

NASH BUSINESS SERVICES, INC DBA: NASH LEGAL DOCUMENT PROCESSING

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TRUST QUESTIONNAIRE FOR A JOINT TRUST

The following worksheet will assist us in preparing your Living Trust documents. A revocable Living Trust is an instrument that is creating by you, the Settlers and defines the duties and responsibilities of the Trustees to manage property transferred to the Living Trust and to distribute the property after your deaths according to your instructions. In this Joint Living Trust you serve as Trustees while you are alive and well. If both of you die or are unable to serve for any reason, a successor trustee designated by you steps in to serve. A Living Trust is revocable and may be terminated at your direction while you are alive and well.

- Please read the instructions carefully and answer each question according to the instructions.
- If a question is optional and/or does not apply to your situation, you must write NA
- Please print legibly in black or blue ink. Only your written answers will be typed into the documents
- Please do not insert additional information that is not asked for in the questionnaire.
- Changes requested after you documents have been prepared may result in additional charges

Are both spouses U.S. citizens? Yes No If NO, Easy Legal Documents cannot assist you with a Joint AB or ABC Trust, but can assist you with a Joint A Trust as long as you independently determine you are not concerned with any possible estate tax consequences.

Choose the Type of Trust

Joint A Trust Joint AB Trust Joint ABC Trust

Enter the Name of the Trust- This is the name that you would like to call the trust. It can be any name you choose.

The _____ Living Trust

Enter the name and address of the Settlers- These are the individuals who are establishing the Trust. The settlers will also be the Trustees and will manage the trust while they are alive and well

NAME _____ MALE FEMALE

NAME _____ MALE FEMALE

ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

COUNTY OF RESIDENCE _____ STATE OF RESIDENCE _____

COUNTY WHERE TRUST WILL BE SIGNED _____

PAGE 1 OF 10

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BENEFICIARY(IES) – ENTER THE INFORMATION ABOUT YOUR BENEFICIARIES (who you want to receive the trust property after both of your deaths). Include the percentage or fraction of the trust property that each primary beneficiary will receive. Also indicate the alternate beneficiary(ies) if the primary beneficiary predeceases you. If you select more than one alternate beneficiary option, please be sure to indicate the order of priority (1, 2, 3) next to each option you select. For example if your first alternate beneficiary option to be the deceased beneficiary's children and the second option to be the other surviving primary beneficiaries, you would enter 1 next to the children option and 2 next to the Surviving Primary Beneficiaries option. If you have specific items to go to specific people or institutions, indicate your wishes in the Specific Gifts Section of this questionnaire.

If you have more than eight Primary Beneficiaries, additional fees will apply.

Name of Primary Beneficiary:	Percentage or Fraction (should total 100%)	Alternate Beneficiary(ies)
1. _____ Full Legal Name _____ Relationship (Optional)	_____	Indicate by Rank (1, 2, 3) _____ Children of the deceased beneficiary _____ Surviving Primary Beneficiaries (pro rata) _____ Individual (s) Entity (ies) named below _____ _____
2. _____ Full Legal Name _____	_____	Indicate by Rank (1, 2, 3) _____ Children of the deceased beneficiary _____ Surviving Primary Beneficiaries (pro rata) _____ Individual (s) Entity (ies) named below _____ _____
3. _____ Full Legal Name _____	_____	Indicate by Rank (1, 2, 3) _____ Children of the deceased beneficiary _____ Surviving Primary Beneficiaries (pro rata) _____ Individual (s) Entity (ies) named below _____ _____

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BENEFICIARIES CONTINUED

Name of Primary Beneficiary:

Percentage or Fraction
(should total 100%)

Alternate Beneficiary(ies)

4.	_____ Full Legal Name	_____	Indicate by Rank (1, 2, 3) _____ Children of the deceased beneficiary _____ Surviving Primary Beneficiaries (pro rata) _____ Individual (s) Entity (ies) named below _____ _____
5.	_____ Full Legal Name	_____	Indicate by Rank (1, 2, 3) _____ Children of the deceased beneficiary _____ Surviving Primary Beneficiaries (pro rata) _____ Individual (s) Entity (ies) named below _____ _____
6.	_____ Full Legal Name	_____	Indicate by Rank (1, 2, 3) _____ Children of the deceased beneficiary _____ Surviving Primary Beneficiaries (pro rata) _____ Individual (s) Entity (ies) named below _____ _____
7.	_____ Full Legal Name	_____	Indicate by Rank (1, 2, 3) _____ Children of the deceased beneficiary _____ Surviving Primary Beneficiaries (pro rata) _____ Individual (s) Entity (ies) named below _____ _____

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SPECIFIC GIFTS (OPTIONAL) – Enter the individual(s) or organization(s) to receive specific gifts of property after both of your deaths:

<u>Gift (Describe specific gift)</u>	<u>TO (full legal name of beneficiary)</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISINHERITING (OPTIONAL)- Enter the name and relationship of any relative you specifically do not want to receive anything from your trust. Caution: most states do not allow a spouse or minor child to be totally disinherited.

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____

DISTRIBUTIONS TO YOUNGER BENEFICIARIES- If a younger beneficiary is to receive property under your trust, your Living Trust document gives you gives your successor trustee the option to (a) manage the property for the younger beneficiary until he or she reaches the “age of outright distribution” or (b) distribute the property to a custodian who will manage the property under your state’s Uniform Transfer to Minor’s Act (UTMA). The default age for outright distribution is 18 or 21, depending on your state’s UTMA. In the meantime your successor trustee manages the property for the beneficiary and may make distributions for his or her support, comfort and education. **If you want to increase the default age for outright distribution to an age other than 18 or 21, list the older age here _____ Optional**

NOMINATION OF A CUSTODIAN (OPTIONAL)- If the successor trustee opts to distribute property for a younger beneficiary to a custodian under the UTMA enter the name of who you are nominating

NAME _____ MALE FEMALE
 RELATIONSHIP _____ ADDRESS _____
 CITY/STATE _____ ZIP _____ PHONE _____

NOMINATION OF AN ALTERNATE CUSTODIAN (OPTIONAL)-

NAME _____ MALE FEMALE
 RELATIONSHIP _____ ADDRESS _____
 CITY/STATE _____ ZIP _____ PHONE _____

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SUCCESSOR TRUSTEE(S) - ENTER THE INFORMATION FOR YOUR SUCCESSOR TRUSTEES. The successor trustee carries out your wishes and manages the trust after your deaths. The successor trustee also serves as trustee if both of you are unable to serve as trustee due to death or incapacity. Note that the individuals you list as successor trustees will also be nominated as the executors or personal representative of your pour over wills. The questionnaire allows you to list up to three successor trustees. Additional successor trustees can be added for an additional charge.

FIRST SUCCESSOR TRUSTEE:

NAME _____ MALE FEMALE
RELATIONSHIP _____ ADDRESS _____
CITY/STATE _____ ZIP _____ PHONE _____

SECOND SUCCESSOR TRUSTEE:

NAME _____ MALE FEMALE
RELATIONSHIP _____ ADDRESS _____
CITY/STATE _____ ZIP _____ PHONE _____

THIRD SUCCESSOR TRUSTEE:

NAME _____ MALE FEMALE
RELATIONSHIP _____ ADDRESS _____
CITY/STATE _____ ZIP _____ PHONE _____

IF YOU LISTED MULTIPLE SUCCESSOR TRUSTEES, INDICATE HOW THEY SHOULD SERVE (select one)

- Each successor trustee will serve in the order listed
- All successor trustees will serve together as co-trustees
- The first two will serve as co-trustees, the third will serve if either of the first two is unable
- The first two will serve as co-trustees, the third will serve if both of the first two are unable
- The first will serve as alone, the second and third will serve as co-trustees if the first is unable

If you selected a successor co-trustee option, must they act jointly or can they act separately

- Successor co-trustees must act jointly
- Successor co-trustees may act separately

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CHILDREN: Enter the information for your children, living and deceased. If you have more than eight please request additional pages.

FULL LEGAL NAME	M / F	D.O.B	Deceased D.O.D	MINOR?		WHOSE CHILD		
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Joint	<input type="checkbox"/> Hus band	<input type="checkbox"/> Wife

NOMINATION OF GUARDIAN: If at the time of your death any of your children are minors and a guardian is necessary, enter the name of the adult you would like to nominate as guardian for your minor children. This is the person who will raise your minor children if something happens to both parents.

FIRST GUARDIAN:

NAME _____ MALE FEMALE
 RELATIONSHIP _____ ADDRESS _____
 CITY/STATE _____ ZIP _____ PHONE _____

SECOND GUARDIAN (OPTIONAL):

NAME _____ MALE FEMALE
 RELATIONSHIP _____ ADDRESS _____
 CITY/STATE _____ ZIP _____ PHONE _____

If you listed two guardians, indicate how they should serve (select one only)

- Each guardian will serve in the order listed
- Both guardians will serve together as co-guardians

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POWER OF ATTORNEY FOR FINANCES AND PROPERTY MATTERS:

THE FINANCIAL POWER OF ATTORNEY FOR THE HUSBAND SHOULD BE (choose one)

Effective Now

Effective Upon Disability "Springing"

Enter the information below for the person(s) to act as your financial agent. You may have up to three financial agents.

FIRST FINANCIAL AGENT FOR HUSBAND:

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

SECOND FINANCIAL AGENT FOR HUSBAND (OPTIONAL):

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

THIRD FINANCIAL AGENT FOR HUSBAND (OPTIONAL):

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

IF YOU LISTED MULTIPLE AGENTS, INDICATE HOW THEY SHOULD SERVE (select one)

- Each agent will serve in the order listed
- All agent will serve together as co-trustees
- The first two will serve as co-agents, the third will serve if either of the first two is unable
- The first two will serve as co-agents, the third will serve if both of the first two are unable
- The first will serve as alone, the second and third will serve as co-agents if the first is unable

If you selected a co-agent option, must they act jointly or can they act separately

- co-agents must act jointly
- co-agents may act separately

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THE FINANCIAL POWER OF ATTORNEY FOR THE WIFE SHOULD BE (choose one)

Effective Now

Effective Upon Disability "Springing"

Enter the information below for the person(s) to act as your financial agent. You may have up to three financial agents.

FIRST FINANCIAL AGENT FOR WIFE:

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

SECOND FINANCIAL AGENT FOR WIFE (OPTIONAL):

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

THIRD FINANCIAL AGENT FOR WIFE (OPTIONAL):

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

IF YOU LISTED MULTIPLE AGENTS, INDICATE HOW THEY SHOULD SERVE (select one)

- Each agent will serve in the order listed
- All agent will serve together as co-trustees
- The first two will serve as co-agents, the third will serve if either of the first two is unable
- The first two will serve as co-agents, the third will serve if both of the first two are unable
- The first will serve as alone, the second and third will serve as co-agents if the first is unable

If you selected a co-agent option, must they act jointly or can they act separately

- co-agents must act jointly
- co-agents may act separately

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POWER OF ATTORNEY FOR HEALTH CARE DECISIONS: Prolong life Do not prolong

Enter the information below for the person(s) to act as your health care agent. You may have up to three agents.

Are Husband's choices for Health Care Agent and Financial Agent the same? YES NO

If yes, skip the questions below.

FIRST HEALTH CARE AGENT FOR HUSBAND:

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

SECOND HEALTH CARE AGENT FOR HUSBAND (OPTIONAL):

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

THIRD HEALTH CARE AGENT FOR HUSBAND (OPTIONAL):

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

IF YOU LISTED MULTIPLE AGENTS, INDICATE HOW THEY SHOULD SERVE (select one) Note that co-agents are not an option in the following states: AK, CT, ID, MI, NY, OR, PA, UT

- Each agent will serve in the order listed
- All agent will serve together as co-trustees
- The first two will serve as co-agents, the third will serve if either of the first two is unable
- The first two will serve as co-agents, the third will serve if both of the first two are unable
- The first will serve as alone, the second and third will serve as co-agents if the first is unable

If you selected a co-agent option, must they act jointly or can they act separately

- co-agents must act jointly
- co-agents may act separately

PAGE 9 OF 10

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POWER OF ATTORNEY FOR HEALTH CARE DECISIONS: Prolong life Do not prolong

Enter the information below for the person(s) to act as your health care agent. You may have up to three agents.

Are Wife's choices for Health Care Agent and Financial Agent the same? YES NO

If yes, skip the questions below.

FIRST HEALTH CARE AGENT FOR WIFE:

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

SECOND HEALTH CARE AGENT FOR WIFE (OPTIONAL):

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

THIRD HEALTH CARE AGENT FOR WIFE (OPTIONAL):

NAME _____ MALE FEMALE

RELATIONSHIP _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

IF YOU LISTED MULTIPLE AGENTS, INDICATE HOW THEY SHOULD SERVE (select one) Note that co-agents are not an option in the following states: AK, CT, ID, MI, NY, OR, PA, UT

- Each agent will serve in the order listed
- All agent will serve together as co-trustees
- The first two will serve as co-agents, the third will serve if either of the first two is unable
- The first two will serve as co-agents, the third will serve if both of the first two are unable
- The first will serve as alone, the second and third will serve as co-agents if the first is unable

If you selected a co-agent option, must they act jointly or can they act separately

- co-agents must act jointly
- co-agents may act separately

PAGE 10 OF 10

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