

SOURCE DOCUMENTS

SINGLE REVOCABLE LIVING TRUST ~ Questionnaire

NAMING YOUR TRUST

THE _____ Living Trust or Family Trust

YOUR NAME *(person creating the trust)* ~ Male Female

PHONE _____

ADDR _____ CITY _____ Zip _____

Your SS# *(optional)* _____

SPOUSE'S NAME _____ SS#*(optional)* _____

IF MARRIED, are you in the middle of divorce/separation? Yes No
Are you disinherit your spouse? Yes No

NAMING YOUR SUCCESSOR TRUSTEES ~ *(The person who assumes control of the trust AFTER the initial trustee dies)*

Name _____ Relationship to you _____

Name _____ Relationship to you _____

Name _____ Relationship to you _____

- I WANT THE ABOVE TO ACT IN THE ORDER LISTED.
- I WANT THE ABOVE TO ACT AS CO-AGENTS, WORKING TOGETHER.
- IF CO-AGENTS, CAN ONLY ONE SIGN IF ALL AGREE? Yes No

NAMING YOUR CHILDREN ~ *(List all children even if they will not be a beneficiary)*

1.	_____	DOB _____	M or F
2.	_____	DOB _____	M or F
3.	_____	DOB _____	M or F
4.	_____	DOB _____	M or F
5.	_____	DOB _____	M or F

GUARDIANSHIP ~ (List an alternate if any children are minors)

NAME OF 1ST CHOICE _____ PHONE _____

RELATIONSHIP TO YOU _____ CITY/STATE _____

ALTERNATE CHOICE _____ PHONE _____

RELATIONSHIP TO YOU _____ CITY/STATE _____

GIFT DISTRIBUTION ~ (a gift distribution is a "gift" of a specific dollar amount, or a tangible item such as jewelry, heirlooms. The remainder of your estate will go to your beneficiaries on next page). **I HAVE NO GIFTS OF MY ESTATE TO LEAVE**

1. NAME _____ Relationship _____

What do you want to leave? _____

If the above person should predecease you, then the gift goes...

to their living issue, back into the residue of my estate, or to: _____

2. NAME _____ Relationship _____

What do you want to leave? _____

If the above person should predecease you, then the gift goes...

to their living issue, back into the residue of my estate, or to: _____

3. NAME _____ Relationship _____

What do you want to leave? _____

If the above person should predecease you, then the gift goes...

to their living issue, back into the residue of my estate, or to: _____

REAL PROPERTY GIFT:

This will be a life-estate that the party will be responsible for their living expenses, taxes and maintenance.

ADDRESS OF THE REAL PROPERTY GIFT:

_____ City _____ State _____

NAME _____ Relationship _____

If the above person should predecease you, then the gift goes...

to their living issue, back into the residue of my estate, or to: _____

WHAT IS THE MINIMUM AGE YOU WANT A BENEFICIARY TO INHERIT? 18 21 25 _____

DISINHERITING ~ (*intentionally disinheriting family member or spouse*)

NAME _____

Relation to you _____

Are you including the above person's children / heirs? Yes No

BENEFICIARIES ~ *the remainder of your estate* ~ **TO ALL MY LISTED CHILDREN EQUALLY, OR**

1. _____ % Relationship _____

2. _____ % Relationship _____

3. _____ % Relationship _____

4. _____ % Relationship _____

5. _____ % Relationship _____

If any of the above beneficiaries should predecease you, how would you want their share to then go?

to their living issue, if they don't have children ~ then back into the residue of my estate

DURABLE POWER OF ATTORNEY ~ *Appointment of a trusted person that can assist you in your financial management.*

SPRING EFFECT – *A licensed physician must establish incapacitation* OR **IMMEDIATELY EFFECT**

NAME OF APPOINTED PERSON _____

RELATIONSHIP _____ PHONE _____

1ST ALTERNATE CHOICE _____

RELATIONSHIP _____ PHONE _____

2ND ALTERNATE CHOICE _____

RELATIONSHIP _____ PHONE _____

- I WANT THE ABOVE TO ACT IN THE ORDER LISTED.
- I WANT THE ABOVE TO ACT AS CO-AGENTS, WORKING TOGETHER.
- IF CO-AGENTS, CAN ONLY ONE SIGN IF ALL AGREE? Yes No

HEALTH CARE DIRECTIVE ~ *Appointment of a trusted person that can assist you in all your health needs and care.*

MY HEALTH CARE DIRECTIVE CHOICES ARE THE SAME AS ABOVE, DO NOT FILL BELOW IN.

SPRING EFFECT – *A licensed physician must establish incapacitation* OR IMMEDIATELY EFFECT

NAME OF APPOINTED PERSON _____

RELATIONSHIP _____ PHONE _____

1ST ALTERNATE CHOICE _____

RELATIONSHIP _____ PHONE _____

2ND ALTERNATE CHOICE _____

RELATIONSHIP _____ PHONE _____

- I WANT THE ABOVE TO ACT IN THE ORDER LISTED.
- I WANT THE ABOVE TO ACT AS CO-AGENTS, WORKING TOGETHER.
- IF CO-AGENTS, CAN ONLY ONE SIGN IF ALL AGREE? Yes No

MISCELLANEOUS INFORMATION (Optional) ~

(We can provide a blank form should you not answer now)

In the event of my death, I wish for my body to be.....

BURIED CREMATED OTHER _____

List the arrangements you are specifically requesting ~ *(i.e.: my ashes should be dispersed at the Ocean)*

- ❖ **Source Documents will go over additional information with you on how to “FUND” your trust once prepared. This includes your Bank Accounts, Life Insurances and/or Pensions, IRA’s etc. We will provide you information in order to complete your Trust funding.**
- ❖ **Any information outside or beyond this questionnaire will be subject to an additional typing charge, such as a lengthy explanation or detailed and/or lengthy distribution list, or any special additions.**
- ❖ **After the initial preparation of the Trust, you are to review for accuracy of the personal information you provided us in the questionnaire. Within 30 days of preparation services, you may notify us should there need to be a change. Should changes need to be made after this 30 day period charges may apply. All changes must be in writing or email; however it must be before you have signed the Trust, PLEASE REVIEW YOUR DOCUMENTS CAREFULLY. We are committed that after you have created your Estate Planning portfolio you are left with peace of mind.**

ACKNOWLEDGEMENTS

- I understand and acknowledge the policies in the preparation procedures requested from Source Documents.
- The answers provided in this SINGLE REVOCABLE TRUST questionnaire was provided by me, therefore I am responsible for the information that is written in my Trust.
- I understand that Source Documents is not responsible or legally able to provide me legal advice or guidance of what is best for my family. I understand I would have to seek a legal representative in this field to assist me if I may need additional information as Source Documents strongly suggests that I should to be confident in all of my decisions. Source Documents is not an accountant firm, therefore I understand they cannot provide me with tax information in regards to the Trust.
- I did not receive any legal advice or guidance from Source Documents or any of its employees in the decision of my answers I chose in the questionnaire.
- I know that I have the opportunity to be able to make one OVER-ALL change to the Trust after the preparation as a courtesy without an additional charge within 30 days of preparation (*not when I pick it up*). I must submit the requested change in writing either in person, email or fax.
- I fully understand when picking up the completed Trust and/or additional prepared documents, that the service is complete as ordered for preparation, even though it may lack notary services. Notary services are **NOT** included, unless specified in the service agreement I was provided before I paid for services.
- I understand if I choose to use the independent Notary Public Service provided by Source Documents, the Notary Public will be a courtesy at half (1/2) of the legal rate. Notary Public Services are provided by appointment only for Trust signing, and if available, Source Documents may be able to provide witnesses as needed.

Name _____ Signature _____ Date _____