

TRUST PLANNING QUESTIONNAIRE

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Please note that unless you have formally retained our office via a signed agreement, no attorney-client relationship has been formed.

* Indicates required question

PART ONE – YOUR PERSONAL INFORMATION

1. Full Legal Name: *

2. What are your preferred pronouns? Examples include he/him, she/hers, they/them.

3. Email Address: *

4. Home Address: *

5. Telephone Number: *

6. Date of Birth: *

Example: January 7, 2019

7. Are you a U.S. Citizen? *

Mark only one oval.

Yes

No

8. **PART TWO - YOUR FAMILY RELATIONSHIPS** *

Are you married?

Mark only one oval.

Yes

No

9. If married, is your spouse a U.S. Citizen?

Mark only one oval.

Yes

No

10. Marital Status: *

Include the date and state/country where your marriage took place and provide us with a copy of the marriage license.

11. If married, please provide us with a copy of your marriage license.

Files submitted:

12. If married, have you and your spouse signed a prenuptial /postnuptial agreement or other marital waiver?

Mark only one oval.

Yes

No

13. Are you not married but are in a registered domestic partnership?

Mark only one oval.

Yes

No

14. If yes, please provide a copy of your prenuptial / postnuptial agreement or domestic partnership certificate.

Files submitted:

15. Do you have children? *

If yes, list each child's name, date of birth, and whether he/she/they are a biological child, adopted child, or step-child.

16. Who are your parents? *

If one or both parents have passed away please place (d) next to their names.

17. Do you have siblings? *

Mark only one oval.

Yes

No

18. If yes, please list each sibling and if they have passed away, please place (d) next to their name.

19. Are you estranged from any of your family members? *

Mark only one oval.

Yes

No

20. If yes, then please share the name of the estranged relative and the reason for such estrangement.

21. Do you wish to exclude any one from receiving a gift under your Trust? If yes, then * please elaborate below.

PART THREE –YOUR TRUST

In either a revocable trust or irrevocable trust, three parties are required that distinguishes it from a mere contract. The grantor creates the trust and usually, he or she initially funds it. A trustee controls the trust and holds legal title over assets placed into it. Trust beneficiaries are the ultimate beneficial owners of trust assets and will receive trust assets once certain conditions are met.

A revocable trust is a Will substitute during the grantor's life. The grantor may amend or terminate the trust at any time. The grantor of a revocable trust may also be its sole trustee and beneficiary during life. When the grantor passes, the trust terms that he or she has placed into the trust become fixed and the successor trustee continues the administration of the trust on behalf of named beneficiaries.

In an irrevocable trust, the Grantor transfers property to it in order to completely remove it from his taxable estate at date of death. The Grantor must completely part with ownership of assets placed into the trust and loses legal title over assets he places in an irrevocable trust.

For either trust, you must fund it by transferring property to it, either by deed, assignment, or by purchasing property in the name of the trust once it is settled.

22. **A. TRUST TYPE** *

Do you wish to settle a revocable or irrevocable trust?

23. Do you wish to select a co-trustee or a trustee as the initial trustee? *

Mark only one oval.

Yes

No

24. Do you wish to name your trust? If yes, then please list the name below. *

- 25. Prior to death, you may leave a writing to give away all of your tangible personal property (your things) other than cash to one or more beneficiaries to be used by your trustee. If this writing is not found by your trustee within thirty (30) days, who should receive your personal property and what should they receive? *

- 26. Who should receive the assets you place in the trust after your personal items are either given away or sold? Please provide specific cash amounts or percentages (ex: \$50,000 to my friend Sam and the rest 50% each to my children John and Jane). *

- 27. Please provide the names and addresses of the successor trustees that you want to administer the trust when you are either incapacitated or have passed away? *

28. If you plan to select more than one successor trustee, must they act together or may each act individually? *

29. For each item of *real property* (house or undeveloped land) that you would like to transfer into the trust, please provide all information regarding the property including a) property type; b) property address; c) whether other owners are listed; d) estimated fair market value of the property; and e) whether there is a mortgage on the property and if so, how much is remaining on the mortgage.

30. Please list all other types of property that you would like to transfer to your trust once it is settled. *

B. RETIREMENT ACCOUNTS (IRAs, pension plans, etc.)

Trusts may not own retirement accounts but they can be listed on beneficiary forms.

31. *
Do you own any retirement accounts?

Mark only one oval.

- Yes
- No

32. If yes, please provide all information for each retirement account including a) account type; b) where the account is held; c) any additional owners on the account; d) estimated value of the account; and e) primary and contingent beneficiaries.

C. LIFE INSURANCE POLICIES

33. Do you have any life insurance policies in place? *

Mark only one oval.

- Yes
- No

34. If yes, then for each policy please provide: a) account type (term, whole life, etc.); b) where the policy is held; c) policy premium; and d) the main and contingent beneficiaries on the policy.

35. If you do not have a life insurance policy, would you like to be referred to a life insurance professional to learn more about the wide variety of life insurance policies available? *

Mark only one oval.

Yes

No

D. SAVINGS / CHECKING / PAY-ON-DEATH ACCOUNTS

36. Do you have any checking, savings, or pay-on-death accounts? *

Mark only one oval.

Yes

No

- 37. For each savings and checking or pay on death account, please list: a) account type; b) where the account is held; c) additional owners of the account; d) estimated value of each account; and e) account beneficiaries.

E. BROKERAGE / INVESTMENT ACCOUNTS

Trusts may own brokerage and investment accounts and may be listed on beneficiary forms.

- 38. Do you own any brokerage or investment accounts or stocks and bonds? *

Mark only one oval.

Yes

No

- 39. If yes, then please provide the following information for each brokerage or investment account: a) account type; b) where the account is held; c) additional owners of the account; d) estimated value of each account; and e) all beneficiaries listed on each account.

40. Do you have a financial adviser/planner? *

Mark only one oval.

Yes

No

41. If yes, please provide name and email of your financial adviser/planner:

F. YOUR BUSINESS INTERESTS

Trusts are not the vehicles to transfer business interests. Such business interests are best handled in the corporate formation documents for each business.

42. Do you own any business or equity in a business? *

Mark only one oval.

Yes

No

43. If yes, for each business please provide: a) company name; b) state of formation / incorporation; c) business type (corporation, LLC); and d) other members or shareholders.

44. Please provide all formation documents for the business -- Formation Document #1
Files submitted:

45. Please provide all formation documents for the business -- Formation Document #2
Files submitted:

G. INTELLECTUAL PROPERTY / COPYRIGHTS / PATENTS

46. Do you own any intellectual property, including copyrights, patents or royalties? *

Mark only one oval.

Yes

No

47. If yes, then please describe each item of intellectual property and whether it is owned with others.

48. What is the approximate value of your intellectual property?

49. Whom, if anyone, do you work with to manage your intellectual property?

50. Are you interested in designating someone under your Trust to value and manage your intellectual property other than your Successor Trustee?

Mark only one oval.

Yes

No

51. If yes, then please elaborate below.

PART FOUR -- YOUR LIABILITIES AND DEBTS

52. Do you have any liabilities or debts? *
- If yes, please answer the following questions.

Mark only one oval.

Yes

No

53. If yes, then for each liability or debt, please provide information regarding: a) debt type; b) where the debt is held; c) amount remaining on the debt; and d) and whether the debt is owed with others.

PART FIVE -- POUROVER WILL

A Pour Over Will is signed alongside a revocable trust in order to pick up and transfer assets into the trust that might not have been transferred by date of death. If a Pour Over Will is required to transfer assets to the trust, then the Executor you nominate will need to probate it.

An Executor need not be an attorney and he or she is entitled to receive statutory commissions by the court unless you specify otherwise in your Will. Your nominated Executors might be required to post a bond unless you specify that the bond requirement be waived. Incapacitated persons and minors (persons under age 18) may not serve as Executors. Convicted felons may only serve as Executors at the court's discretion.

54. Please provide names and addresses of your primary Executor and alternate Executor for your Pour Over Will. *

55. Are all Executors U.S. Citizens? *

Mark only one oval.

Yes

No

56. Does any Executor you chose have a felony record? *

Mark only one oval.

Yes

No

POWER OF ATTORNEY

Your power of attorney allows you to appoint a primary and alternate agent to handle your business and financial affairs if you become incapacitated. Such affairs include buying and selling property, entering into contracts, and making gifts to others. Your agents must be trustworthy and possess the financial sophistication to handle your financial and business matters. This document, in the hands of the wrong person, can be used as a license to steal.

57. Please provide the name and address of your primary agent. *

58. Will there be a primary co-agent? *

Mark only one oval.

Yes

No

59. If yes, then please provide your primary co-agent's name and address.

60. If you have primary co-agents, may they act separately or must they act together? *

61. Please provide the name and address of your alternate agent. *

If yes, please answer the following questions.

62. Will there be an alternate co-agent? *

Mark only one oval.

Yes

No

63. If yes, then please provide your alternate co-agent's name and address.

64. If you have alternate co-agents, may they act separately or must they act together? *

65. Should your POA agents only be allowed to act on your behalf if you become incapacitated and cannot make financial decisions on your own? *

66. Do you wish to allow your POA agents to make annual gifts to others on your behalf in excess of \$5,000.00? *

67. Do you wish to allow your POA agents be able to make gifts to themselves? *

68. Should your POA agents receive reimbursement for expenses outlaid on your behalf? *

69. Should your POA agents be paid for their work on your behalf? *

HEALTH CARE PROXY

Your health care proxy allows your selected agents to receive important and confidential medical information from attending physicians in order to make informed decisions concerning your healthcare. Your agents may only make healthcare decisions on your behalf if you are unable to do so. You must select agents who are keenly aware of and will follow your desires, values, and fears concerning your healthcare. ***(It is strongly advised that you select one primary agent and one alternate agent.)***

70. Please provide the name, address, and phone number of your primary health care agent. *

71. Please provide the name, address, and phone number of your alternate health care agent.

ADVANCED MEDICAL DIRECTIVE (LIVING WILL)

An advance medical directive, also known as a living Will, sets forth your directions on how you wish to be treated in the event that your attending physician confirms that you have an irreversible or incurable condition that is likely to result in your death or if you will be rendered in a persistent vegetative state.

72. Are you interested in executing an advance medical directive? *

Mark only one oval.

Yes

No

73. If yes, please list whether you wish to provide any limitations or restrictions that you would like to place on bodily gifts.

74. If yes, do you wish that life sustaining equipment be withdrawn and that you wish to be made comfortable until your passing?

Mark only one oval.

Yes

No

75. Do you wish to donate any bodily organs/tissue upon your death or have you signed up as an organ donor on your driver's license or other state issued ID? *

Mark only one oval.

Yes

No

76. Have you made plans to donate your body to science upon death? *

Mark only one oval.

Yes

No

GUARDIANS FOR MINOR CHILDREN

In New York, guardians must be appointed for minor children (18 or younger) in the event that both parents predecease them. Many parents consider this to be a tough decision but it is vital to select a primary and an alternate guardian, and both parents should agree on all guardians. Nominated guardians, absent extraordinary circumstances, will be appointed by the court. Guardians are responsible for the legal and physical custody (day-to-day) care of minor children.

77. Do you have a minor child for whom a guardian must be appointed? *

Mark only one oval.

Yes

No

78. If yes, please provide the name, address, and phone number of each nominated primary guardian. *

79. Do you wish to appoint alternate guardians? *

Mark only one oval.

Yes

No

80. If yes, please provide the name, address, and phone number of each nominated alternate guardian.

81. May your nominated primary guardians act independently?

82. May your nominated alternate guardians act independently?

FUNERAL AND BURIAL WISHES

83. What are your wishes regarding disposition of your remains (burial, cremation or other)? *

84. Do you want a memorial service to be held in your honor and if so, what type of religious, non-denominational or other ceremony do you prefer? *

85. Do you have a family plot or have you purchased a funeral contract? *

Mark only one oval.

Yes

No

86. If yes, then please provide information regarding the family plot.

PART SIX – OTHER IMPORTANT INFORMATION

In this last but important section, please answer the questions below and upload all relevant documents. If it is easier for you to forward us copies of documents via email, please feel free to do so.

We treat each estate plan as unique and although we endeavor to make this questionnaire as exhaustive yet navigable as possible, there might be issues that our questionnaire has not addressed. Therefore, please use this section to inform us of all information that you think is relevant for us to prepare your estate plan.

87. Do you have a previously executed estate plan? *

Mark only one oval.

Yes

No

88. If yes, please provide copies of any previously executed Wills or Trusts.

Files submitted:

89. If applicable, please provide copies of previously executed health care proxies.

Files submitted:

90. If applicable, please provide copies of previously executed advance directives (living Wills).

Files submitted:

91. If applicable, please provide copies of previously executed powers of attorney.

Files submitted:

92. If applicable, please provide any additional documents related to your estate planning.

Files submitted:

93. Are there any problematic family relations that we should consider while drafting your estate plan? *

Mark only one oval.

Yes

No

94. If yes, then please elaborate:

95. Please provide any additional information that you were unable to provide earlier regarding your estate planning.

We look forward to working with you on your estate plan and consider it a tremendous privilege to do so.

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