



RPM Document Preparation

Living Trust Questionnaire

(PLEASE PRINT CLEARLY)

Your Full Name: _____

Date of Birth: _____
SSN: _____
Phone Number: _____
Email address: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Spouse Information:

Full Name: _____
Date of Birth: _____
SSN: _____

Do you own any real estate? YES NO
If YES, how many: _____ (*Homes, timeshares, vacate land, etc.*)

Do you own a business? YES NO
If YES, what is the Name of the Business: _____
Business Address: _____

Please specify type by marking the check box below:

- Corporation
- LLC
- Sole Proprietor

Describe your business: _____

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



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Children Information (Current Marriage)

Full Name: _____
Date of Birth: _____
Phone Number: _____
Street Address: _____
City, State and Zip Code: _____

Full Name: _____
Date of Birth: _____
Phone Number: _____
Street Address: _____
City, State and Zip Code: _____

Full Name: _____
Date of Birth: _____
Phone Number: _____
Street Address: _____
City, State and Zip Code: _____

Full Name: _____
Date of Birth: _____
Phone Number: _____
Street Address: _____
City, State and Zip Code: _____

(If you need to add more, please attach another sheet.)

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



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Do you have any deceased children? YES NO

If yes, please provide:

Full Name: _____

Date of Birth: _____

Date of Death: _____

Full Name: _____

Date of Birth: _____

Date of Death: _____

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



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Do you have any grandchildren? YES NO

Full Name: _____
Date of Birth: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Parent's Names: _____

Full Name: _____
Date of Birth: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Parent's Names: _____

Full Name: _____
Date of Birth: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Parent's Names: _____

(If you need to add more, please attach another sheet.)

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RPM Document Preparation

Here, you will name your **Successor Trustee** for your Trust and Executor for your Will. This person will carry out your wishes and will 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 all property, cancel credit cards, pay all outstanding debts, file income taxes, and notify Social Security and other benefit plans.

Successor Trustee Information

Full Name: _____
Phone Number: _____
Street Address: _____
City, State and Zip Code: _____

- I wish to pay my Successor Trustee for his/her time \$ _____
or
 I do not wish to pay my Successor Trustee for his/her time

First Alternate Successor Trustee Information

Full Name: _____
Phone Number: _____
Street Address: _____
City, State and Zip Code: _____

Second Alternate Successor Trustee Information

Full Name: _____
Phone Number: _____
Street Address: _____
City, State and Zip Code: _____

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



RPM Document Preparation

Guardian for Minor Children

(IF YOU HAVE NO MINOR CHILDREN, SKIP THIS SECTION)

Name a Guardian for Minor Children: (Responsible adult who will care for your **minor** children if something happens to you and/or spouse)

Guardian Information

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

First Alternate Guardian Information

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Second Alternate Guardian Information

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



RPM Document Preparation

Financial Manager for Minor Children

(IF YOU HAVE NO MINOR CHILDREN, SKIP THIS SECTION)

Name a Financial Manager for Minor Children: (Responsible adult who will manage your **minor** children's finances if something happens to you and/or spouse). Please also name a financial manager for ANY minor child who may receive money or property (like a grandchild if his/her parent is deceased)

Financial Manager Information

Full Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Age Financial Management stops (18 to 25): _____

First Alternate Financial Manager Information

Full Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Second Alternate Financial Manager Information

Full Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Customer please initial here:

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RPM Document Preparation

Gifts of your Estate

Do you want to give specific items of your estate to certain individuals?

YES

NO

If **NO**, skip this section.

If you need to add more please write on back or attach sheet.

Item to receive (<i>detailed</i>)	Person to receive item (full name)

If you **DO NOT** wish to give specific items to individuals, **OR for the remaining estate** shall be divided as follows:

Person to receive (full name)	Percentage (must add up to 100%)

Please provide the beneficiary's address and phone number if previously not listed.
(If you need to add more, please attach another sheet.)

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



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If one of your beneficiaries does not survive you, then select only one how his/her portion shall be divided:

To his/her children (if so, these children must exist now): _____

To divide equally among the remaining beneficiaries: _____

Do you wish to “disinherit” any heir? YES NO

If YES, list the full name(s) below:

Please name someone you can trust to decide if you are incapacitated. This person may be called upon to write a statement to say that you cannot manage your affairs and your Successor Trustee should take over. This cannot be any of your beneficiaries, any successor trustee or anyone that may have something to gain by stating you are incapacitated. This person must be an adult.

Full Name: _____

Phone Number: _____

Street Address: _____

City, State and Zip Code: _____

Alternate if your first choice cannot serve:

Full Name: _____

Phone Number: _____

Street Address: _____

City, State and Zip Code: _____

Customer please initial here:

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RPM Document Preparation

Financial Power of Attorney

In the section you will name a person to manage your finances for you when you cannot. If you are married you may name your spouse as the primary, then you can name an alternate. This person will have to manage your financial matters for you; this person must be dependable, honest and someone whom you trust.

Your Agent

Full Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

I wish to pay my Agent for his/her time \$ _____

or

I do not wish to pay my Agent for his/her time

Your Alternate Agent

Full Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Customer please initial here:

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Your Spouse's Agent

Full Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

I wish to pay my Agent for his/her time \$ _____

or

I do not wish to pay my Agent for his/her time

Your Spouse's Alternate Agent

Full Name: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



RPM Document Preparation

Healthcare Directive

In the section you will name a person to make health care decisions for you when you cannot. If you are married you may name your spouse as the primary, then you can name an alternate. This person will have to make decisions regarding health care issues; this person must be dependable, honest and someone whom you trust.

Your Primary Agent

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Your Alternate Agent

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Customer please initial here:

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Your Spouse's Primary Agent

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Your Spouse's Alternate Agent

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

	<u>YOU</u>	<u>SPOUSE</u>
Do you have a prepaid funeral plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please list below:		
Name:	_____	
Address:	_____	
Phone:	_____	

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



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Do you or your spouse have any special request, instructions, or final wishes?

(State your wishes regarding life support, autopsy, feeding tube, etc.)
(Example: no life support if I have a terminal condition or the burden of treatment outweighs the expected benefits OR prolong my life as long as possible)

YOU:

SPOUSE:

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



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Physician Information (OPTIONAL)

YOU

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

YOUR SPOUSE

Full Name: _____
Phone Number: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____



RPM Document Preparation

List of Assets

In this section, please list the assets that you would like placed into the trust.

Home: _____
 Other real estate: _____
 Collectibles: _____
 Artwork: _____
 Jewelry: _____

Bank Accounts, Credit Union, Mutual Funds, etc.:

Choose One:

I will name a TOD or POD on my accounts. I acknowledge it is my responsibility to go to the bank or financial institution to make this change. I understand the bank accounts or brokerage accounts will NOT be placed in my Trust.

Or

I will put my accounts into the Trust. The information for each account is listed below. I acknowledge it is my responsibility, after the Trust is established, to go to the bank or financial institution to change ownership of each account to place them into the Trust.

Name of Bank or Institution: _____
 Address: _____
 Account # _____ Type of account: _____

Name of Bank or Institution: _____
 Address: _____
 Account # _____ Type of account: _____

Customer please initial here:

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RPM Document Preparation

Name of Bank or Institution: _____

Address: _____

Account # _____ Type of account: _____

(If you need to add more, please attach another sheet.)

Other: _____

Customer please initial here:

I have reviewed all information including spelling and approve this page for accuracy _____