



480 N. MAGNOLIA AVENUE, SUITE 101, EL CAJON, CALIFORNIA 92020

(619) 593-9700

Joint Trust- Client Questionnaire

Please fill out this form as completely as possible.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

(Form revised 1/16/2013)

Joint Trust - Client Questionnaire

Please fill out this form as completely as possible.

Today's date: _____

Name of Trust: _____

Grantor & Trustee Information: You will be the Grantors and the Trustees of your Trust unless you choose to have someone else to act as Trustee. Please provide us with the following information:

Name of Grantor Husband	Address	Preferred Phone Number	Alternate Phone Number	Do you have a former Spouse?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Grantor Wife	Address	Preferred Phone Number	Alternate Phone Number	Do you have a former Spouse?
	<input type="checkbox"/> Same	<input type="checkbox"/> Same	<input type="checkbox"/> Same	<input type="checkbox"/> Yes <input type="checkbox"/> No

Successor Trustee Information: A Successor Trustee is the person who will handle the affairs of your estate upon the death of both of you. This person or persons should be someone who is a responsible individual and is willing and able to take on this responsibility. You may list more than one Successor Trustee and indicate whether you wish for them to act as co-trustees. If you wish for them to be co-trustees, they must both consent to any and all decisions made.

Name of Successor Trustee	Address & Phone Number	Relationship
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)
		<input type="checkbox"/> To act as Co-Trustee <input type="checkbox"/> To Act Individually (In the order listed)

Children Information: Please complete the information below. If you need more space please attach an additional page. If you have children from a previous marriage please include the relationship to each child. Also please name the guardian and an alternate guardian you wish to provide for your minor children in the event of your death.

Name of Child	Relationship	Is the child a Minor?	If the child is a minor, please indicate who you wish to be their Guardian and Alternate Guardian in the event of your death?
	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____
	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____
	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____
	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____
	<input type="checkbox"/> Son to <input type="checkbox"/> Mother <input type="checkbox"/> Daughter to <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian: <input type="checkbox"/> My Spouse <input type="checkbox"/> Other _____ Alternate Guardian: _____

Special Distributions: A special distribution can be made upon the death of either the Husband or Wife or after the death of both, to be distributed before the final estate is divided and distributed. Oftentimes this is a lump sum amount, a specific item or valuable property. Please list any special distributions here. They can be listed here even though they might be listed as a child or a beneficiary, this will not affect their final distribution.

Name of Beneficiary	Relationship	Dollar (\$) Amount or Property to Distribute	After the Death of Husband, Wife or Both?
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both

Beneficiary Information: Please list the names of the beneficiary or beneficiaries to whom you wish to leave the remainder of your estate. Only list the individuals to whom you wish to either leave the entire remainder of your estate after the special gifts or to whom you wish to divide a percentage of your estate.

Name of Beneficiary	Relationship/Charity	% of the Estate to Distribute	Is Beneficiary a Minor?	Do you want to pass this distribution on to their children in the event they die before you?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Per Stirpes) <input type="checkbox"/> No (Per Capita)

Contingent Beneficiary Information: A Contingent Beneficiary sometimes called the "last resort beneficiary" is to be the recipient of your estate in the event that there are no other surviving beneficiaries. (Otherwise the estate would go to the State.) If you wish to provide a contingent beneficiary, please list them below:

Name of Beneficiary	Address	Relationship/Charity

Power of Attorney and Wills Questions:

Please answer the following questions individually. These documents are prepared separately for each individual. You may have different answers or choose to select different decision makers to make medical and financial decisions on your behalf. You typically want these persons to be the same as the successor trustees as named in your trust.

GENERAL POWER OF ATTORNEY - This document will allow your Agent/Attorney-in-Fact- to act on your behalf to make major financial and property decisions. Power of Attorney documents are effective during life and Wills become effective upon death.

Do you wish to designate your spouse as your Agent in the event of your death or incapacity?

HUSBAND Yes No If No, please list the name, address and phone number of your Agent below:

Name of Agent for Husband
Address & Phone Number of Agent

Please provide the names, addresses & phone numbers of any Alternate Agents for Husband:

ALTERNATES	Name	Address & Phone Number
Alternate 1		
Alternate 2		

Do you wish to designate your spouse as your Agent in the event of your death or incapacity?

WIFE Yes No If No, please list the name, address and phone number of your Agent below:

Name of Agent for Wife
Address and Phone Number of Agent

Please provide the names, addresses and phone numbers of any Alternate Agents for Wife:

ALTERNATES	Name	Address & Phone Number
Alternate 1		
Alternate 2		

MEDICAL DIRECTIVE/HEALTH CARE POWER OF ATTORNEY

This document will allow your designated decision maker to act on your behalf to make medical and health care decisions on your behalf, including whether to continue providing you with life support in the event you are in a vegetative state.

Do you wish to designate your spouse as your Primary decision maker in the event of your incapacity or death?

Do you wish to designate your spouse as your Agent in the event of your death or incapacity?

HUSBAND Yes No If No, please list the name, address and phone number of your Agent below:

Name of Agent for Husband
Address and Phone Number of Agent

Please provide the names, addresses and phone numbers of any Alternate Agents for Husband:

ALTERNATES	Name	Address & Phone Number
Alternate 1		
Alternate 2		

Do you wish to designate your spouse as your Agent in the event of your death or incapacity?

WIFE Yes No If No, please list the name, address and phone number of your Agent below:

Name of Agent for Wife
Address and Phone Number of Agent

Please provide the names, addresses and phone numbers of any Alternate Agents for Wife:

ALTERNATES	Name	Address & Phone Number
Alternate 1		
Alternate 2		

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

HUSBAND Buried Cremated

WIFE Buried Cremated

Please check off the options that apply:

HUSBAND

I have provided a list of instructions for my burial and funeral instructions.

I have provided Statement of Wishes for my loved ones to follow.

I WANT TO BE AN ORGAN DONOR.

I DO NOT WANT TO BE AN ORGAN DONOR.

WIFE

I have provided a list of instructions for my burial and funeral instructions.

I have provided a Statement of Wishes for my loved ones to follow.

I WANT TO BE AN ORGAN DONOR.

I DO NOT WANT TO BE AN ORGAN DONOR.

DO YOU OWN REAL ESTATE? YES NO

IF YOU ANSWERED YES: PLEASE PROVIDE A COPY OF THE LAST RECORDED GRANT DEED OR QUITCLAIM DEED FOR EACH PROPERTY.

DATE: _____

SIGNATURE OF HUSBAND: _____

SIGNATURE OF WIFE: _____