



LIVING TRUST INFORMATION QUESTIONNAIRE

SPOUSE 1 & SPOUSE 2*

Date of CURRENT

Marriage:

*If unmarried, please only complete the information for "Spouse #1".

Spouse # 1's Name U.S. Citizen? Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Name as it appears on your VALID driver's license, ID card, or passport</u>		
Other Names Used by Spouse # 1			
Street Address			
City, State, Zip			
Telephone	Home:	Work/Cell:	
Email Address			
Date of Birth			
Business/Employment			
Prior Marriage Y <input type="checkbox"/> N <input type="checkbox"/>	Name of Ex-Spouse:	Termination:	Date of Termination

Spouse # 1's Name U.S. Citizen? Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Name as it appears on your VALID driver's license, ID card, or passport</u>		
Other Names Used by Spouse # 2			
Street Address			
City, State, Zip			
Telephone	Home:	Work/Cell:	
Email Address			
Date of Birth			
Business/Employment			
Prior Marriage Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, name of prior spouse:	Termination:	Date of Termination

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FAMILY INFORMATION

Please list the names & address information of all living children of this marriage, if any.
If any children have been adopted, please indicate that.

Child's Name		
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Please list any children from prior marriages.

Child's Name		Child of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		Child of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		Child of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		Child of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Child's Name		Child of: Husband <input type="checkbox"/>
		Wife <input type="checkbox"/>
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Street Address		
City, State, Zip		
Telephone	Home:	Work/Cell:

Treat all children as if they are children of this marriage Y N

Please list deceased children, if any, and whether their own children survived them.

Name	Date of Birth	Date of Death	Number of Deceased Child's Children

GUARDIANSHIP OF MINORS

Name and contact information of the person (s) that you want to raise a child that is under 18, if both spouses die (if applicable).

Name (s)	
Street Address	
City, State, Zip	
Telephone	
Special Instructions	

ALTERNATE: Name and contact information of the person (s) that you want to raise a child that is under 18, if both spouses die (if applicable).

Name (s)	
Street Address	
City, State, Zip	
Telephone	
Special Instructions	

CHOICE OF SUCCESSOR TRUSTEES/EXECUTORS

You will be the initial trustee of your trust. If one of you passes away, the surviving spouse will be the sole trustee. The successor and/or alternate trustees you name below will only become trustee (s) if neither of you are able to do so. For successor trustee choices, it is usually best to select named beneficiaries, family members, or long-time close friends. You should list at least choices for successor trustee in case your first choice is unavailable for some reason. The people you name here will have no power, control, or authority over you or your financial affairs while you are alive and have sufficient capacity to handle your own affairs.

Successor Trustee Choice # 1 (There is no need to repeat an address if you have already written it once on this Questionnaire.)

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	

Alternative Successor Trustee Choice # 2

Do you want co-trustees? Y N

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	

Alternative Successor Trustee Choice # 3

Name/Relationship	
Street Address	
City, State, Zip	
Telephone	

BENEFICIARIES

Beneficiaries are those people to whom you wish to pass your estate upon your death. It is important to know that beneficiaries can be changed anytime you like by amending your living trust. You may specify a set percentage of our estate to each beneficiary, or you may choose to let your estate pass to your beneficiaries in equal shares. If you choose to specify percentages, please be sure the total equals 100%. If you check the “equal share” box you do not need to fill in the percentages. If you will be naming more beneficiaries, please make additional copies of this page.

Beneficiaries (Check here if all beneficiaries are to receive equal shares)

Name/Relationship			
Street Address			
City, State, Zip			
Telephone		Share:	%

Name/Relationship			
Street Address			
City, State, Zip			
Telephone		Share:	%

Name/Relationship			
Street Address			
City, State, Zip			
Telephone		Share:	%

Please state any specific concerns (not already addressed) that you have regarding the distribution of your estate, including disinheritance of individuals and alternative beneficiaries:

ADDITIONAL IMPORTANT INFORMATION

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do any of your beneficiaries have a learning disability, Special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you wish to disinherit any of your children, grandchildren Or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have an existing Marital Property Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have existing Wills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have existing Trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you want any asset to pass to your children before the second spouse's death? Common in blended families | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If a beneficiary predeceases you, do you want their share to go to their children (known as issue)(or grandchildren)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? If yes, what age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Special gifts?
List: | <input type="checkbox"/> | <input type="checkbox"/> |

POWER OF ATTORNEY CHOICES

There are two types of power of attorneys commonly used in estate planning. The first is a Durable Power of Attorney for assets and business affairs. Its purpose is to authorize someone to handle your day-to-day business affairs should you become incapacitated. The second is an Advanced Health Care Directive (also known as a Durable Power of Attorney for health issues). Both power of attorneys are designed to be “springing” power of attorneys. This means that they only become valid if you become incapacitated or unable to handle your own affairs. Your spouse will automatically be your first choice. The selections you list below are only in case your spouse is **not** available or unable to act. Each spouse’s choices can be different, if desired.

Assets and business affairs Power of Attorney Choice # 1 (if Spouse is not available)

Spouse #1 Choices

Spouse #2 Choices

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Assets and business affairs Power of Attorney Choice # 2 (Alternate) Co-agents? Y N

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Health care Power of Attorney Choice # 1 (if spouse is not available)

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Health Care Power of Attorney Choice # 2 (if spouse is not available) Co-agents? Y N

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

END-OF-LIFE DECISIONS

Please check the box of the statement that best states your desires:

End-Of-Life Decisions for Spouse 1

The choices below represent a summary of instructions to your agent for health-care decisions. Please select:

- 1. I want to live as long as possible; therefore, I want such treatment provided to me regardless of my chances of recovery, my condition, or the cost of such treatment.
- 2. I do not want life-sustaining treatment to be provided or continued: (a) if I am in an irreversible coma or persistent vegetative state; or (b) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (c) under any other circumstances in which the burdens of treatment outweigh the expected benefits.
- 3. C.P.R. to be administered? Y N
- 4. Organ Donation? Y N Limit Use of Organs? Y N

End-Of-Life Decisions for Spouse 2

The choices below represent a summary of instructions to your agent for health-care decisions. Please select:

- 1. Prolong Life as long as possible within the generally accepted health care standards.
- 2. My agent should ask, "Is the proposed treatment an aid to recovery or merely a prolongation of inevitable death." Do not prolong my life if:
 - Incurable and irreversible condition
 - I become unconscious and to a reasonable medical certainty I will not regain consciousness,
 - The likely risks and burdens of treatment outweigh the expected benefits.
- 3. C.P.R. to be administered? Y N
- 4. Organ Donation? Y N Limit Use of Organs? Y N

Nursing Care Facility:

Continue Religious Activities? _____

Which Church/Temple/Synagogue or Religion: _____

Enjoy outdoors? _____

BURIAL WISHES

Spouse #1:

At my death, I wish to be: Cremated Buried No Preference

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

Funeral Memorial Celebration of Life

Spouse #2:

At my death, I wish to be: Cremated Buried No Preference

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

Funeral Memorial Celebration of Life

SCHEDULE OF ASSETS

As an attachment to your Living Trust, you need to make a list of your assets you intend to place in the trust. The schedule of assets should sufficiently identify the asset, but should not state values. For example, on bank accounts you would list the name of the bank and the account number, but you would not list how much money is in the account.

Real Estate Owned

Main Property:	Address, City, State:
Additional Property #1:	Address, City, State:
Additional Property #2:	Address, City, State:
Additional Property #3:	Address, City, State:
Additional Property #4:	Address, City, State:

Bank Accounts

Bank Name/Type/Address:	Account Number(s): JOINT/SEPERATE?
Bank Name/Type/Address:	Account Number(s): JOINT/SEPERATE?
Bank Name/Type/Address:	Account Number(s): JOINT/SEPERATE?
Bank Name/Type/Address:	Account Number(s): JOINT/SEPERATE?
Bank Name/Type/Address:	Account Number(s): JOINT/SEPERATE?
Bank Name/Type/Address:	Account Number(s): JOINT/SEPERATE?

Securities Owned

Broker's Name & Address:	Account Number(s) & Type:
Broker's Name & Address:	Account Number(s) & Type:
Broker's Name & Address:	Account Number(s): & Type

Retirement Plans (IRA, 401K, Deferred Compensation)

Name: Spouse #2?	Account Number(s) & Type:
Name: Spouse #2?	Account Number(s) & Type:
Name: Spouse #2?	Account Number(s) & Type:
Name: Spouse #2?	Account Number(s) & Type:

Life Insurance

Spouse #1:	Account Number(s)/Type/Company:
Spouse #1:	Account Number(s)/Type/Company:
Spouse #2:	Account Number(s)/Type/Company:
Spouse #2:	Account Number(s)/Type/Company:

Other Assets (Own a business? Collectors Vehicles? Notes or Loans Owed to You?)

Safe Deposit Box?

Location:	Box Number:
Location:	Box Number: