

JOINT TRUST PLAN QUESTIONNAIRE

Spouse #1 Full Name: _____ (Jr., Sr., III?)	
Name you prefer to be called: _____	Title: Mr. Mrs. Ms. Dr.
Date of Birth: _____	What type of ID will you provide? _____

Spouse #2 Full Name: _____	
Name you prefer to be called: _____	Title: Mr. Mrs. Ms. Dr.
Date of Birth: _____	What type of ID will you provide? _____

Home Address: _____	
City: _____	State: _____ Zip: _____
County of Residence: _____	Home Phone: _____
Spouse #1's Cell Phone: _____	Spouse #2's Cell Phone: _____
Best place to reach you: _____	Primary Email: _____
How do you want to receive your drafts for review? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Will Pick Up	Secondary Email: _____
Date Form Completed: _____	

Notes: _____

Do you have an interest in any corporations? _____ If yes, list above with percentages of ownership

Do you own your primary residence? _____

Do you own any additional real estate? _____ If yes, list above

Do you have pre-paid funeral arrangements? _____ Burial Cremation

--

Is this your first marriage? Spouse #1 Yes No

Spouse #2 Yes No

Indicate if the child is that of Spouse #1, Spouse #2 or "Both".

Living Children		Name Grandchildren
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	
Name _____ Address _____ Phone _____	Date of Birth: _____ Gender: _____ Child of: _____	

Add pages for additional children if necessary.

Do any of your children have special needs? Describe: _____

Do you have any children who predeceased you? Their names? Did your deceased child have any children? _____

Who do you want to name as the **Successor Trustees** of your trust? 1st: _____
 2nd: _____ 3rd: _____

Who do you want to name as the **Personal Representative(s)** of your estate?

	Spouse #1's P.R.		Spouse #2's P.R.	
	Name	Relation	Name	Relation
1 st				
2 nd				
3 rd				
4 th				

IF APPLICABLE - Who do you want to name as the **Guardian(s)** of your children (if you have children under age 18)?
 (Two persons may serve together if they are married.)

1 st Guardian(s)	Name(s): Address:	Relation:
2 nd Guardian(s)	Name(s): Address:	Relation:
3 rd Guardian(s)	Name(s): Address:	Relation:

Who do you want to name as agent(s) on your **Durable Power of Attorney**? A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property. Indicate if any agents can act jointly.

	Spouse #1's Agents	Spouse #2's Agents
1 st	Name: _____ Relation: _____ "and/or" or In Succession _____	Name: _____ Relation: _____
2 nd	Name: _____ Relation: _____ "and/or" or In Succession _____	Name: _____ Relation: _____
3 rd	Name: _____ Relation: _____ "and/or" or In Succession _____	Name: _____ Relation: _____
4 th	Name: _____ Relation: _____	Name: _____ Relation: _____

Who do you want to name as your **Health Care Surrogate(s)**? Indicate if any surrogates can act jointly.

Spouse #1's Surrogates

Spouse #2's Surrogates

1st

Name: _____

Phone: _____

Address: _____

“and/or” or In Succession

Name: _____

Phone: _____

Address: _____

2nd

Name: _____

Phone: _____

Address: _____

“and/or” or In Succession

Name: _____

Phone: _____

Address: _____

3rd

Name: _____

Phone: _____

Address: _____

“and/or” or In Succession

Name: _____

Phone: _____

Address: _____

4th

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Additional notes, questions or comments: _____

Describe how you want your estate to be distributed upon your death:

Who are the beneficiaries of your estate? Contingent Beneficiaries?

If a beneficiary does not survive you, do you want their share to go to the other named beneficiaries (“per capita”) or do you want the deceased beneficiary’s share to go to their own children (“per stirpes”)?

How old do you want your beneficiaries to be before they receive their share? _____

Do you have any specific bequests?

Is there anyone you would like to specifically disinherit? _____

Do you have any additional beneficiary instructions?
