INDIVIDUAL TRUST PLAN QUESTIONNAIRE

Legal Name:					(Jr., Sı	r., III?)
Name you prefer to be called:		Title:	Mr.	Mrs.	Ms.	Dr.
Date of Birth:	☐ Married	☐ Single		Widow/Wid	lower	
Home Address:						
City: State:		2	Zip:			
County of Residence:	Home Ph	ione:				
Cell Phone:	Best plac	e to reach you	ı:			
Send drafts via: Email Mail Pick up Email (Prima	ry).					
	ıy <i>)</i> .					
(CC):						
What type of Identification will you provide?		Date Questionn	aire Con	pleted:		
Notes:						
Notes.						
Do you have an interest in any corporations?	If yes, list	above with pe	rcentage	s of ownersh	nip	
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	Crematic	n			

Living Children		Date of Birth	Gender	Name Grandchildren
Name:				
Address:				
Phone:				
Name:				
Address:				
Phone:				
Name:				
Address:				
Phone:				
Name:				
Address:				
Phone:				
Name:				
Address:				
Phone:				
Name:				
Address:				
Phone:				
Do you have any children who predeceased you? Their name(s)? Did yo	ur deceased	child have any child	dren?	

Do any of your children have special needs? Describe:

I			
Name:		Relation:	
Name:		Relation:	
Name:		Relation:	
		,	
(A durabl	want to name as agent(s) on your Durable Pow le power of attorney gives the person(s) named		
able to de			
1st Agent	Name:		
<u>U</u>	Relation:		
,	Name:		
2 nd Agent			
	Relation: "and/or" or In Succession		
	Name:		
3rd Agent	Relation:		
Agent	Relation:		
	want to name as your Health Care Surrogate ?	?	
Vho do you	want to name as your Health Care Surrogate . Name:	Address:	
Vho do you	want to name as your Health Care Surrogate ?	Address:	
Vho do you 1 st Agent	Name:Phone:	Address:	
Vho do you 1 st Agent	Name: "and/or" or In Succession	Address: Address:	
Vho do you I st Agent	Name: "and/or" or In Succession Name:	Address: Address:	
Vho do you 1 st Agent 2 nd Agent	Name: "and/or" or In Succession Name: Phone:	Address: Address:	
Vho do you 1 st Agent 2 nd Agent	Name: "and/or" or In Succession Phone: "and/or" or In Succession "and/or "and/or "and/or "and/or	Address: Address: Address:	
Vho do you 1 st Agent 2 nd Agent	Name: "and/or" or In Succession	Address: Address: Address:	
Tho do you Ist Agent Ond Agent	Name: "and/or" or In Succession	Address: Address: Address:	
Tho do you Ist Agent 2nd Agent Grd Agent	Name: "and/or" or In Succession	Address: Address:	
Tho do you Ist Agent 2nd Agent Grd Agent F APPLICA Two person	Name:	Address: Address: Address: Address: Address: Address: Man(s) of your minor children (under age 18)?	
Tho do you Ist Agent Ond Agent F APPLICA Two person Ist Guardian(s	Name:	Address: Address:	
1st Agent 2nd Agent 3rd Agent F APPLICA	Name:	Address: Address: Address: Address: Address: Address: Man(s) of your minor children (under age 18)?	

	want your estate to be distributed upon your death:
Who are the benefi	iciaries of your estate? Contingent Beneficiaries?
	es not survive you, do you want their share to go to the other named beneficiaries ("per capita") occased beneficiary's share to go to their children ("per stirpes")?
How old do you w	vant your beneficiaries to be before they receive their share?
Do you have any sp	pecific bequests?
Is there anyone you	u would like to specifically disinherit?
Is there anyone you	u would like to specifically disinherit?
Is there anyone you	u would like to specifically disinherit?
Is there anyone you	u would like to specifically disinherit?
	u would like to specifically disinherit? dditional beneficiary instructions?