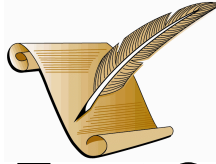# KLEIN LAW CORPORATION

ATTORNEYS AT LAW

Navigating Growth and Change℠

MARK D. KLEIN, ESQ.

Revocable Living Trust Questionnaire

Trust Type & Name

Is this a restatement or an amendment of a <u>prior</u> Trust?

☐ No, ☐ Yes – If Yes, you **MUST** provide a copy of the <u>original trust</u> with this application. Date of Original Trust _____

Desired Trust Name → | "THE _____ TRUST"

Client's Residence

Residence Address (Street, City, State & Zip)	Home Phone

Client/Husband's Information

Name as you sign legal documents (please print):			Employed?: ☐ Yes ☐ No
			Retired?: ☐ Yes ☐ No
Date of Birth:	Birth State or Country:	SSN (optional):	US Citizen?: ☐ Yes ☐ No
			Gender: ☐ M ☐ F

Marriage Information

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced	If widowed or divorce give former spouses name:

Wife's Information

Name as you sign legal documents (please print):			Employed?: ☐ Yes ☐ No
			Retired?: ☐ Yes ☐ No
Date of Birth:	Birth State or Country:	SSN (optional):	US Citizen?: ☐ Yes ☐ No
			Gender: ☐ M ☐ F

Children

Ref #	Legend: Related To/Parent: **S/B** = Single or Both Settlor(s), **H** = Husband, **W** = Wife.

1	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ At Age: ____ ____ ____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):

2	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ At Age: ____ ____ ____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):

3	Name:							
	Address:							
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:		Has Issue: ☐ Y ☐ N
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ At Age: _____ _____ _____			If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):

4	Name:							
	Address:							
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:		Has Issue: ☐ Y ☐ N
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ At Age: _____ _____ _____			If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):

Other (non-children) Beneficiaries

1	Name:				
	Address:				
	Complete if non-Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:	
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries	% of Estate (if any):

2	Name:				
	Address:				
	Complete if non-Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:	
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries	% of Estate (if any):

3	Name:				
	Address:				
	Complete if non-Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:	
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries	% of Estate (if any):

Distribution

Include College Incentive Clause: ☐ Yes ☐ No   Include 10% of Trust upon graduation: ☐ Yes ☐ No

Distribution Notes:

Gifts   (To be distributed prior to general distribution)

1	To:	Relationship:	If unable to receive, gift will: ☐ Lapse, ☐ go to Issue, or ☐ go to other (describe)
	Address (if not previously provided):		
	Gift Description:		Distribute at death of: ☐ Single or Both Settlors ☐ Husband ☐ Wife

2	To:	Relationship:	If unable to receive, gift will: ☐ Lapse, ☐ go to Issue, or ☐ go to other (describe) Distribute at death of: ☐ Single or Both Settlors ☐ Husband ☐ Wife
	Address (if not previously provided):		
	Gift Description:		

Family Disaster Clause

List contingent beneficiary(ies) who will receive distribution in the event that ALL named beneficiaries are deceased.

Full Name and Address:

Disinheritance

Notes → Persons <u>natural heirs</u> who will be intentionally excluded (disinherited) from distribution of the Estate.

Full Name and Address:

Initial Trustees

Original Trustees of the Trust will be: ☐ Client (and Spouse if Married) ☐ Husband only ☐ Wife only ☐ Other _____

Surviving Spouse will serve as: ☐ Sole Trustee, ☐ Joint Trustee with Successor

Successor Trustees/Pour over Will Executors   (to take over your affairs upon your death)

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse:
1			☐ Yes ☐ No Agents will serve:
2			☐ one at a time ☐ two at a time

Durable Power Of Attorney for Property Management Agents (to help during period of incapacity)

Skip this section if Agents are same order and selection as in Successor Trustees/Executors above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse:
1			☐ Yes ☐ No Agents will serve:
2			☐ one at a time ☐ two at a time

Advance Health Care Agents   (Complete for <u>Client</u> only)

Skip this section if Agents are same order and persons as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse:
1	Do not list spouse's name here		☐ Yes ☐ No Agents will serve:
2			☐ one at a time ☐ two at a time

Spouse's Advance Health Care Agents   (Complete for Spouse only)

Skip this section if Agents are same order and selection as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse:
1	Do not list spouse's name here		☐ Yes ☐ No
2			Agents will serve: ☐ one at a time ☐ two at a time

Guardian Of Minor Children

#	Guardians Full Name and Address	Relationship
1		
2		

Cash Assets and Securities (don't include retirement accounts or insurance here – see below) (attach extra pages if needed)

LEGEND	Common and acceptable Account Types:	Ownership Types (ignore ownership on Single Trusts):
	Checking Savings CD (include maturity date) Money Market Brokerage Corporate Stocks Corporate Bonds Mutual Funds Treasury Bills Savings Bonds	S/B = Single Settlor or Both Settlors H = Husband Sole and Separate Property W = Wife's Sole and Separate Property

#	Account Type (see legend above)	Ownership Type (see legend)	Amount	Name of Financial Institution	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W			
2		☐ S/B ☐ H ☐ W			
3		☐ S/B ☐ H ☐ W			
4		☐ S/B ☐ H ☐ W			
5		☐ S/B ☐ H ☐ W			
6		☐ S/B ☐ H ☐ W			
7		☐ S/B ☐ H ☐ W			
8		☐ S/B ☐ H ☐ W			

Retirement Plans, Insurance and Annuities (attach extra pages if needed)

LEGEND	Common and acceptable Account Types:	Ownership Types (ignore ownership on Single Trusts):
	IRA Qualified Plan Annuity Keogh Employer Plan Pension Plan 401(k) Deferred Comp Roth IRA 403(b) Insurance (incl. Face and Cash Values)	S/B = Single Settlor or Both Settlors H = Husband Sole and Separate Property W = Wife's Sole and Separate Property

#	Account Type (see legend)	Ownership (see legend)	Amount	Financial Institution or Insurance Company	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W			
2		☐ S/B ☐ H ☐ W			

3		☐ S/B ☐ H ☐ W			
4		☐ S/B ☐ H ☐ W			
5		☐ S/B ☐ H ☐ W			
6		☐ S/B ☐ H ☐ W			

	Business Interests

Note → Include Partnerships, Sole Proprietorships, and Close Corporations only

1	Provide Business Name, address and Tax ID	Type of Business: (select one): ☐ C-Corp ☐ S-Corp ☐ Professional Corp ☐ Partnership ☐ Sole Proprietorship

	Vehicles, Mobile Homes, Boats, Aircrafts, etc.

Not required -- all of these items are automatically transferred in to the trust by way of the bill of sale or general assignment.

	Miscellaneous Assets	(Only include assets of value, that are to be transferred to Trust, i.e., Trust Deeds, coin collections, antiques, etc.)

#	Complete Description
1	
2	

	Timeshare Memberships

#	Complete Description
1	Name of Resort/Timeshare:	Membership / ID Number:

	Real Estate (attach extra sheets for additional properties)

1	Property 1 (Personal Residence) - Complete Address (mark actual deed as "# 1"):			
	County:	APN or TAX ID:	Mortgage Balance:	Equity:
	Indicate whether community property or the separate property of one spouse:			

2	Property 2 - Complete Address (mark actual deed as "# 2"):			
	County:	APN or TAX ID:	Mortgage Balance:	Equity:
	Indicate whether community property or the separate property of one spouse:			

	Notes

	Declaration of Trust

I / we certify that the information contained in this document indicates my/our intention to create a trust as required by California Probate Code 15201, and that is indeed a declaration of trust, and that the assets listed herein are hereby declared to be assets of the trust. All real property is hereby conveyed to the trustee of the trust in conformance with California Probate Code 15200(b) and 15206(b), and personal property, whether listed in this document or not, is declared to be hereby assigned to the trustee of the trust as assets of the trust. If any portion of this trust application that I consider to be my trust, is deemed to be invalid then the remainder shall still be in force and with full effect.

_____   _____
Client   Date   Spouse   Date