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Questionnaire For Will and Revocable Living Trust

1. Client's Personal Data:

- a. Client Name: _____
- b. Client's Social Security Number: _____
- c. Client's date of birth: _____
- d. Client's Home Address: _____
- e. Home Phone: _____
- f. Work Phone: _____
- g. E-mail: _____
- h. Alternate e-mail: _____
- i. How do you prefer to be contacted? _____
- j. Marital Status: SINGLE (Never Married) / MARRIED / DIVORCED / SPOUSE DECEASED
- k. Do you (or your spouse) currently have any of the following?
 - i. A will? ____
 - ii. A trust? ____
 - iii. A power of attorney, living will or advanced directive? ____

2. Spouse's Personal Data:

- a. Spouse's Name: _____
- b. Spouse's Social Security Number: _____
- c. Spouse's date of birth: _____

3. Type of Will/Trust: Individual / Joint

4. Personal Representatives/Executor: Your personal representative/executor is the person who will be responsible for dealing with your Will after your death, if necessary. ***A surviving spouse is NOT automatically appointed.***

- a. Will both spouses act as each other's Personal Representative under the Will? Yes / No
- b. Please list the name of persons you select as Personal Representative(s) of your estate.

Personal Representative Name	Relation	City/County/State
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(Co-Personal Rep) Name	Relation	City/County/State
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(First Alternate) Name	Relation	City/County/State
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(Second Alternate) Name	Relation	City/County/State
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5. Trustees and Successor Trustees: Your Trustee(s) will manage your Trust during your lifetime(s) and Successor Trustee(s) will deal with your Trust after your death.

- a. Will both spouses act as independent Co-Trustees during your lifetimes as long as you remain married? Yes / No
- b. Please list the names of persons you select act as successor Trustee(s).

Primary Successor Trustee: _____

Name	Relation	City/County/State
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Alternate Successor Trustee: _____

Name	Relation	City/County/State
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6. Children

a. If you have any living children, please list their names below

- i. _____ Date of Birth _____
- ii. _____ Date of Birth _____
- iii. _____ Date of Birth _____
- iv. _____ Date of Birth _____

b. If you have any deceased children, please list their names below

- i. _____

7. Grandchildren

a. If you have any living grandchildren, please list below

i. _____ Date of Birth _____

ii. _____ Date of Birth _____

iii. _____ Date of Birth _____

iv. _____ Date of Birth _____

v. Please attach a separate sheet if necessary

b. Will any grandchildren receive a distribution under the trust? _____

8. Special Needs Beneficiaries

a. Do any of your beneficiaries have physical or mental disabilities? Yes / No

b. If yes, do you want to establish a supplementary needs trust for that beneficiary? Yes / No

9. Disposition of Principle and Income Upon Death of First Trustor

a. If one Trustor shall survive the other, shall the surviving Trustee continue to hold all trust property in this Family Trust for the benefit of the surviving spouse?

b. Shall the surviving Trustor likewise have the power to designate others to whom distribution shall be made by the Trustee, and shall the surviving Trustor have the authority to direct the amount which shall be distributed to any such designated beneficiary?

10. Final Distribution and Termination of the Trust

a. Upon the death of the surviving Trustor, shall the Successor Trustee distribute the remaining Trust property including any additional property received from the Personal Representative of such deceased Trustor's estate as follows:

i. Shall the Trustors reserve the right to mark certain property items located in their residence with the names of the persons to whom they should be delivered upon their death and shall the Trustee distribute said items accordingly?

ii. Do the Trustors specifically give, devise and bequeath all family belongings owned them, equally to their children?

- iii. What personal property do the Trustors specifically give, devise and bequeath and to whom? _____
 1. _____
 2. _____
 3. _____
- iv. Shall all of the rest and remainder of the Trust estate, consisting of all other property, be distributed equally to your children?
- v. In the event that any of your children do not survive the distribution of this Trust estate, would you like his or her share to be distributed to his or her children?
- vi. Do you have any other special instructions for distribution of your Estate? Yes / No
 - 1. If Yes, please write your instructions in the blank area of the next page or attach a separate piece of paper.

11. Guardian:

- a. Do you wish to appoint a guardian of your minor child(ren) if both natural parents are not alive or for any reason cannot act as guardian? Yes / No. This person will have actual physical custody and control of the minor children until they reach age 18.

Primary Guardian: _____
 Name Relation City/County/State

Alternate Guardian: _____
 Name Relation City/County/State

12. Funeral/Burial Plans: Do you have any specific wishes in connection with your funeral or burial?

Yes / No.

- a. If so, do you want these plans included in your will? Yes / No
 - i. If so, please describe your funeral or burial plans. You may attach a separate page if necessary.
 - ii. _____

13. Trust Property:

a. Do you want to transfer all or a portion of your real or personal property to the trust? Yes / No.

b. Schedule A, attached to the Trust, will identify all personal property and real property to be included in the trust.

i. After hiring your attorney to draft your Trust, please gather information for any of the following that you wish to be included in the Trust and provide that information to your attorney. These documents will be scanned and returned to you immediately.

1. Deed for real properties (including primary residence; gas, oil, and mineral interests; and any other real property in your names).
2. Titles to any vehicles, including cars, motorcycles, boats, trailers, etc.
3. Registration for any aircraft.
4. Name, address, and last four digits for any investment accounts (no values needed).
5. Name, address, and last four digits for any financial accounts (checking, savings, CD, annuities, etc).
6. Information regarding any stocks or bonds
7. Information regarding any horses
8. Information regarding other livestock
9. Information regarding any interests in businesses
10. Information on any registered firearms
11. Information for any other personal property to be included in the Trust (**other than** household goods, furniture, appliances, electronics, wearing apparel, furs, jewelry, and other miscellaneous personal effects for which no deed, title, or other proof of ownership exists).