

LIVING TRUST

FOR OFFICE USE ONLY

Teleconference scheduled with _____ on: _____ at: _____

- Please fill out this Questionnaire to the best of your ability.
- Please type or print legibly.
- All names will appear in your Estate Planning documents exactly as you enter them on this form. We advise that you use full legal names.
- If married, one person will complete all “Client” sections; the other person will complete all “Spouse” sections.
- Upon our receipt of this form, we will contact you to set up a phone consultation with an attorney to review your responses.

Select the type of trust we are creating☐ **Individual** ☐ **Joint Trust** (Legally married couples only)Do you or your Spouse currently have a Living Will? ☐ **Yes** ☐ **No** *If yes, please attached copy***Client Information**

First Name: _____ Middle _____ Last: _____

Other Legal Names: _____

Date of Birth (Month/Day/Year): _____ U.S. Citizen ☐ **Yes** ☐ **No**

Street Address _____

City: _____ County: _____ State: _____ Zip: _____

Marital Status: ☐ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Widowed** Date of Marriage: _____

Contact Phone: _____ Email Address: _____

Spouse Information (If Applicable)

First Name: _____ Middle _____ Last: _____

Other Legal Names: _____

Date of Birth (Month/Day/Year): _____ U.S. Citizen ☐ **Yes** ☐

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Children Information (If Applicable)

B = Child of Current Marriage, **CC** = Client’s Child, **SC** = Spouse’s Child
DC = Deceased with Children, **DN** = Deceased with No Children

Name:	Birth Date:	Gender:	Parent Codes:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> CC <input type="checkbox"/> SC <input type="checkbox"/> DC <input type="checkbox"/> DN
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> CC <input type="checkbox"/> SC <input type="checkbox"/> DC <input type="checkbox"/> DN
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> CC <input type="checkbox"/> SC <input type="checkbox"/> DC <input type="checkbox"/> DN
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> CC <input type="checkbox"/> SC <input type="checkbox"/> DC <input type="checkbox"/> DN
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> CC <input type="checkbox"/> SC <input type="checkbox"/> DC <input type="checkbox"/> DN
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> CC <input type="checkbox"/> SC <input type="checkbox"/> DC <input type="checkbox"/> DN

Guardian

List the Guardian(s) for your minor children.

Name:	Relationship:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Initial Trustee(s)

Who will manage the assets in your Living Trust while you are alive?

☐ **Single** - Client to serve as trustee.

☐ **Married** - Client and Spouse to serve together as trustees.

Successor Trustee(s)

Who will manage and distribute the assets in your Living Trust after your death (or the death of you and your spouse, if joint trust)?

Name:	Gender:	U.S. Citizen?:
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Choose one: ☐ The above are to serve in order ☐ The above are to serve together (Note: “Co-Trustees” must agree on all actions)

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Disinherited Family Members

If applicable, list any family members you specifically want excluded from your Living Trust.

Name:	Relationship:
<div></div>	<div></div>
<div></div>	<div></div>

Do you also want to exclude the children of the people listed above? ☐ Yes ☐ No

Disinherited Family Members

List any Real Property (houses), business holdings, or cash gifts that you would like to be distributed to a specific individual or individuals upon your passing. Personal items can be distributed via a separate schedule and do not need to be listed here.

☐ Check here if you are married but do not want your personal residence gifted to your spouse upon your passing. Married couples typically will gift their personal residence to their spouse upon their passing.

Beneficiary Name:	Relationship:	Item:
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>

Distribution Of The Remaining Trust Estate After Any Specific Gifts

How do you want your assets to be distributed after your death (If married, after the death of both of you)? Choose one:

- ☐ Divide equally among the beneficiaries named below; **or**
- ☐ Divide among the beneficiaries named below in the proportions indicated below.

Beneficiary Name:	Relationship:	Age:	Percentage
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

Distribution Of The Remaining Trust Estate After Any Specific Gifts (cont.)

Choose one:

- ☐ Immediate Distribution.
- ☐ To be placed in trust and held until the beneficiary attains the age of _____ (age 18 if not specified).
- ☐ At the following ages and percentages: _____ % at age _____ Then _____ % at age _____ Then _____ % at age _____
- ☐ At the following intervals: _____ % every _____ year(s)

If any of the above beneficiaries die before they receive their distributions, who do you want to receive that share?

Choose one:

- ☐ The beneficiary’s children, if any (If the beneficiary does not have children, then to the other beneficiaries listed above).
- ☐ The other beneficiaries listed above.

Remote Contingent Distributions

If **ALL** of the above beneficiaries die before receiving their distributions, who do you want to receive your assets?

Choose one: ☐ Heirs at law (i.e. blood relatives); **or** ☐ To the individual(s), charity(ies), or organization(s) named below: *Note: If the individual is deceased, should his/her share be distributed to his/her children? Choose Yes, or No to the right of the name.*

Individual Charity Name:	Address (City/State:	Percentage:	If Deceased?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Provisions

List any special concerns for a beneficiary (i.e. physical or mental health problems, difficulty managing money, etc.).

Pour-Over Will

Your Personal Representative/Executor will administer any assets that you have inadvertently left outside your trust. Who do you want to serve in this role, if necessary? *(Note: If married, the first Executor is usually your Spouse).*

Executor(s) for the Client (Use legal name):

1. _____

2. _____

Does client prefer: ☐ Burial ☐ Cremation

Executor(s) for the Spouse (Use legal name):

1. _____

2. _____

Does Spouse prefer: ☐ Burial ☐ Cremation

Financial Power of Attorney (Durable Power of Attorney)

Who do you want to manage your financial affairs while you are alive but unable to manage them yourself? This person is called your Agent. *(Note: If married, the first Agent is usually your Spouse)*

Agents(s) for the Client (Use legal name):

1. _____

2. _____

Agents(s) for the Spouse (If applicable, use legal name):

1. _____

2. _____

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Medical Power of Attorney

Who do you want to make medical decisions for you in the event you are unable to make them for yourself? (Note: If married, the first Healthcare Agent is usually your Spouse)

Healthcare Agent(s) for the Client (Use legal name):

1. _____

2. _____

Do you wish to be an organ donor? ☐ Yes ☐ No

If yes: ☐ For research only ☐ For transplantation only ☐ For transplantation or research ☐ For any purpose

Healthcare Agent(s) for the Spouse (If applicable, use legal name):

1. _____

2. _____

Do you wish to be an organ donor? ☐ Yes ☐ No

If yes: ☐ For research only ☐ For transplantation only ☐ For transplantation or research ☐ For any purpose

Gross Value of Current Estate

Check the box that applies to your particular situation. Your approximate current net worth is:

☐ < \$1,000,000 ☐ \$1,000,000 - \$2,000,000 ☐ \$2,000,000 - \$10,000,000 ☐ \$10,000,000 - \$20,000,000 ☐ >\$2,000,000

Is any part of your estate comprised of the following?

☐ Farm Property ☐ Professional Practice

Additional Notes

Congratulations on deciding to prepare a Living Trust! Anderson Business Advisors is committed to providing you with the highest quality service available. If, at any time, you need assistance, please contact us.

When you have completed this questionnaire, please return it to our office.

You have four secure options to submit your questionnaire:



Upload to the
Client-Viewable
Folder on your
Box.com account



Don't want to use Box?
Upload securely via
[https://
andersonadvisors.com/
uploaddocuments/](https://andersonadvisors.com/uploaddocuments/)



Fax to **702-664-0545**



Mail to:
**Anderson Business
Advisors**
Attn: Estate Planning Dept.
3225 McLeod Drive
Las Vegas, NV 89121

Due to the sensitive information in this questionnaire, **DO NOT** email your completed form.