Heather Lynn Law, APC
ESTATE PLANNING ATTORNEY

LIVING TRUST INFORMATION QUESTIONNAIRE

Date of Marriage: **If unmarried, please only complete the information for Client#1**

Client#1's Name: **U.S. Citizen? Yes ☐ No ☐**	Name as it appears on your driver's license, ID card or passport		
Other Names Used by Client#1:			
Street Address (City, State & Zip)			
Telephone:	**Home:** **Work/Cell**		
Email Address:			
Date of Birth:			
Business/Employment:			
Prior Marriage? Yes ☐ No ☐	**Name of Ex-Spouse**	**Termination:**	**Date of Termination:**

Client#2's Name: **U.S. Citizen? Yes ☐ No ☐**	Name as it appears on your driver's license, ID card or passport		
Other Names Used by Client#2:			
Street Address (City, State & Zip)			
Telephone:	**Home:** **Work/Cell**		
Email Address:			
Date of Birth:			
Business/Employment:			
Prior Marriage? Yes ☐ No ☐	**Name of Ex-Spouse**	**Termination:**	**Date of Termination:**

Heather Lynn Virgen, ESQ. SBN 309982

8333 Foothill Blvd., #414 Rancho Cucamonga, California 91730 (909) 347-7277

FAMILY INFORMATION

Please list the names & address information of all living children. Please **exclude** Grand-Children.

Childs Name:		
Date of Birth:		**Male** ☐ **Female** ☐
Childs Street Address:		**Legally Adopted?** **Yes** ☐ **No** ☐
City, State, Zip Code:		**Biological Mom?** **Yes** ☐ **No** ☐
Telephone:		**Biological Dad?** **Yes** ☐ **No** ☐

Childs Name:		
Date of Birth:		**Male** ☐ **Female** ☐
Childs Street Address:		**Legally Adopted?** **Yes** ☐ **No** ☐
City, State, Zip Code:		**Biological Mom?** **Yes** ☐ **No** ☐
Telephone:		**Biological Dad?** **Yes** ☐ **No** ☐

Childs Name:		
Date of Birth:		**Male** ☐ **Female** ☐
Childs Street Address:		**Legally Adopted?** **Yes** ☐ **No** ☐
City, State, Zip Code:		**Biological Mom?** **Yes** ☐ **No** ☐
Telephone:		**Biological Dad?** **Yes** ☐ **No** ☐

Childs Name:		
Date of Birth:		**Male** ☐ **Female** ☐
Childs Street Address:		**Legally Adopted?** **Yes** ☐ **No** ☐
City, State, Zip Code:		**Biological Mom?** **Yes** ☐ **No** ☐
Telephone:		**Biological Dad?** **Yes** ☐ **No** ☐

Childs Name:		
Date of Birth:		**Male** ☐ **Female** ☐
Childs Street Address:		**Legally Adopted?** **Yes** ☐ **No** ☐
City, State, Zip Code:		**Biological Mom?** **Yes** ☐ **No** ☐
Telephone:		**Biological Dad?** **Yes** ☐ **No** ☐

Childs Name:		
Date of Birth:		**Male** ☐ **Female** ☐
Childs Street Address:		**Legally Adopted?** **Yes** ☐ **No** ☐
City, State, Zip Code:		**Biological Mom?** **Yes** ☐ **No** ☐
Telephone:		**Biological Dad?** **Yes** ☐ **No** ☐

Childs Name:		
Date of Birth:		**Male** ☐ **Female** ☐
Childs Street Address:		**Legally Adopted?** **Yes** ☐ **No** ☐
City, State, Zip Code:		**Biological Mom?** **Yes** ☐ **No** ☐
Telephone:		**Biological Dad?** **Yes** ☐ **No** ☐

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 Code:	
Telephone:	
Special Instructions:	
Stipend to Guardian for care of minor children? Yes ☐ No ☐ **If Yes, how much?**	

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 Code:	
Telephone:	
Special Instructions:	
Stipend to Guardian for care of minor children? Yes ☐ No ☐ **If Yes, how much?**	

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. There is no need to repeat an address if you have already written it once on this Questionnaire.

Successor Trustee Choice #1

Name/Relationship:	
Street Address, City, State & Zip:	
Telephone Number:	
Trustee Compensation? Y ☐ N ☐ **If Yes, how much?**	

Alternative Successor Trustee Choice #2 **Do you want Co-Trustees? Yes ☐ No ☐**

Name/Relationship:	
Street Address, City, State & Zip:	
Telephone Number:	
Trustee Compensation? Y ☐ N ☐ **If Yes, how much?**	

Alternative Successor Trustee Choice #3

Name/Relationship:	
Street Address, City, State & Zip:	
Telephone Number:	
Trustee Compensation? Y ☐ N ☐ **If Yes, how much?**	

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 Code:		
Telephone:		**Share:** %

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

Name/Relationship		
Street Address:		
City, State, & Zip Code:		
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?	☐	☐
2. Do you have any relatives (other than children) who depend on you for all or part of their support?	☐	☐
3. Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?	☐	☐
4. Do you wish to disinherit any of your children, grandchildren, or any close relative?	☐	☐
5. Do you have an existing marital property agreement?	☐	☐
6. Do you have existing Wills?	☐	☐
7. Do you have existing Trusts?	☐	☐
8. Do you want any assets to pass to your children before the second spouse's death? It is common in blended families.	☐	☐
9. If a beneficiary predeceases you, do you want their share to go to their children (Known as issue and/or grandchildren)? **Age for issue to receive?**	☐	☐
10. Do you want assets passing down to your beneficiaries to be held in a trust until a specific age? If Yes, what age?	☐	☐
11. Special Gifts? Please list:	☐	☐

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** and any other choice **MUST BE 18 YEARS OR OLDER.** 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 - Spouse as first choice? YES ☐ NO ☐

	CLIENT #1 CHOICE	CLIENT #2 CHOICE
Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Assets and business affairs Power of Attorney Choice # 2 (Alternate) Co-agents? YES ☐ NO ☐

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Assets and business affairs Power of Attorney Choice # 3 (Alternate)

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Health Care Power of Attorney Choice # 1 (if spouse is not available) Co-agents? YES ☐ NO ☐

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Health Care Power of Attorney Choice # 2 (if spouse is not available)

Name/Relationship		
Street Address		
City, State, Zip		
Telephone		

Health Care Power of Attorney Choice # 3 (if spouse is not available)

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 Client#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. CPR to be administered **AT ALL TIMES** regardless of condition? YES ☐ NO ☐
CPR to be administered **ONLY** if it is going to be life saving & not already on life support/coma/vegetative state? YES ☐ NO ☐
CPR to NOT be administered at **ANY** and **ALL** times? YES ☐ NO ☐

4. Life Support? YES ☐ NO ☐

For how long?

5. Organ Donation? YES ☐ NO ☐

Limit Use of Organs? YES ☐ NO ☐

Please explain:

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

End-Of-Life Decisions for Client#2:

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. CPR to be administered **AT ALL TIMES** regardless of condition? YES ☐ NO ☐
CPR to be administered **ONLY** if it is going to be life saving & not already on life support/coma/vegetative state? YES ☐ NO ☐
CPR to **NOT** be administered at **ANY** and **ALL** times? YES ☐ NO ☐

4. Life Support? YES ☐ NO ☐

For how long?

5. Organ Donation? YES ☐ NO ☐

Limit Use of Organs? YES ☐ NO ☐

Please explain:

Nursing Care Facility: (Does not mean you're going there)

Continue Religious Activities? YES ☐ NO ☐

Which Church/Temple/Synagogue or Religion:

Enjoy outdoors? YES ☐ NO ☐

BURIAL WISHES

Client#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 ☐ No Preference

Client#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 ☐ No Preference

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: Who's account?	Account Number(s): JOINT/SEPARATE?
Bank Name/Type/Address: Who's account?	Account Number(s): JOINT/SEPARATE?
Bank Name/Type/Address: Who's account?	Account Number(s): JOINT/SEPARATE?
Bank Name/Type/Address: Who's account?	Account Number(s): JOINT/SEPARATE?
Bank Name/Type/Address: Who's account?	Account Number(s): JOINT/SEPARATE?
Bank Name/Type/Address: Who's account?	Account Number(s): JOINT/SEPARATE?

Securities Owned (Stocks, bonds, mutual funds) Last 4 Digits of Acct #'s / Type

Broker's Name and Address	
Broker's Name and Address	
Broker's Name and Address	

Retirement Plans (IRA, 401K, Deferred Compensation) Last 4 Digits of Acct #'s / Type

Client #1?	Account Number(s) & Type:
Client #1?	Account Number(s) & Type:
Client #2?	Account Number(s) & Type:
Client #2?	Account Number(s) & Type:

Life Insurance

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