



FAMILY INFORMATION QUESTIONNAIRE

KEO'VONNE WILSON LEGAL, PLLC

This questionnaire is a useful tool in preparing your estate plan. It is designed to prepare you for our consultation. Each page represents an important aspect of your estate. Print and complete the information in this questionnaire to the best of your ability. Don't worry if you don't complete the entire questionnaire, we will review the document together during our consultation. Please jot down any questions or concerns that may come up as you prepare the document.

Any documents received in preparation for our consultation is protected under the attorney client privilege and therefore confidential. No information contained in this questionnaire will be shared with any other person except by your written request. Please be as forthcoming as possible so that we can provide you with an accurate and comprehensive assessment of your estate planning needs.

If there is any information that you are uncomfortable with including in this document please make a mental note and be sure to address it during our consultation.

Some of the items on the questionnaire will not apply to you; leave these items blank. If you are unsure of what a question is asking please feel free to contact Keo'vonne Wilson Legal for assistance, or simply make a note of it and we can go over it during your consultation.

Please bring your completed questionnaire to your consultation, or email the completed questionnaire prior to your consultation.

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Section 1: Client's Goals

- Probate Avoidance
 - Asset Protection
 - Minimizing Estate Tax
 - Choose Who will manage and control the estate after deceased
 - Managing and controlling distribution of assets
 - Providing for Children and grandchildren
 - Other:
-
-

Please note any other special considerations:

Section 2: Client Contact Information

Client 1 Information

Client 2 Information

Salutation

Mr. Mrs. Ms. Dr. Mr. Mrs. Ms. Dr.

Legal Name

**Aliases & / or
Nicknames**

Address

City, State, Zip,

Country

SSN

Date of Birth

Yes

No

Yes

No

U.S. Citizen

Section 2:

**Client Contact
Info Continued**

Client 1 Information

Client 2 Information

Home Phone

Cell Phone

Work Phone

E-mail

Marital Status

Previous Marriage

Yes

No

Yes

No

Section 3: The Trust

Execution of the Trust: Will the trust documents be signed in the above county and state?

Yes No. If No, then where? :

Name of the Trust: If the trust is being re-stated you must use the original trust name, date, and client names as they appear in the original document. What name would you like for your trust? We recommend "THE [YOUR LAST NAME] FAMILY TRUST"

Control Options: How much control do you want the surviving spouse to have over the trust? The three options are explained below:

□ OPTION 1: MAXIMUM CONTROL

Maximum control is consistent with creditor protection and tax avoidance provided by trust. This option includes the right on the part of the surviving spouse to re-name the final trust beneficiaries. In other words, the surviving spouse may completely alter the trust plan after the death of the other spouse. This option is similar to a joint bank account, giving total control to the surviving spouse.

□ OPTION 2: MEDIUM CONTROL

Authority to spend money, as needed to maintain the surviving spouse. Since the surviving spouse is usually the sole trustee, he or she may access funds of the deceased spouse, with limited accountability to the final heir(s). This is intended to prevent assets of the deceased spouse from going to someone who is an “outsider” to the trust, especially a future spouse. The surviving spouse may alter the trust, as long as it remains with at least one of the originally-named heirs; some heirs may be excluded, however.

□ OPTION 3: LIMITED CONTROL

The surviving spouse will be able to assess to funds as needed, with full accountability to the final heirs. Under this option, the principal may be accessed (including all of it, if needed) but the surviving spouse is legally accountable and must justify his or her need to the final heir(s), if asked. The surviving spouse may not make any revisions to the deceased spouse’s final disposition (at the surviving spouse’s death).

Beneficiaries of the Trust: Persons who should inherit the trust assets after both spouses are deceased. Instructions for the “Beneficiaries of the Trust” chart are below, the chart follows on page 9.

GROUP DESIGNATION: You may divide beneficiaries into two groups: Group A and Group B.

Ex: 50% to Husband’s children → Group A, and 50% to Wife’s Children → Group B.

RELATIONSHIP: if the beneficiary is a son or daughter, select:

H= Husband’s Child, W= Wife’s Child, J= Joint Child

DISTRIBUTION PLAN: If beneficiary doesn’t survive, please select one for each beneficiary.

1. If beneficiary doesn’t survive, to his/her own descendants (children, grandchildren, etc.), if any, otherwise pro rata to other beneficiaries.
2. If beneficiary doesn’t survive, to his/her spouse, if any, otherwise pro rata to other Beneficiaries.
3. If beneficiary doesn’t survive, to his/her descendants (children, grandchildren, etc.), if any, otherwise to his or her spouse, if any, otherwise pro rata to other Beneficiaries.
4. If beneficiary doesn’t survive, to his/her spouse, if any, otherwise to his/her descendants (children, grandchildren, etc.), if any, otherwise pro rata to other Beneficiaries.
5. If beneficiary doesn’t survive, pro rata to other Beneficiaries and not to the heir’(s) spouse or descendants (children, grandchildren, etc.).

BENEFICIARIES OF THE TRUST

Name	A or B	Relationship	If Beneficiary Doesn't Survive	Percent: Must Total 100%
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	

CONTINGENT BENEFICIARIES:

Person(s) who should inherit the estate if all individuals in above chart are deceased. Only list person(s) who will not inherit under the previous section.

Name	A or B	Relationship	If Beneficiary Doesn't Survive	Percent: Must Total 100%
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	
		H W J	1 2 3 4 5	

Note: Charities that are listed in Beneficiaries must be listed here also if you intend for them to inherit in the event the individuals in Beneficiaries are all deceased. *

DISINHERITING SOMEONE:

Is there any family member intentionally excluded?

Name

Relationship

POSTPONEMENT OF POSSESSION: For young of financially unsophisticated heirs. Below are four options, choose one and fill in age(s)

Note: Funds will be available before distribution age(s) for education, health care, support and maintenance. *

Option 1: Default Option

Give Control of inheritance after age: ____
(Default= age 25)

Option 2

Supplemental monthly income of \$ ____
(Default= \$1000)

Until age ____ then distribute in full
(Default = age 50, Minimum = age 40)

Option 3

Give Control of inheritance in stages
Four options; choose one:

- A. 1/10 of total inheritance at specific age . (Default=Every 5 years starting at age 25)

Starting Age: _____
Interval: _____

- B. 1/3 at three specific ages. (Default= ages 25, 30, 35)

Age 1: _____
Age 2: _____
Age 3: _____

- C. 1/4 at specific ages. (Default= ages 25, 30, 35, 40)

Age 1: _____
Age 2: _____
Age 3: _____
Age 4: _____

- D. 1/2 at specific ages. (Default=25, 30)

Age 1: _____
Age 2: _____

Option 4

Distribution in ten annual installments

Beginning at age : _____
(Default= age 25)

SPECIAL BEQUESTS: Gifts made Outright at the time of the death of the remaining spouse.

Name	Bequest

NO CONTEST CLAUSE: If an heir challenges the trust, should that heir forfeit his/her share? Yes No

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

Yes No

SUCCESSOR TRUSTEES: Who should serve as successor trustee if neither spouse can serve?

First Choice	
Second Choice	
Third Choice	

Note: You may list more than one person in the same order of priority to serve as co-trustees; when the documents are signed, you will be able to select what happens if one can't serve. *

FINANCIAL ADVISOR TO THE TRUST: Who should direct investments, if other than successor trustee? (This is a non-binding recommendation to the Trustee.) _____

NOTIFICATION REQUIREMENT: When one spouse dies, should the trustee (usually the surviving spouse) be required to notify the final heirs of their rights under the trust? Yes No

DISPUTE RESOLUTION: Who should resolve a dispute between the trustee and a trust beneficiary? (The decision is non-binding; both parties have to agree to accept this person's decision.) _____

Section 4: Agents On Basic Legal Emergency Documents

HEALTH CARE AGENT: Who should make your health care decisions if neither of you are mentally competent? (*Default: First Choice is Spouse*)

	Husband	Wife
First Choice		
Second Choice		
Third Choice		

Note: You may list more than one person in any order of priority

- Priority: In order of priority
 All of the above

FINANCIAL AND LEGAL AGENT: Who should make your financial and legal decisions if neither of you are mentally competent? (*Default: First Choice is Spouse*)

	Husband	Wife
First Choice		
Second Choice		
Third Choice		

Note: You may list more than one person in any order of priority

- Priority: In order of priority
 All of the above

GAURDIANS FOR CHILDREN: Who should act as guardians of minor child(ren)?

	Husband	Wife
First Choice		
Second Choice		
Third Choice		

LIVING WILL:

Do you want to be cremated?

Husband: Yes No

Wife: Yes No

Do you wish for extraordinary measures?

Husband: Yes No

Wife: Yes No

Do you wish to donate your organs for transplant?

Husband: Yes No

Wife: Yes No

SPECIAL INSTRUCTIONS FOR BURIAL:

Husband _____

Wife _____

