

MONARCH ESTATE PLANNING

Trust Questionnaire Form

(Single Person)

Please mail or email the completed form to:
Meagan N. McCraw
8901 East Mountain View Road, Suite 114
Scottsdale, Arizona 85258
meagan@monarchestateplanning.com

[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: _____ (Apt.)
Street address

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>S</u> <u>D</u>	<u>Date of Birth</u>

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 Doesn't Survive</u>	<u>%</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.

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): 1/2 at age _____)
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