

# ***MONARCH ESTATE PLANNING***

## **Trust Questionnaire Form (Single Person)**

Please mail or email the completed form to:

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[If you are updating an existing trust, please provide the following information and skip questions 1 and 2]

Name of current trust: \_\_\_\_\_

Date of current trust: \_\_\_\_\_

Your name (as it appears in the current trust):

\_\_\_\_\_

1. If this is a new trust, what name would you like it to have? Examples: John Doe Trust, Doe Family Trust, Do Re Mi Trust, etc. **NOTE: You may choose any name.**

\_\_\_\_\_

2. How would you like your name to appear in your estate planning documents? **NOTE: You may use your middle name or initial.**

_____	_____	_____
First	Middle/Initial	Last

Are you known by any other names?: \_\_\_\_\_

3. Address: \_\_\_\_\_  
Street address (Apt.)

_____	_____	_____	_____
City	State	Zip	County

4. Phone Numbers:

Home: \_\_\_\_\_ Other: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

5. Approximate Net Worth:

Total (excluding life insurance): \$\_\_\_\_\_

Life insurance: \$\_\_\_\_\_

IRA(s): \$\_\_\_\_\_

6. List all children and date of birth; select **S** for son or **D** for daughter:

<u>Name</u>	<u>Relationship</u>		<u>Date of Birth</u>
	<b>S</b>	<b>D</b>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Who should inherit the trust after you are deceased. Choose one **option 1-5** for each heir to described the person(s) who should inherit that heir's share if he or she doesn't survive you:

<u>Name</u>	<u>If Heir</u>					<u>%</u>
	<u>Doesn't Survive</u>					
_____	1	2	3	4	5	_____
_____	1	2	3	4	5	_____
_____	1	2	3	4	5	_____
_____	1	2	3	4	5	_____
_____	1	2	3	4	5	_____
_____	1	2	3	4	5	_____
_____	1	2	3	4	5	_____
_____	1	2	3	4	5	_____

**[Must total 100%]**

- 1 - If heir doesn't survive, to his/her own descendants (children, grandchildren, etc.), if any, otherwise pro rata to other beneficiaries
- 2 - If heir doesn't survive, to his/her spouse, if any, otherwise pro rata to other beneficiaries
- 3 - If heir doesn't survive, to his or her descendants (children, grandchildren, etc.), if any, otherwise to his or her spouse, if any, otherwise pro rata to other beneficiaries
- 4 - If heir doesn't survive, to his or her spouse, if any, otherwise to his or her descendants (children, grandchildren, etc.), if any, otherwise pro rata to other beneficiaries
- 5 - If heir doesn't survive, pro rata to other beneficiaries

8. Default beneficiaries: Who should inherit the trust if **all individuals and their successors** in question #7 are deceased. For example, if you named your child in question #7 and selected "1" (your grandchildren) as back-up, you should not list a grandchild in question #8 because that grandchild will inherit under question #7.

<u>Name</u>	<u>Relationship</u>	If Heir					<u>%</u>
		<u>Doesn't Survive</u>					
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	

9. Is any family member expressly excluded?

Name(s) and Relationship: \_\_\_\_\_

10. At what age(s) should an heir get full control of his or her inheritance? **NOTE: Funds will be available before distribution age(s) as needed for education, health care, support and maintenance.**

**[4 options; choose one and fill-in age(s)]**

**OPTION 1**

\_\_\_\_\_ Give control of inheritances after age \_\_\_\_\_ (i.e., age 25).

**OPTION 2**

\_\_\_\_\_ Supplemental monthly income of \$ \_\_\_\_\_ (i.e., \$1,000) until age \_\_\_\_\_ then distribute in full.

**OPTION 3**

\_\_\_\_\_ Give control of inheritances in stages **[4 options; choose one]:**

**Option (a):** 1/2 at age \_\_\_\_\_ ) (i.e., 25, 30)

1/2 at age \_\_\_\_\_ )

**Option (b):** 1/3 at age \_\_\_\_\_ ) (i.e., 25, 30, 35)

1/3 at age \_\_\_\_\_ )

1/3 at age \_\_\_\_\_ )

**Option (c):** 1/4 at age \_\_\_\_\_ ) (i.e., 25, 30, 35, 40)  
1/4 at age \_\_\_\_\_ )  
1/4 at age \_\_\_\_\_ )  
1/4 at age \_\_\_\_\_ )

**Option (d):** 1/10 of total inheritance at age \_\_\_\_\_ ) (i.e., 25, 30, 35, 40)  
2/10 more at age \_\_\_\_\_ )  
3/10 more at age \_\_\_\_\_ )  
4/10 (balance) at age \_\_\_\_\_ )

#### OPTION 4

\_\_\_\_\_ Distribute in ten annual installments beginning at age \_\_\_\_\_ (i.e., age 25)

11. If an heir challenges the trust, should that heir forfeit his/her share? **Y N**

Should the heir's descendants (children, grandchildren, etc.) also forfeit? **Y N**

12. Who should serve as successor trustee, if you are unable serve? **NOTE: You may list more than one person in the same order of priority to serve as co-trustees.**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

13. Do you wish to name an investment advisor your trustee should work with? **NOTE: This is a recommendation only and does not require your trustee to work with that person.**

\_\_\_\_\_

14. Who should act as guardian of any minor children? **NOTE: The other parent will most likely have first priority; your choice may not be given effect unless the other parent is deceased or unavailable. You may list more than one person in any order of priority.**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

15. Who should handle **financial** matters, during your lifetime, if you are not capable?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

16. Who should make your **health care** decisions if you are not capable?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

17. Do you want a living will?            **Y**      **N**

18. Do you wish to donate your organs for transplant?    **Y**      **N**

19. Do you want to be cremated?      **Y**      **N**

20. Is there anything else that is important to you in your estate plan?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Your signature