

The Law Corner

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NOTE: All the information you provide is **strictly confidential**. This questionnaire is designed to help me understand your estate planning needs and make our first meeting more efficient. Please take your time and provide as much information as possible. If you need assistance, you may want to ask a close family member or friend to help you. Finally, thank you for choosing The Law Corner to prepare your estate planning documents.

DIRECTIONS: Download and save this form to a permanent folder and type your response after each question in **bold**.

LIVING TRUST QUESTIONNAIRE

Name of Trust

What would you like the name of your trust to be?:

Client Information

Your Name as you want it to appear on your Living Trust:

Home Address:

City:

County:

State/Zip:

Home Phone:

Work Phone:

Mobile Phone:

E-mail Address:

Your name as it appears on Birth Certificate:

Date of Birth:

Social Security Number:

Gender:

Place of Birth:

U.S. Citizen: () yes () no

Marital Status: () Single () Married () Separated () Divorced () Widowed

If Widowed, Name of Deceased Spouse:

Other than your current marriage have you had a previous marriage?

Type of Living Trust: Single_____ Married/Joint_____

Place of Marriage:

Date of Marriage:

Spouse Information

Your Name as you want it to appear on your Living Trust:

Your name as it appears on Birth Certificate:

Date of Birth:

Social Security Number:

Gender:

Place of Birth:

U.S. Citizen? () yes () no

Other than your current marriage have you had a previous marriage? () yes () no

Children Information Current Marriage

1. Child's Legal Name:

Birth Date:

Address:

2. Child's Legal Name:

Birth Date:

Address:

3. Child's Legal Name:

Birth Date:

Address:

Children From a Previous Marriage (if any)

Name of Parent:

Child's Legal Name:

Birth Date:

Address:

City/State/Zip:

Trust Information

The creator of the trust is called a Grantor. The manager of the trust is called a Trustee.

You or your spouse should serve as the Original Trustee to maintain control over your assets.

Choose one of the following to serve as Original Trustee

☐ Client to serve as Original Trustee ☐ Spouse to serve as Original Trustee

☐ Client and Spouse to serve together as co-Trustees ☐ Individual or individuals named below

Name of Trustee:

Address:

City/State/Zip:

Phone:

Successor Trustee

You will need to name your Successor Trustee (personal representative) for your trust. This person will carry out your wishes and distribute your assets per your instructions listed in your Living Trust.

Successor Trustee Information

Name of Successor Trustee:

Address:

City/State/Zip:

Phone:

First Alternate Successor Trustee

Name of Trustee:

Address:

City/State/Zip:

Phone:

Second Alternate Successor Trustee

Name of Trustee:

Address:

City/State/Zip:

Phone:

() The above are to serve in order.

() The above are to serve together (Co-Trustees may delegate responsibilities among themselves)

() Other, describe as follows:

Gifts of Your Estate

Do you want to give specific items of your estate to certain individuals? () yes () no

Items to receive

Person to receive item

If you DO NOT wish to give specific items to individuals, or for the **remaining estate** shall be divided as follows:

Person

Percentage (must add up to 100%)

If one of your beneficiaries does not survive you, then select how his/her portion shall be distributed: (choose only one)

To his/her children _____

To divide equally among the remaining beneficiaries _____

Do you wish to disinherit any heir? () yes () no

If yes, full name(s)

Please describe the property that you intend for this trust to own:

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