Are all of the above listed persons U.S. citizens? Yes No
- Do any of your children/other beneficiaries require special attention?  
(e.g., educational, mental or physical needs) Yes No
- Have you ever filed a Federal Gift Tax Return? Yes No

REFERRED BY: \_\_\_\_\_

## LIVING TRUST QUESTIONNAIRE – SINGLE

Full Name: \_\_\_\_\_

1. Will you potentially have or adopt any children in the future?
2. Who will be the initial trustee? If this person is unable or unwilling, who will be the secondary trustee? If the secondary trustee is unable or unwilling, who will be the tertiary trustee? (*Note: Co-trustees may be named*)
3. Who will be the beneficiaries? Next to each beneficiary's name, write the percentage that will be allocated to that beneficiary and their relationship to you.
4. If a beneficiary does not survive, do you want that share to go to his or her descendants, and if none, then to your descendants, if any? If not, who will be the contingent beneficiaries? (e.g., a beneficiary's spouse or siblings)
5. If all beneficiaries, descendants of beneficiaries, and your descendants (or contingent beneficiaries listed above) do not survive, who do you want to receive the trust property? List the names of individuals and/or organizations, the amount to be allocated, and city and state where each is located. If nothing is provided the property goes to your closest living relatives.

6. When can the beneficiaries receive their share? (e.g., an outright distribution or staggered distributions such as 1/3 at 25, 1/2 at 30 and the rest at 35)
  
7. When can contingent beneficiaries (e.g., grandchildren) receive their shares?
  
8. If any beneficiaries will not receive their share outright, do you want distributions to be made by the trustee liberally or conservatively?
  
9. Do you want to establish a “common trust” for all beneficiaries until the youngest reaches a certain age or until all achieve a specific milestone (e.g., graduation from college)? If yes, do you want the trustee to be liberal or conservative when making distributions to beneficiaries of the Common Trust?
  
10. Do you want language in the trust to encourage the trustee to avoid, if at all possible, placing you in a nursing home?
  
11. Do any of the beneficiaries have special needs?
  
12. Are there any unique circumstances affecting you and/or any of your beneficiaries?

13. List your primary and secondary designations for Power of Attorney for Healthcare and Power of Attorney for Property, and list their addresses and phone numbers.

14. If you have minor children, who will be their guardian? Who would you like to name in his or her place if this guardian is unable or unwilling?

## ASSET SUMMARY – SINGLE

<b>ASSETS</b>	<b>AMOUNT</b>
Real Estate – Home	\$ _____
Real Estate – Other than home	\$ _____
CD/Money Markets	\$ _____
Checking/Savings Accounts & Cash	\$ _____
Government Savings Bonds	\$ _____
Stocks	\$ _____
Mutual Funds	\$ _____
Retirement Plans – IRA	\$ _____
Retirement Plans – 401(k)/403(b)	\$ _____
Retirement Plans – Pension	\$ _____
Annuities Inside IRA (Qualified)	\$ _____
Annuities Outside IRA (Non-Qualified)	\$ _____
Life Insurance (Death benefit)	\$ _____
Business Interests (Specify type)	\$ _____
Personal Property (Cars, furniture, jewelry, etc.)	\$ _____
Anticipated Inheritance or Gifts	\$ _____
Notes Receivable	\$ _____
Federal/State Regulated Guns or Firearms	\$ _____
<b>Total Assets</b>	<b>\$ _____</b>
<b>LIABILITIES</b>	<b>\$ _____</b>
Real Estate Mortgages	\$ _____
Loans Against Life Insurance	\$ _____
Unpaid Taxes	\$ _____
Credit Card Balances	\$ _____
<b>Total Liabilities</b>	<b>\$ _____</b>
<b>NET ESTATE</b>	<b>\$ _____</b>

## ESTATE PLANNING GOALS

Full Name(s): \_\_\_\_\_

GOAL			IMPORTANCE				
1. I want to get my estate in order and create a consistent and comprehensive estate plan.	Yes	No	1	2	3	4	5
2. I want to preserve the privacy of my estate from business competitors, creditors, dishonest persons, or curiosity seekers.	Yes	No	1	2	3	4	5
3. I want to avoid probate and minimize settlement expenses.	Yes	No	1	2	3	4	5
4. I want to avoid contests and disputes upon my death.	Yes	No	1	2	3	4	5
5. I want to plan for the disability of myself (or my spouse) and avoid the expense, publicity, and loss of control of court conservatorship proceedings if I am disabled.	Yes	No	1	2	3	4	5
6. I want to reduce estate and/or death/inheritance taxes to the lowest possible level.	Yes	No	1	2	3	4	5
7. I want to protect my beneficiaries from the possibility of failed marriages by designing a plan whereby my beneficiaries can control the property I leave to them, if they wish.	Yes	No	1	2	3	4	5
8. I want to plan to protect the assets of my children or grandchildren, so that my family can avoid estate taxes and lawsuits for generations.	Yes	No	1	2	3	4	5
9. I want to protect my children's inheritance in the event my surviving spouse chooses to remarry after my death.	Yes	No	1	2	3	4	5
10. I want to plan for my grandchildren.	Yes	No	1	2	3	4	5
11. I want to plan for the transfer and survival of the family business.	Yes	No	1	2	3	4	5

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|-----|--|-----|----|---|---|---|---|---|
| 12. | I want to plan for one or more pets.   | Yes | No | 1 | 2 | 3 | 4 | 5 |
| 13. | I want to disinherit one or more children or other family members.   | Yes | No | 1 | 2 | 3 | 4 | 5 |
| 14. | I want to control which of my family members or loved ones will make decisions for me in the event of my incapacity, including health care and life support decisions. | Yes | No | 1 | 2 | 3 | 4 | 5 |
| 15. | I want to avoid unnecessary placement in a nursing home by providing instructions for in-home health care.   | Yes | No | 1 | 2 | 3 | 4 | 5 |
| 16. | I want to plan for special needs, such as medical or learning disabilities, for myself or a beneficiary.   | Yes | No | 1 | 2 | 3 | 4 | 5 |
| 17. | I want my estate plan to be valid in every state.  | Yes | No | 1 | 2 | 3 | 4 | 5 |

The following are my top three goals in order of importance:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I have other goals and objectives for my estate plan not mentioned above:

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