



Questionnaire for Living Trust

1. Who is this Living Trust Being Created for?

Full Name: _____

City/Town: _____

State, Zip Code: _____

2. What date will the Living Trust be signed?

Date: _____

Does this Trust amend a prior Living Trust? ☐ Yes ☐ No

If so, what is the name of the prior Living Trust? (Name and date of
Prior Living Trust)

3. Are You married? ☐ Yes ☐ No

If yes, what is your spouse's name? _____

4. Do you want to state your marital status in this Living Trust? If yes, you want to clarify your marital status in this Trust. It is recommended that this statement be included. ☐ Yes ☐ NO

5. Is your spouse intentionally excluded as a beneficiary of this trust? (If yes, the failure of this Trust to provide for any distribution to your spouse is intentional.)

☐ **Yes** ☐ **NO**

6. Do you have any Children? ☐ **Yes** ☐ **NO**

7. How many children do you have? _____

a. **Full Name:** _____

b. **Full Name:** _____

c. **Full Name:** _____

d. **Full Name:** _____

8. Are any of your children intentionally Excluded as a beneficiary of this Living Trust? ☐ **Yes** ☐ **NO**

a. How many Children are excluded as a beneficiary of this Living Trust?

b. Which child is being excluded? _____

c. Is Any person or organization intentionally excluded as a beneficiary of Living Trust? If yes, specify people or organizations (other than any children listed previously) who might expect to be included, but who are intentionally excluded from receiving distributions from this trust.

☐ **Yes** ☐ **NO**

9. Would you like to provide for any future children in this Trust? If Select "Yes" if any references in this Trust to your children should

include any adopted or biological children, you may have after you sign this, Trust.

__ Yes __ NO

10. Who will carry out the terms of the Trust?

Full Name: _____

City/Town: _____

State, Zip Code: _____

11. Who will serve as successor Trustee when the initial Trustee no longer serves? Sometimes a bank's trust department may be an appropriate choice for successor Trustee.

Full Name: _____

City/Town: _____

State, Zip Code: _____

12. What assets will be placed in Trust? Enter the name, value, and description of the property that you will transfer into this trust, one at a time. You will be able to enter more than one item.

a. Asset Name: _____

b. Value: _____

c. Descriptions: _____

a. Asset Name: _____

b. Value: _____

c. Descriptions: _____

13. How often will you receive payments from this Trust?
(Frequency of payment)

- 14. After your death will specific distributions be made from the Trust assets?** You can provide that specific distributions (cash, a family heirloom, etc.) be made upon your death. And, because you don't know whether family members will survive you, the distribution can be made dependent on whether or not they do. If desired, see the example in the help provided.

☐ **Yes** ☐ **NO**

- 15. After your death, will specific distributions be made from the trust assets?** You can provide that specific distributions (cash, a family heirloom, etc.) be made upon your death. And, because you don't know whether family members will survive you, the distribution can be made dependent on whether or not they do. If desired, see the example in the help provided.

☐ **Yes** ☐ **NO**

- 16. Under what circumstances should the specific distributions be made?** Select the option that describes whether the specific distributions should be made.

The distributions should be made:

- ☐ only if my spouse is not living at my death.
☐ only if my spouse and my children are not living at my death.
☐ only if my children are not living at my death.
☐ even if my spouse and children are still living at my death.

- 17. What is the specific distribution?** (Enter a description of a specific distribution, one at a time. For example, "\$1,000", "My 1957 Chevy", or "My baseball card collection.")

It will be given to: _____

- 18. What will happen to this specific distribution if the Beneficiary does not survive you?** (Select the option that describes what will happen to the specific distribution if the Beneficiary does not survive you.)

- ☐ **Distribute it with the remaining assets of this Trust.**
☐ **Distribute it to an alternate beneficiary.**

Specific Distributions _____

19. Do you have any pets? (If you select "Yes," you can add protection for your pets into this Living Trust.)

☐ **Yes** ☐ **NO**

20. Would you like to designate a caretaker for your pet?

☐ **Yes** ☐ **NO**

21. Describe your pet. (For example: Cat, Garfield. Enter each pet's type, name and description. You will be able to include as many pets as you need, one at a time.)

Type of Pet: _____

Name: _____

Description: _____

22. Specify any instructions you would like to leave for the care of your pet(s). For example: health history, special needs, favorite toys & activities, eating habits, exercise regimen, required medications, and wishes for the final disposition of your pets.

23. Who will be the caretaker of your pet? (Provide the name and address of the person who will be responsible for the care of your pet(s). For example: Jim Johnson, 222 Apple Street, Orchid, CA 90000.)

Name: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

24. If the caretaker is unable or unwilling to care for your pet, who will be the alternate caretaker? (It is recommended that you select an

alternate caretaker for your pet(s) in the event that your first choice is unable or unwilling to serve.)

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

- 25. How much money do you want to leave to the caretaker for the care of your pet?** (Enter the amount you think would cover the expenses related to the care of your pet, such as for: veterinary bills, food, toys, grooming, etc., for the life of your pet. For example: \$10,000.)

Amount \$ _____

- 26. Upon termination of the Pet Trust, who should receive the remaining assets?** (Designate the person who will receive the remaining assets of the terminated Trust. For example: Albert Smith, 888 Orange Street, Orchid, CA 91111.)

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

- 27. Who do you want to enforce the provisions of the Pet Trust?**

(Enter the name of the person you would like to ensure the appropriate care of your pets by your pet caretaker. For example: Jim Johnson.)

Name: _____

- 28. Will all of your tangible personal property be distributed separately from the remaining assets?** (Select "Yes" to include instructions for the distribution of all of your tangible personal property (including vehicles, household goods, etc.).

___ **Yes** ___ **NO**

- 29. Who will receive the tangible personal property?** (The most likely recipient is your spouse, and if your spouse doesn't survive, then to your

children in equal shares. If you select children and if a child does not survive you, that child's children will receive that share.)

- ☐ Only one beneficiary
- ☐ Several beneficiaries
- ☐ Your spouse
- ☐ Your children

30. Who is the Beneficiary of the tangible personal property?
(For example: Mary L. Doe, Racine, Wisconsin.)

Full Name: _____

City/Town: _____

State, Zip Code: _____

31. Who will receive the tangible personal property if the Beneficiary does not survive you? (Select the appropriate alternate recipient of the tangible personal property if your first choice does not survive you.)

- ☐ Only one beneficiary
- ☐ Several beneficiaries
- ☐ Distribute it with the remaining assets of this Trust.

32. Who is the alternate Beneficiary of the tangible personal property? (For example: Bob L. Doe, Milwaukee, Wisconsin.)

Full Name: _____

City, State: _____

33. Who will receive the remaining assets of the Trust? (Select the appropriate recipient of the remaining or residuary assets of the Trust. If you select children and if a child does not survive you, that child's children will receive that share.)

- ☐ Only one beneficiary
- ☐ Several beneficiaries
- ☐ Your spouse
- ☐ Outright to your children
- ☐ Retained by the Trustee for the benefit of your minor children
- ☐ Heirs-at-law

34. Who is the Beneficiary of the remaining assets? (For example: John Q. Doe, Kenosha, Wisconsin.)

Full Name: _____

City, State: _____

35. Who will receive the remaining assets if the Beneficiary does not survive you? (Select the appropriate alternate recipient of the remaining assets of the Trust.)

- ☐ Several beneficiaries
☐ Only one beneficiary
☐ Heirs-at-law

36. Are any of the following Beneficiaries of the remaining assets? (Select whether your spouse or children (outright or in a trust) will be included as recipients of the remaining assets of the Trust. If you select children and if a child does not survive you, that child's children will receive that share.)

- ☐ Your spouse
☐ Outright to your children
☐ Retained by the Trustee for the benefit of your minor children

37. Who is a Beneficiary of the remaining assets? (For example: William T. Doe, Minneapolis, Minnesota, 50.)

Full Name: _____

City, State: _____

Percentage _____ %

38. How should this share be distributed if the Beneficiary does not survive you? (Select the appropriate recipient of the remaining assets if the Beneficiary does not survive you.)

- ☐ Proportionately to the others listed under this provision
☐ To an alternate beneficiary

Full Name: _____

City, State: _____

39. Will the Trustee be authorized to hold Trust asset shares as a single fund? (Select "Yes" to authorize the Trustee to hold Trust assets as a single fund. It is RECOMMENDED that this option be selected because it often reduces the expense of operating the Trust.)

☐ Yes ☐ NO

40. Is the Trustee entitled to receive reasonable compensation? (Select "Yes" to provide that the Trustee is entitled to reasonable compensation for serving as Trustee.)

☐ Yes ☐ NO

41. Will the Trustee be authorized to make loans to the beneficiaries? (Select "Yes" to authorize the Trustee to make loans to the Trust beneficiaries if it seems appropriate.)

☐ Yes ☐ NO

42. Will the Trustee be authorized to make payments to a person or organization for the benefit of a beneficiary? (Select "Yes" to authorize the Trustee to make payments to a person or organization for the benefit of a beneficiary. For example, payment to a college for a child's tuition.)

☐ Yes ☐ NO

43. How often should the Trustee provide a written accounting to the Beneficiaries? (Usually, an accounting is required monthly (for a large, active trust) or annually (for a smaller trust).)

The Trustee will provide an accounting on a(n) _____ basis

☐ Monthly

☐ Quarterly

☐ Simi- Annual

☐ Annual

44. Will any unnamed successor Trustees be required to post a bond? (If it becomes necessary to appoint a successor Trustee and there are no further nominations in this Trust, consider whether that yet-unnamed successor Trustee should be bonded.)

☐ Yes, unless you are the Trustee

☐ Yes, unless the Trustee is you or a corporation
☐ No

45. Will you be allowed to control the Trust investments as long as you are mentally competent? (Select "Yes" to allow you to control the investments of the Living Trust, even if a successor Trustee has been appointed.)

☐ Yes ☐ NO

46. Will the Trustee be released from personal liability? (Select "Yes" to relieve the Trustee ("the Fiduciary") from personal liability arising out of the performance of the Trustee's duties as long as the Trustee acts in good faith.)

☐ Yes ☐ NO

47. Will the beneficiaries be required to survive you by thirty days in order to receive any distributions? (If a beneficiary dies within thirty days after your death, you may want the distribution to pass on to someone you have chosen rather than someone chosen by the deceased beneficiary in his or her Will or Trust. If so, select "Yes.")

☐ Yes ☐ NO

48. Do you want to specify who died first if you and your spouse die at the same time? (Select "Yes" to specify the order of death between you and your spouse. Each spouse can state that the other died first.)

☐ Yes ☐ NO

49. Who died first? (Select the person who should be presumed to have died first in the event of a simultaneous death.)

☐ You

☐ Your spouse

50. In what county will this Trust be signed? (If known, enter the county in which the Trust will be signed.)

County (not country): _____