

# LIVING TRUST QUESTIONNAIRE

## The Ivey Law Firm

Lawrence E. Ivey, Esq.  
Attorney at Law

700 N. Central Ave, Ste 305  
Glendale, CA 91203

larry@iveylaw.net

(818) 638-1292

### CLIENT INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Also Known As \_\_\_\_\_ Gender: Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_ U.S. Citizen? Yes  No

Street Address \_\_\_\_\_

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

Marital Status: Single  Married  Separated  Divorced  Widowed  Date of Marriage \_\_\_\_\_

Contact Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Do you or your spouse currently have a Living Trust? Yes  No  (If yes, please attach a copy)

### SPOUSE INFORMATION (IF APPLICABLE)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Also Known As \_\_\_\_\_ Gender: Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_ U.S. Citizen? Yes  No

Did you sign a pre-nuptial (ante-nuptial) contract or agreement? Yes  No  (if yes, please attach copy)

### CHILDREN INFORMATION

B = Child of current marriage  
FC = Female Client's child

A = Adopted (specify MC or FC)  
DC = Deceased with children

MC = Male Client's child  
DN = Deceased with no children

Name	Date of Birth	Gender	Parent Codes
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN

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### ADDITIONAL FAMILY INFORMATION

List any family members (if any) you specifically want **excluded** from your Living Trust.

Name	Relationship	Gender
		M <input type="checkbox"/> F <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>

### INITIAL TRUSTEE(S)

Indicate who will be your Initial Trustee(s)

- Client to serve as Initial Trustee  
 Client and Spouse to serve together as Initial Trustees  
 Spouse to serve as Initial Trustee

### SUCCESSOR TRUSTEE(S)

The Successor Trustee is the individual who takes over for the Initial Trustee(s) in the event of the Initial Trustee(s)'s death. You need to identify at least one individual to take the Initial Trustee(s)'s place to manage, allocate and distribute your estate upon the death of the Initial Trustee(s).

Name	Address	Gender	U.S. Citizen?
		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

- Choose One:  The above are to serve in order;  
 The above are to serve together (Note: "Co-Trustees" must agree on all actions);  
 Other, described as follows: \_\_\_\_\_

### SPECIFIC GIFTS

List any valuable gifts (i.e. heirlooms) that you would like to be distributed to a specified individual(s) upon your passing. Keep in mind, personal items can be distributed via a separate schedule attached to your signed living trust document and **do not** need to be listed here.

Beneficiary Name	Relationship	Item

\* Attach additional sheets if necessary

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### DISTRIBUTION OF THE REMAINING TRUST ESTATE AFTER ANY SPECIFIC GIFTS

Specify how your estate should be distributed upon your passing, or if married, upon the passing of you and your spouse.

- Divide equally among the beneficiaries named below; or  
 Divide among the beneficiaries named below in the proportions indicated below.

Beneficiary Name	Relationship	Age	Gender	Percentage
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	

Specify how the above distributions are to take place:

- Choose one:  Immediate distribution upon the death of the Surviving Grantor  
 To be placed in trust and held until the beneficiary attains the age of \_\_\_\_\_ (age 18 if unspecified)  
 Periodic discretionary income payments with distribution of principal at the ages specified below:  
Distribution by percentage: \_\_\_\_\_% at age \_\_\_\_\_; then \_\_\_\_\_% at age \_\_\_\_\_; then \_\_\_\_\_% at age \_\_\_\_\_  
 Distribution by intervals: \_\_\_\_\_% every \_\_\_\_\_ year(s) after creation of the beneficiaries trust.

If this beneficiary predeceases you, his/her share is to be:

- Choose one:  Divided equally among his/her children, if any. If he/she has no children, his/her share is to be distributed to the remaining trust beneficiaries in proportion to their shares;  
 Divided among the remaining beneficiaries in equal shares;  
 Other: \_\_\_\_\_

If all of the above beneficiaries and their children predecease you:

- Distribute to heirs at law (i.e. blood relatives); **or**  
 Distribute to individual, charity or organization named below:

Individual/Charity Name	Address (City and State)	Percentage

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### SPECIAL PROVISIONS

List any special concerns for any beneficiaries, including name of said beneficiary (i.e. physical or mental health problems, difficulty managing money, etc.)

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### POUR-OVER WILL

List the Executors for your Pour-Over Will in order of preference. If you have inadvertently left assets outside of your Trust, the Executor will administer your probate estate. This person may also be responsible for making certain tax elections. If you are married, both you and your spouse must elect an Executor and an alternate (Note: if married, the primary is usually a spouse).

#### Client:

Name	Address	Phone
1.		
2.		

Do you desire Cremation?  YES  NO

#### Spouse (if applicable):

Name	Address	Phone
1.		
2.		

Do you desire Cremation?  YES  NO

### GUARDIAN - List the Guardians for your minor children.

Name	Address	Relationship
1.		
2.		

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## LIVING TRUST QUESTIONNAIRE

### FINANCIAL POWER OF ATTORNEY (DURABLE POWER OF ATTORNEY)

"Power of Attorney" is a legal term granting another person, designated your attorney-in-fact, the authority to act on your behalf. The legal effect of this document does not extend upon your passing. If you are married, both you and your spouse must elect a Power of Attorney and an alternate (Note: the primary is usually a spouse).

**Client:**

Name	Address	Phone
1.		
2.		

This Financial Power of Attorney shall be effective: Immediately  **or** Upon Incapacity

**Spouse (if applicable):**

Name	Address	Phone
1.		
2.		

This Financial Power of Attorney shall be effective: Immediately  **or** Upon Incapacity

### ADVANCE HEALTHCARE DIRECTIVE (DURABLE POWER OF ATTORNEY FOR HEALTH CARE)

This person will make decisions for you in the event you are unable to make them yourself. If you are married, both you and your spouse must elect a Power of Attorney and an alternate (Note: the primary is usually a spouse).

**Client:**

Name	Address	Phone
1.		
2.		

This Medical Power of Attorney shall be effective: Immediately  **or** Upon Incapacity

Do you wish to make anatomical gifts? Yes  No

If Yes:  For transplantation only;  For research only;  For transplantation or research; **or**  for any purpose

**Spouse (if applicable):**

Name	Address	Phone
1.		
2.		

This Medical Power of Attorney shall be effective: Immediately  **or** Upon Incapacity

Do you wish to make anatomical gifts? Yes  No

If Yes:  For transplantation only;  For research only;  For transplantation or research; **or**  for any purpose

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### GROSS VALUE OF CURRENT ESTATE

Check the box that applies to your particular situation.

Your approximate current net worth is:

<\$1,000,000     \$1,000,000-\$2,000,000     \$2,000,000-\$4,000,000     >\$4,000,000

Is any part of your estate comprised of the following:

Farm Property     Family Owned Business (Note: This does not include a L.P. or LLC set up for trading or holding real estate)     Professional Practice

### LIFE INSURANCE

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

Type: Whole Life, Term, Universal, Variable, etc.	Value	Is this Policy in an Irrevocable life insurance trust?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No