

# The Law Corner

211 East Six Forks Rd., Suite 205  
Raleigh, North Carolina 27609

Telephone: (919) 424-8319

Facsimile: (919) 424-8320

---

**NOTE:** All the information you provide is confidential. This questionnaire is to help me start drafting your estate planning documents. Please provide as much information as possible. You may not have thought about some of the questions. If you cannot answer all the questions, don't worry. I will discuss with you what alternatives you have, what the "legal terminology" means and answer all of your questions. Finally, thank you for choosing me to prepare your estate planning documents.

**DIRECTIONS:** Please print and clearly write in the space provided.

## LIVING TRUST QUESTIONNAIRE

### Client Information

Your name as you want it to appear on your Living Trust

\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your name as it appears on your 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?

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Living Trust:            Single \_\_\_\_\_      Married \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**Spouse Information**

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

\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your name as it appears on your 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**

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Children From a Previous Marriage (if any)**

Name of Parent \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of Parent \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of Parent \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of Parent \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**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 Trustees ( ) Individual or individuals named below

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Successor Trustee**

You will need to name your Successor Trustee (personal representative) for your trust and will. This person will carry out your wishes; distribute your assets per your instructions listed in your Living Trust. This person must obtain certified copies of death certificates, locate all beneficiaries, examine and inventory the deceased property, cancel credit cards, pay all outstanding debts, file income taxes, notify Social Security and other benefit plans.

**Successor Trustee Information**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**First Alternate Successor Trustee**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Second Alternate Successor Trustee**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- ( ) 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Pour Over Will Information**

A Pour-Over Will transfers assets into your Living Trust that may have been inadvertently left out of your Living Trust. In effect, if you forget to place an asset into your Living Trust, it is your intent that such assets “pour over” into your trust. The Personal Representative / Executor named below will administer your probate estate. If you are married, both you and your spouse must elect a representative and alternate. The primary is usually your spouse, and the alternate is another trusted family member.

#### **Client Executor**

Primary Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Alternate Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

#### **Spouse Executor**

Primary Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Alternate Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you or your spouse have a pre-paid burial plan? ( ) yes ( ) no

If yes, With Whom

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Guardian for Minor Children**

Full Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**First Alternate Guardian**

Full Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Second Alternate Guardian**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Assets**

**Jointly Owned Real Estate**

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Separately Owned Real Estate Client**

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Description

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**Separately Owned Real Estate Spouse**

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank and Savings Accounts**

Bank

Account Number

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you have a safe deposit box?  Yes  No

Location of safe deposit box

Location of key

\_\_\_\_\_

Do you own real estate outside the State of North Carolina?  Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have investments? ( ) Yes ( ) No

With whom

How held

---

---

---

Do you have rental property? ( ) Yes ( ) No How is the property held? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you own a business or have any partnership interest in a business? ( ) Yes ( ) No

List the value of any life insurance policies you have and the type of policy

| Type | Benefit | Named Beneficiary |
|------|---------|-------------------|
|------|---------|-------------------|

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |

Do you have a 401k? ( ) Yes ( ) No

With whom

Named beneficiary

---

---

---

Do you want any of your estate to be donated? If so, in whose name, how much and to whom?

---

---

---

**Health Care Power of Attorney**

**Primary Designee Client**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Secondary Designee Client**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Designee Spouse**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Secondary Designee Spouse**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Physician Designee:**

**(To determine your capacity to make decisions pertaining to your health care)**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mental Health Physician Designee**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Durable Power of Attorney  
Primary Attorney-in-fact Client**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alternate Attorney-in-fact Client**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Attorney-in-fact Spouse**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alternate Attorney-in-fact Spouse**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Living Will**

(A Living Will allows withdrawal of medical treatment if terminally ill and unable to speak for yourself)

Would you like a Living Will prepared?  Yes  No

**IF YOU DESIRE A LIVING WILL, YOU WILL ALSO RECEIVE A RELATED POWER OF APPOINTMENT ALLOWING ANOTHER PERSON TO ACT AS YOUR AGENT REGARDING MEDICAL DECISIONS**

Would You Like Your Organs Donated? (For transplant, experimentation, or educational purposes?)  Yes  No

---

Confidential attorney-client communication. This is work product of The Law Corner and should not be replicated or reproduced without express written permission. If you are not the intended recipient, please contact Attorney Brian Demidovich at 919.424-8319 or 919.637.2488 for further instructions.