

# JUSTICE 4 ALL

*Legal Document Services*

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

*(619) 593-9700*

*Single Trust- Client Questionnaire*

Please fill out this form as completely as possible.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

*Single Trust- Client Questionnaire*

Marital Status:  Single (means never married)

Unmarried (Divorced)

Widow(er)

Married (separate property)

Today's date: \_\_\_\_\_

Name of Trust: \_\_\_\_\_

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

Name of Grantor	Address	Preferred Phone Number	Alternate Phone Number

Co-Trustee Information: A Co-Trustee is not always necessary. They are usually added in the event that the Trustee is not always capable or able to make transactions with the Trust. (An example would be when the Grantor is elderly and wishes to add a trusted family member as the Trustee)

Name of Co-Trustee	Address	Preferred Phone Number	Alternate Phone Number

Successor Trustee Information: A Successor Trustee is the person who will handle the affairs of your estate upon your death or incapacity. 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. 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 <input type="checkbox"/> Daughter  <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Guardian: _____  Alternate Guardian: _____
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter  <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Guardian: _____  Alternate Guardian: _____
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter  <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Guardian: _____  Alternate Guardian: _____
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter  <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Guardian: _____  Alternate Guardian: _____

Special Distributions: A special distribution can be made upon the death of the Grantor, but BEFORE the entire estate is to be distributed to the beneficiaries. 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	Address	Relationship	Dollar (\$) Amount or Property to Distribute

Beneficiary Information: Please list the beneficiaries to whom you wish to leave the remainder of your estate held in trust. Only list the individuals for 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)

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:*

These documents are prepared to determine who will be decision makers to make financial and/or medical decisions on your behalf.

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.

PRIMARY AGENT INFORMATION

Name of Agent	Address of Agent & Phone Number
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Please provide the names, addresses and phone numbers of any Alternate Agents:

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. It will also allow will allow your designated decision maker to act on your behalf to make decisions on whether to continue providing you with life support in the event you are in a vegetative state.

PRIMARY AGENT INFORMATION

Name of Agent	Address of Agent & Phone Number
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Please provide the names, addresses and phone numbers of any Alternate Agents:

Alternates	Name	Address & Phone Number
Alternate 1		
Alternate 2		

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

Buried       Cremated

I want to be an organ donor       I do not want to be an organ donor

Please check off the options that apply:

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.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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.