### NASH BUSINESS SERVICES, INC DBA: NASH LEGAL DOCUMENT PROCESSING **P** (818) 243-1977 **F** (213) 984-2653 **E** <u>info@nbsone.com</u> **W** 8182431977.com LDA # 2019268418 W taxnegotiatorssusa.com 210 N Central Ave. #100 Glendale, CA 91203

# 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 Settlors 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 you with a Joint AB or ABC Trust, but can assist you determine you are not concerned with any possible e	with a Joint A	Trust as long as you independently
Choose the Type of Trust		
☐ Joint A Trust ☐ Joint AB Trust ☐	Joint ABO	C Trust
Enter the Name of the Trust- This is the name that yo choose.	ou would like	to call the trust. It can be any name you
The		Living Trust
Enter the name and address of the Settlors- These a settlors will also be the Trustees and will manage the		
NAME		D MALE D FEMALE
NAME		
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)
1Full Legal Name		Indicate by Rank (1, 2, 3) Children of the deceased beneficiary
Relationship (Optional)		Surviving Primary Beneficiaries (pro rata Individual (s) Entity (ies) named below
·		Indicate by Rank (1, 2, 3)
Full Legal Name		Children of the deceased beneficiary Surviving Primary Beneficiaries (pro rate
		Individual (s) Entity (ies) named below
		Indicate by Rank (1, 2, 3)
Full Legal Name		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		Indicate by Rank (1, 2, 3)
T	1	————— Children of the deceased beneficiary
Full Legal N	Name	
		Surviving Primary Beneficiaries (pro rate
Relationship (Op	tional)	Individual (s) Entity (ies) named below
		Indicate by Rank (1, 2, 3)
5		Children of the decreed to the
Full Legal N	ame	Children of the deceased beneficiary
		Surviving Primary Beneficiaries (pro rate
Relation	onship (Optional)	Individual (s) Entity (ies) named below
		Indicate by Rank (1, 2, 3)
Full Legal Na	ame	Children of the deceased beneficiary
		Surviving Primary Beneficiaries (pro rata
Relation	onship (Optional)	Individual (s) Entity (ies) named below
		Indicate by Rank (1, 2, 3)
F. III. IN		Children of the deceased beneficiary
Full Legal Na	me	Simulation the deceased peneticiary
		Surviving Primary Beneficiaries (pro rata)
		Individual (s) Entity (ies) named below

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CUSTOMER:

Gift (Describe specific gift)	TO (full legal name of b	eneficiary	Relationshi	Þ
DISINHERITING (OPTIONAL)- Enter the receive anything from your trust. Caudisinherited.	he name and relationship of	any relative you		do not wa
disinherited.	ation. Most states do not allo	ow a spouse or i	minor child to	be totally
NAME		REL	ATIONSHIP	
property for the younger beneficiary unti- the property to a custodian who will man act (UTMA). The default age for outrigh- meantime your successor trustee manager	il he or she reaches the "age nage the property under you t distribution is 18 or 21, der	sor trustee the come of outright dist or state's Unifornate on your	ption to (a) r ribution" or ( n Transfer to state's UTM	nanage the b) distribut Minor's IA. In the
DISTRIBUTIONS TO YOUNGER BENE your trust, your Living Trust document go property for the younger beneficiary untit the property to a custodian who will man Act (UTMA). The default age for outright meantime your successor trustee manage his or her support, comfort and education distribution to an age other than 18 of NOMINATION OF A CUSTODIAN (OPT younger beneficiary to a custodian under	il he or she reaches the "age hage the property under you t distribution is 18 or 21, degges the property for the ben on. If you want to increase or 21, list the older age here the UTMA enter the name	sor trustee the comments of outright districted on your pending on your eficiary and may the default age e	ption to (a) ribution or (a) ribution or (a) Transfer to a state's UTM or make district for outrigh Optional astribute proponominating	nanage the b) distribut Minor's IA. In the butions for t erty for a
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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		
RELATIONSHIPADDRE	SS	D WALE [] PEMALE
CITY/STATE	ZIP	PHONE
SECOND SUCCESSOR TRUSTEE:		
NAME		MALE FEMALE
RELATIONSHIPADDRE	SS	
CITY/STATE	ZIP	PHONE
THIRD SUCCESSOR TRUSTEE:		
NAMERELATIONSHIP	20	MALE  FEMALE
RELATIONSHIPADDRES	710	BUONE
	ZIP	PHONE
IF YOU LISTED MULTIPLE SUCCESSOR TRUSTE one)	ES, INDICATE H	OW THEY SHOULD SERVE (select
one)  Each successor trustee will serve in the order		Select (Select
☐ All successor trustees will serve together as	co-trustees	
☐ The first two will serve as co-trustees, the thi		er of the first two is unable
☐ The first two will serve as co-trustees, the thi		
☐ The first will serve as alone, the second and		
If you selected a successor co-trustee option, mu		
de tradices must act jointly		r co-trustees may act separately
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<u>CHILDREN</u>: Enter the information for your children, <u>living and deceased</u>. If you have more than eight please request additional pages.

FULL LEGAL NAME	M / F	D.O.B	Deceased D.O.D		MI	NO	R?		V	VHO	SE CH	IILD	)
				П	YES	T	NO	Tn	Joint	П	Hus band	П	Wife
					YES		NO		Joint		Hus band		Wif
					YES		NO		Joint		Hus		Wif
				П	YES	17	NO	+	Joint	П	Hus	1	Wife
					YES		NO		Joint		Hus		Wife
				Ш	YES		NO	Ш	Joint	Ш	Hus		Wife
					YES		NO		Joint		Hus		Wife
				П	YES		NO	П	Joint	П	Hus band	П	Wife
NAMERELATIONSHIP	А	DDRESS						IV	IALE [		FEMA	\LE	
RELATIONSHIPCITY/STATE	A	DDRESS_	710				22.0						
			_21P		PH	ON	E						
SECOND GUARDIAN (OPTIONAL	<u>):</u>												
NAME								M	ALE [		FEMA	LE	
RELATIONSHIP	A[	DRESS_											
CITY/STATE			_ZIP		_PH	ONE	=						
f you listed two guardians, indicate													
Each guardian will serve in the c			ve (select o	ne	only)								
Both guardians will serve together													
· · · · · · · · · · · · · · · · · · ·	0	PAGE 6	OF 10										
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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 SHO	OULD BE (choose o	one)	
Effective N			Upon Disability "Sp		
Enter the information below for financial agents.					three
FIRST FINANCIAL AGENT FO	OR WIFE:				
NAME				MALE	
RELATIONSHIP	ADDRESS			WALE [	FEMALE
CITY/STATE		ZIP	PHONE		
SECOND FINANCIAL AGENT					
NAME				MALE [	FEMALE
RELATIONSHIP	ADDRESS				LIVIALL
CITY/STATE		ZIP	PHONE		
THIRD FINANCIAL AGENT FO	R WIFE (OPTIONAL):				
NAME				MALE	
RELATIONSHIP	ADDRESS			WALE [	FEMALE
CITY/STATE	_	ZIP	PHONE		
F YOU LISTED MULTIPLE AGE  Each agent will serve in the	ENTS INDICATE HOW	/ THEY SH	IOULD SERVE (sel	ect one)	
☐ All agent will serve togeth	ner as co-trustees				
☐ The first two will serve as	co-agents, the third wi	ill serve if e	ither of the first two	is unable	
☐ The first two will serve as					
☐ The first will serve as alon					ماه
If you selected a co-agent op				mot is dilap	16
□ co-agents must act joi			ents may act separa	atoly	
	PAGE 8		one may dot separa	rtery	
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POWER OF ATTORNEY FOR HEALTH	CARE DECISIONS:	☐ Prolong life ☐ Do no	ot prolona
Enter the information below for the perso agents.	n(s) to act as your healt	th care agent. You may have ι	up to three
Are Husband's choices for Health Care A	gent and Financial Age	nt the same?	NO
If yes, skip the questions below.		, 20	110
FIRST HEALTH CARE AGENT FOR HU	SBAND:		
NAME			
RELATIONSHIP	ADDRESS	NALE []	FEMALE
CITY/STATE	ZIP	PHONE	
SECOND HEALTH CARE AGENT FOR	HUSBAND (OPTIONAL	):	
NAME			FEMALE
RELATIONSHIP	_ADDRESS_	MALE	FEMALE
CITY/STATE	ZIP	PHONE	
THIRD HEALTH CARE AGENT FOR HUS	SBAND (OPTIONAL):		
NAME			FEMALE
RELATIONSHIP	_ADDRESS	IVIALE [	FEMALE
CITY/STATE	ZIP	PHONE	
IF YOU LISTED MULTIPLE AGENTS, IND agents are not an option in the following st	NOATE HOW THEY OU	0111 5 0== 1	ote that co-
☐ Each agent will serve in the order li	sted		
<ul> <li>All agent will serve together as co-t</li> </ul>			
☐ The first two will serve as co-agents	s, the third will serve if e	ither of the first two is unable	
I he first two will serve as co-agents	s, the third will serve if be	oth of the first two are unable	
☐ The first will serve as alone, the sec	ond and third will serve	as co-agents if the first is una	ble
If you selected a co-agent option, must	they act jointly or can the	ney act separately	
□ co-agents must act jointly		ents may act separately	
	PAGE 9 OF 10 CUSTOMER		
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Enter the information halour	ARE DECISIONS:	☐ Prolong life	☐ Do not pr	olong
Enter the information below for the person(sagents.	s) to act as your healt			
Are Wife's choices for Health Care Agent ar	nd Financial Agent the	e same?	П NO	
If yes, skip the questions below.				
FIRST HEALTH CARE AGENT FOR WIFE	<u>:</u>			
NAME		П	MAIF	EEMALE
RELATIONSHIP	ADDRESS		WALL	EWALE
CITY/STATE	ZIP	PHONE		
SECOND HEALTH CARE AGENT FOR WI	FE (OPTIONAL):			
NAME			MALE	
RELATIONSHIPA	ADDRESS		MALE [] F	EMALE
CITY/STATE	710	DUONE		
	ZIF	PHONE		
THIRD HEALTH CARE AGENT FOR WIFE	(OPTIONAL):			
NAME			MALE   F	EMALE
DEL ATIONOUID				
RELATIONSHIPA	DDRESS			
RELATIONSHIPA CITY/STATE	DDRESS			
CITY/STATEA  CITY/STATEA  IF YOU LISTED MULTIPLE AGENTS, INDIC agents are not an option in the following state	DDRESSZIPZIP	PHONE_		
IF YOU LISTED MULTIPLE AGENTS INDIC	DDRESSZIPZIP CATE HOW THEY SH es: AK, CT, ID, MI, N	PHONE_		
IF YOU LISTED MULTIPLE AGENTS, INDIC agents are not an option in the following state    Each agent will serve in the order liste  All agent will serve together as co-trust.	DDRESSZIP	PHONE OULD SERVE (sele ', OR, PA, UT	ect one) Note	
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