

ESTATE PLAN PORTFOLIO

Single Grantor Interview Questions

REVOCABLE LIVING TRUST





Client Information

Your Information

*First Name: _____ *Middle: _____

*Last Name: _____

*Date of Birth: _____ *Gender: _____ *US Citizen: ___Yes ___No

Marital Information***

***Single Grantor Trusts default to "single/unmarried" person. If you are married, its highly advised to add your spouse as either and equal beneficiary or disinherited. In addition, you will need to have your advisor contact support to administratively add your spouse information to your trust account.

*Marital Status: ___ un-married/divorced/widowed ___ married

*First Name: _____ *Middle: _____

*Last Name: _____

Address

*Street Address: _____ Unit: _____

*City: _____ *State: _____ *Zip: _____

Country: United States of America

County

Local County or equivalent: In the United States, a county is a political and geographic subdivision of a state. The term "county" is used in 48 of the 50 U.S. states. Louisiana calls them parishes, and Alaska calls them boroughs.

Your County is where documents such as property deeds are recorded. The Sheriff works for your local county (for example Robin Hood was pursued by the Sheriff of Nottingham County)

*County: _____

(Do NOT put US or United States!)

Contact Information

Cell Ph: _____ Home Ph: _____ Work Ph: : _____

*Email: _____



Trust Provisions

On this page you will begin to make important decisions that will allow your estate plan to take shape. It is important to complete this section first as decisions made here will impact questions later in the process (and may override others such as selecting equal shares for beneficiaries).

*Trust Name: ***The*** _____ ***Trust***

(Your Trust should include both the words "The" and "Trust", the system will not add them for you.)

*Trust Date: _____

*Equal Beneficiary Shares:

Yes, all beneficiaries should get equal shares

No, I would like to determine the size of each beneficiaries share

*Do you want a single individual or organization to serve as Trustee (and executor) with an alternate, or do you want setup a committee of co-equal Successor Trustees (and executors)?

ONE Successor Trustee (and executor) with alternate (most common)

Committee of co-equal Successor Trustees (and executors)



Children

In this section you will list names and information regarding ALL living children (all biological and adopted children, no matter their age or where they live). Do NOT list any grandchildren or other family members on this page. If you have adopted previous children of your spouse, please select "both".

You must list all children. (Even if they are grown and no longer at home, or if you plan to disinherit them). You will also need to designate if any of your children are adult disabled and may need a legal guardian in the event of your death; (we will select the guardian at a later point, but we need to know if they will need one now.)

*Child of (parent): _____ Adult Disabled: ___ Yes ___ No
 *First Name: _____ *Middle: _____ *Last Name: _____ *Date of Birth: ___/___/___
 *Street Address: _____ Unit: _____ *US Citizen: ___ Yes ___ No
 *City: _____ *State: _____ *Zip: _____ *Gender: _____
 Cell Ph: _____ Home Ph: _____ Work Ph: : _____
 *Email: _____

*Child of (parent): _____ Adult Disabled: ___ Yes ___ No
 *First Name: _____ *Middle: _____ *Last Name: _____ *Date of Birth: ___/___/___
 *Street Address: _____ Unit: _____ *US Citizen: ___ Yes ___ No
 *City: _____ *State: _____ *Zip: _____ *Gender: _____
 Cell Ph: _____ Home Ph: _____ Work Ph: : _____
 *Email: _____

*Child of (parent): _____ Adult Disabled: ___ Yes ___ No
 *First Name: _____ *Middle: _____ *Last Name: _____ *Date of Birth: ___/___/___
 *Street Address: _____ Unit: _____ *US Citizen: ___ Yes ___ No
 *City: _____ *State: _____ *Zip: _____ *Gender: _____
 Cell Ph: _____ Home Ph: _____ Work Ph: : _____
 *Email: _____

*Child of (parent): _____ Adult Disabled: ___ Yes ___ No
 *First Name: _____ *Middle: _____ *Last Name: _____ *Date of Birth: ___/___/___
 *Street Address: _____ Unit: _____ *US Citizen: ___ Yes ___ No
 *City: _____ *State: _____ *Zip: _____ *Gender: _____
 Cell Ph: _____ Home Ph: _____ Work Ph: : _____
 *Email: _____

Children Distribution Options:

This section is for those who have children as beneficiaries, or who may have children in the future. If this does not apply to you, answer NO to the first question and skip to the next tab.

Many parents want to protect their children from the risks associated with a sudden large inheritance. A Joint Trust for children allows you to restrict distributions until a certain age or stagger distributions over time and even allow early distributions for a home, education, wedding, and other common life events.

Skip this page if you do not have any minors as beneficiaries or contingent beneficiaries.

*Joint Trust for Minor Children: Yes No, outright distribution at current age (skip the rest of this page)

*If YES, then do you want trust proceeds distributed at a certain age or in stages:

Yes, please distribute in stages

No, 100% distribution at age _____ yrs (skip the rest of this page)

*If YES, what ages for each stage? (1/3rd of Trust distributed at each stage):

1st distribution at Age: _____ 2nd at Age: _____ Final at Age: _____

The following items are options for early or delayed distributions to children in a joint trust. Only answer these if you said YES to any of the above questions.

*Early Distribution for Extra Curricular Activities: Yes No

*Early Distribution for Matching Scholarships: Yes No

*Early Distribution for Education Expenses: Yes No

*If YES, would you like to set a minimum GPA? (If not leave blank): : Yes: GPA _____ No

*Early Distribution for Health & Medical Needs: Yes No

*Withhold Distribution for Drug/Alcohol Addiction: Yes No

*Early Distribution for First Wedding Expenses: Yes No

*If YES, what is the maximum amount that could be covered for wedding: \$ _____

*Early Distribution for First Home Purchase: Yes No

*If YES, what is the maximum amount that could be covered for a home: \$ _____

*Early Distribution for Business Start-Up: Yes No

*Early Distribution for Church Mission: Yes No

Important Roles

There are a number of important roles and responsibilities with your Estate Plan, it is important to understand each of the roles so you can select the right person for the right job. If you are already familiar with them feel free to skip ahead to the next tab.

Trustee: The Trustee of your Trust controls and manages the trust for the benefit of the Trust Beneficiaries. He or she can move, sell, buy, and dispose of assets. Initially you and your spouse serve as Trustees.

Successor Trustee: This role is very important with significant responsibilities. After your death, the Successor Trustee has responsibility for management of your Trust. At this point your trust becomes irrevocable; the Successor Trustee must follow the the directives your have provided to administer your estate, pay debts, and distribute assets. If distributions are held until heirs reach a certain age or conditions, the Successor Trustee is responsible for managing investments and paying ongoing expenses.

Health Care Agent: The Durable Power of Attorney for Health Care gives this person responsibility for literally making life and death decisions about your healthcare. Health care agents have complete authority to make decisions regarding medical treatment if you are incapacitated. Choose carefully since this person can withdrawl life support even in non-life threatening situations. This person **MUST** be an adult, minor children do not have the authority to make these decisions. Religious considerations are a factor, since you want to make sure this person will follow through with your life support directives.

Financial Agent: The Durable Power of Attorney for Finances will give your agent the power to make basic financial decisions regarding assets NOT FUNDED into your Trust. (For assets already funded into the Trust, the Trustee already has this authority.) This power is effective either upon the date of execution of the document or upon your incapacitation depending on the selection you make. Please make this selection carefully as your agent may use this power to buy and sell non-trust assets, write checks from your (non-trust) accounts etc... He or she could even fund assets into your Trust prior to your death to avoid probate.

Guardian: This is the person who you select to take custody and responsibility for any dependent children in the event of your death or incapacitation.



People & Organizations

In this section you should add the names and information on each person or organization that will play a role in your Estate Plan. Anyone who may be a trustee, beneficiary, agent, guardian, or any other role needs to be listed here. Organizations or Entities should also be listed here (for example if you want to give a bequest to your church.)

One person can have multiple roles, such as healthcare agent and also your guardian for your kids as well as being a beneficiary. Do not worry about selecting those roles right now, you will do that in a little bit. If you forget someone, do not worry you can come back and add them to your list.

*First Name: _____ *Middle: _____ *Last: _____ Age ____ or Date of Birth: __/__/__

*Street Address: _____ Unit: _____ *US Citizen: ___ Yes ___ No

*City: _____ *State: _____ *Zip: _____ *Gender: _____

Cell Ph: _____ Home Ph: _____ Work Ph: : _____ *Related to: _____

*Email: _____ *Relationship: _____

*First Name: _____ *Middle: _____ *Last: _____ Age ____ or Date of Birth: __/__/__

*Street Address: _____ Unit: _____ *US Citizen: ___ Yes ___ No

*City: _____ *State: _____ *Zip: _____ *Gender: _____

Cell Ph: _____ Home Ph: _____ Work Ph: : _____ *Related to: _____

*Email: _____ *Relationship: _____

*First Name: _____ *Middle: _____ *Last: _____ Age ____ or Date of Birth: __/__/__

*Street Address: _____ Unit: _____ *US Citizen: ___ Yes ___ No

*City: _____ *State: _____ *Zip: _____ *Gender: _____

Cell Ph: _____ Home Ph: _____ Work Ph: : _____ *Related to: _____

*Email: _____ *Relationship: _____

*Organization name: _____ Contact Person: _____

*Street Address: _____ Unit: _____ *US Citizen: ___ Yes ___ No

*City: _____ *State: _____ *Zip: _____ *Gender: _____

Cell Ph: _____ Home Ph: _____ Work Ph: : _____ *Related to: _____

*Email: _____ *Relationship: _____



Trustees

In this section you will select those who will be your successor trustees. You will serve as initial trustee and have full authority to manage your trust during your lifetime. However in case you are incapacitated or pass away, your successor trustee is responsible for managing your trust assets, paying any creditors, and of course taxes owed. This person (or institution) should be capable of managing these tasks.

Your Successor Trustee will also serve as Executor of your Last Will and Testament ("Pour Over Will"). Your Successor Trustees may be chosen from any of the family, friends, or other people and organizations you entered earlier.

*ALL Fields are Required: (primary & alternate trustees cannot be the same person).

Successor Trustees for: _____
print client's name

*Initial Successor Trustee: _____

*Primary Successor Trustee: _____

*Alternate Successor Trustee: _____



Financial Agents

In this section you will select those who will be your primary and alternate financial agents. These individuals will have the authority to make decisions about your non-trust finances when you are incapacitated.

Your financial agent will have the power to make basic financial decisions regarding assets NOT FUNDED into your Trust. (For assets already funded into the Trust, the Trustee has this authority.)

Your financial agent may use this power to buy and sell non-trust assets, write checks from your (non-trust) accounts etc... He or she could even fund assets into your Trust prior to your death to avoid probate.

Most people make their spouse their primary financial agent, but this is not a requirement. It is also common to appoint the same person as both your Trustee and your Financial Agent.

Your agents may be chosen from any of the family, friends, or other people and organizations you entered earlier.

*ALL Fields are Required: (primary & alternate agents cannot be the same person).

Financial Agent for: _____
print client's name

*Initial Financial Agent: _____

*Primary Financial Agent: _____

*Alternate Financial Agent: _____



Healthcare Agents

In this section you will select those who will be your healthcare agents. These individuals will have the authority to make decisions about your medical care when you are incapacitated.

Your healthcare agent can make important health care decisions for you in the event of your incapacitation. Please choose carefully because your agent can terminate life support systems even if you are not "terminally" ill.

Your agents may be chosen from any of the family, friends, or other people and organizations you entered earlier.

If you do not see someone on the list of possible names, you may go back to the 'Your Children' or 'Add People' tab to add them to possible list of names.

*ALL Fields are Required.

Healthcare Agent for: _____
print client's name

*Initial Healthcare Agent: _____

*Primary Healthcare Agent: _____

*Alternate Healthcare Agent: _____



Advance Directives

In this section you will make advance decisions about medical care if you are ever in a terminal condition, a persistent vegetative state or an irreversible coma.

These directives will serve to inform others what choices you would have made for yourself if you were able to communicate. It is your written directions to your health care agent, your family, your physician, and any other person who might be in a position to make medical care decisions for you. Talk to your family members, friends, and others you trust about your choices.

Please read all of the statements and choices carefully before answering the questions.

ADVANCE DIRECTIVES FOR: _____

In all circumstances I want my life to be prolonged to the greatest extent possible within the limits of generally accepted healthcare standards. This shall include, but not be limited to: Administration of artificial life support (such as artificial breathing), cardiopulmonary resuscitation, artificially administered food and fluids, hospitalization and emergency transport.

___ Yes, I would like all measures taken to prolong my life (if yes, skip rest of this section)

___ No, I want limitations on medical treatment

*If NO above, the following questions are required:

If I have a terminal condition, or am in an irreversible coma or a persistent vegetative state that my doctors reasonably believe to be irreversible or incurable, I do not want life sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death. "Comfort care" means treatment in an attempt to protect and enhance the quality of life without artificially prolonging life.

___ Yes, I REFUSE all artificial methods of prolonging life

___ No, I WANT to specify the following treatment:

___ I REQUEST ___ I REFUSE Resuscitation & Life Support

___ I REQUEST ___ I REFUSE Administered Food and Fluids

___ I REQUEST ___ I REFUSE Emergency Transport

Pain Management:

___ I REQUEST ___ I REFUSE treatment for the alleviation of pain or discomfort to be provided at all times, even if it hastens my death.

Pregnancy Exception:

___ I REQUEST ___ I REFUSE life-sustaining treatment if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

Organ Donations

In this section you will make decisions about the directives for organ donations.

You can specify if you wish to be an organ donor, and even establish certain limitations and restrictions on their donation.

These directives will serve to give advance notice to both your family and medical professionals regarding your wishes.

*ALL Fields are Required:

ORGAN DONATION DIRECTIVES FOR: _____

___ Yes, I would like to donate my organs ___ No, I do not want to donate organs (skip rest of this section)

*If YES above, do you want to donate any or all needed organs? :

___ Yes, I would like to donate any or all needed organs

___ No, I want to limit to those listed here: _____

*May your organs be used for any lawful authorized purpose?

___ Yes, any lawful purpose ___ No, limited to the following:

Therapy:___ Research:___ Education:___ Transplant:___

*Do you want to donate to any person or organization in need? :

___ Yes, any person or organization in need

___ No, I want to limit to those listed here: _____



Child Guardians

In this section you will appoint guardians for any minor children or adult disabled children to care for your children in case you and your spouse are incapacitated.

If you do not have children that need guardians appointed, you may skip to the next tab.

Your guardians may be chosen from any of the family, friends, or other people you entered earlier.

MINORS:

Primary Guardian for Minor Children: _____

Alternate Guardian for Minor Children: _____

Adult Disabled:

Primary Guardian for Adult Disabled Children: _____

Alternate Guardian for Adult Disabled Children: _____

