

1-DAY DOCUMENT ASSISTANCE

REVOCABLE LIVING TRUST QUESTIONNAIRE

(ONE SETTLOR)

(MAIN OFFICE)

4354 EILEEN STREET

SIMI VALLEY, CA 93063

LDA: Ventura County #33

(805) 582-6172 FAX (805) 582-6175

Trust Name: _____

Today's Date: _____

CURRENT DOMICILE/RESIDENCE:

Full Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Mailing Address, if different: _____

Home Phone: () _____ Best time to call: _____

Alternate Phone: () _____ Best time to call: _____

List any other state where you are a resident: _____

PERSONAL INFORMATION:

Name as it appears on Birth Certificate: _____

Name as you sign it (Print): _____

Date of Birth: _____

Place of Birth: _____

U.S. Citizen: Yes No

PARTICULARS OF PRIOR MARRIAGE(S):

Any prior marriages? No Yes If yes, how many? _____

Name of ex-spouse: _____

Divorce Year _____ Annulment Year _____ Death (M/D/Y) _____

Name of ex-spouse: _____

Divorce Year _____ Annulment Year _____ Death (M/D/Y) _____

Continued on back side of this page.

SUCCESSOR TRUSTEE (S):

You need to identify at least two individuals who you would want to step into your shoes to manage, or allocate and distribute your estate upon the death of Original Trustee. Unless otherwise specified, the Successor Trustees will have the same power as the Original Trustees.

Name	Address, City & State & Phone #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

The above to serve in order The above to serve together

Other, describe as follows: _____

PERSONAL REPRESENTATIVE(S) / EXECUTOR(S):

The Personal Representative/Executor would administer the decedent’s probate estate if you have inadvertently left assets outside of your Trust. This person may also be responsible for making certain tax elections (QTIP).

Name	Address, City & State & Phone #
Primary : _____	_____
Alt Rep 1: _____	_____
Alt Rep 2: _____	_____

NOMINATION OF CONSERVATOR/GUARDIAN:

The Conservator is the individual you choose to be responsible for any property held outside of your Trust in the event that you are found incompetent in a court of law. The guardian is the individual you choose to be responsible for your person.

<u>Name</u>	<u>Address, City, State & Zip & Phone #</u>
Primary: _____	_____
Alternative _____	_____

GUARDIAN FOR MINOR OR DISABLED CHILDREN:

If you have a minor or handicapped child you will want to name a guardian (ex. you can use one of your adult children, a close family member, or a close friend, or anyone of your choosing.)

<u>Name</u>	<u>Address, City, State & Zip & Phone #</u>
Primary: _____	_____

Alternative _____	_____

DURABLE POWER OF ATTORNEY:

The most important feature of the Durable Power of Attorney is that it names the individuals authorized to act for you in financial and /or health care matters should you be unable to do so yourself.

Financial Attorney in Fact:

<u>Name</u>	<u>Address, City & State & Phone #</u>
Primary : _____	_____

Alt Agt 1: _____	_____

Alt Agt2: _____	_____

Medical Attorney in Fact / Health Care:

<u>Name</u>	<u>Address, City & State & Phone #</u>
Primary : _____	_____

Alt Agt 1: _____	_____

Alt Agt2: _____	_____

TRUST DISTRIBUTION:

A special bequest is the allocation and distribution of assets (cash or personal property) to an individual or charitable organization (include address & phone #) upon death. (E.g. \$3000 to St. John Church).

<u>Individual's Name</u>	<u>Asset</u>
_____	_____
Contingent Beneficiary: _____	
Contingent Beneficiary: _____	

Charity or Organization

Asset

Address: _____

Phone #: _____

DISTRIBUTION OF THE REMAINING TRUST ESTATE

- Divide equally among the beneficiaries named below.
- Divide among the beneficiaries named below in the proportions indicated

<u>Beneficiary Name</u>	<u>Relationship</u>	<u>Sex</u>	<u>Percentage</u>
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____

- Immediate distribution
- Child's share to be placed in a mandatory trust to be distributed when the child attains the age of : ____ (Age 25 if not specified). Child will receive income and principal in discretion of Trustee for health, education, maintenance and support.
- Periodic income payments with distribution of principal at the times specified below:
Principal distribution (% or \$): _____ at age _____; _____ at age _____;
and _____ at age _____.

ADDITIONAL DISTRIBUTION INFORMATION:

If a beneficiary predeceases you, his or her share is to be:

- Divided equally among that beneficiary's children, if any, at age: _____.
If beneficiary has no children, their share is distributed to remaining Trust beneficiaries in equal shares unless otherwise noted below.
- Divided among the remaining beneficiaries in equal shares.
- Other: _____

If all of the above beneficiaries and their children predecease you:

- Distribution to heirs at law
- Distribution to individual, charity or organization (include name, phone #, and address):

Most families have their Trust restrict the benefits of a minor beneficiary until they reach the age of twenty - five (25). Do you have any minor beneficiaries for whom this might not be appropriate?

Generally, your estate will go only to blood-line descendants, and not to descendants-in-law. Do you have any special concerns, or wish to make any special provisions for descendant-in-law?

SPECIFIC EXCLUSIONS:

List below any family member(s) who are to be specifically excluded from allocation and distribution of your estate (specify relationship - for example: John Smith, brother or John Smith, son):

FUNERAL INSTRUCTIONS:

Do you have any special burial or funeral instructions?

SPECIAL CONCERNS / CIRCUMSTANCES:

List any special concerns for children or grandchildren, such as college education plans, physical or mental health problems, difficulty managing money, extenuating circumstances, etc. You may also list special instruction for care of pets.

Do you expect to receive an inheritance that would greatly influence your estate plan? If so, please include relevant information:

ADDITIONAL COMMENTS / INFORMATION:



I have carefully reviewed this questionnaire and I hereby instruct 1-DAY DOCUMENT ASSISTANCE to use the information contained in this questionnaire in the preparation of my Living Trust, Will, Power of Attorney, living will and other documents. I understand that it is my obligation to inform 1-DAY DOCUMENT ASSISTANCE of any changes or updates regarding the information contained in this questionnaire. For a fee of \$_____ 1-DAY DOCUMENT ASSISTANCE will perform only document preparation services for me. I understand that 1-DAY DOCUMENT ASSISTANCE is a non-attorney service. I declare under penalty of perjury under the law of the State of California that the information contained herein is true and correct.

Dated: _____

(Signature)

ASSET INVENTORY WORKSHEET

Make a complete inventory of your assets is the first step in preparing an estate plan. The chart below shows you how to organize you inventory for easy reference.

<u>Assets</u>	<u>In your name</u>
Your Home (current value):	\$ _____
Other real estate:	\$ _____
Bank accounts (checking & savings):	\$ _____
Other cash accounts: (money market funds, savings bonds, brokerage cash accounts, etc)	\$ _____
Stocks, bonds, and mutual funds:	\$ _____
Life Insurance (face value):	\$ _____
Business partnership interests:	\$ _____
Retirement plan accounts:	\$ _____
• IRA	\$ _____
• Keogh	\$ _____
• SEP	\$ _____
• Other (such as 401K or profit sharing plans)	\$ _____
Personal property (Replacement value of jewelry, autos, household furnishings, etc)	\$ _____
Annuities, trusts or other assets	\$ _____
Collectibles (market value of fine art, precious metals, etc.)	\$ _____
Total Assets	\$ _____
 <u>Liabilities</u>	
Mortgages	\$ _____
Life insurance loans	\$ _____
Other loans or debts	\$ _____
Total Liabilities	\$ _____
<u>Net Estate</u> (assets less liabilities)	\$ _____