



**LIVING TRUST INFORMATION QUESTIONNAIRE**

**SPOUSE 1 & SPOUSE 2**

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

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

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## FAMILY INFORMATION

Please list the names and address information of all living children of this marriage, if any

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

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

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

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

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

Please list any children that have been adopted.

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

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

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

Please list any children from prior marriages.

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

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

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

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

<b>Child's Name</b>		<b>Child of: Husband Wife</b>
<b>Date of Birth</b>		<b>Gender: M F</b>
<b>Child's Street Address</b>		
<b>City, State, Zip</b>		
<b>Telephone</b>	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.

<b>Name</b>	<b>Date of Birth</b>	<b>Date of Death</b>	<b>Number of Deceased Child's Children</b>

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).

<b>Name (s)</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	
<b>Special Instructions</b>	

**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).

<b>Name (s)</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	
<b>Special Instructions</b>	

## CHOICE OF 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.)

<b>Name/Relationship</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	

**Alternative Successor Trustee Choice # 2**

<b>Name/Relationship</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	

**Alternative Successor Trustee Choice # 3**

<b>Name/Relationship</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	

## 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)**

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

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

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

Please state any specific concerns (not already addressed) that you have regarding the distribution of your estate:

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**ADDITIONAL IMPORTANT INFORMATION**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 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 wish to make anatomical bequests (organ donor)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have existing Wills?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have existing Trusts?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you want any asset to pass to your children before the second spouse's death?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If a beneficiary predeceases you, do you want their share to go to their children (known as issue)?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 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"/> |
| 12. Special gifts?   | <input type="checkbox"/> | <input type="checkbox"/> |

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. 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

<b>Name/Relationship</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Telephone</b>		

### Assets and business affairs Power of Attorney Choice # 2 (Alternate)

<b>Name/Relationship</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Telephone</b>		

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

<b>Name/Relationship</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Telephone</b>		

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

<b>Name/Relationship</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Telephone</b>		

## 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. 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

### 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

### **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:

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

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I have already made arrangements at:

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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:

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

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I have already made arrangements at:

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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

Address, City, State	
Address, City, State	
Address, City, State	
Address, City, State	
Address, City, State	

### Bank Accounts

Bank Name and Address	Account Number (s): (Optional) JT/SEP?
Bank Name and Address	Account Number (s): (Optional) JT/SEP?
Bank Name and Address	Account Number (s): (Optional) JT/SEP?

### Securities Owned

Broker's Name and Address	Account Number (s):
Broker's Name and Address	Account Number (s):
Broker's Name and Address	Account Number (s):

### Retirement Plans (IRA, 401K, Deferred Compensation)

Name: Spouse?	Account Number (s):
Name: Spouse?	Account Number (s):
Name: Spouse?	Account Number (s):
Name:	Account Number (s):

Spouse?	
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**Life Insurance**

Name:	Account Number (s):
Name:	Account Number (s):
Name:	Account Number (s):
Name:	Account Number (s):

**Other Assets (Business Interest, Notes, etc.)**


**Safe Deposit Box?**

<b>Location:</b>	<b>Box Number:</b>
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