

CHERRY WAY DOCUMENT PREPARATION SERVICES, INC.

LIVING TRUST QUESTIONNAIRE

Your Name: _____
 Phone: (____) _____ Fax: (____) _____ E-Mail: _____

Request Date: _____
 Date Needed: _____

I. BACKGROUND INFORMATION

1. 1 st Party's Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ 1 st Party has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months 1 st Party has resided in this County: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
2. 2 nd Party's Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ 2 nd Party has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months 2 nd Party has resided in this County: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
3. 1 st Party's Employer Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
4. 2 nd Party's Employer Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____

II. ASSETS

1. List All Real Property:	1. Property Address: _____ City: _____ State: _____ Zip: _____ County: _____ 2. Property Address: _____ City: _____ State: _____ Zip: _____ County: _____ 3. Property Address: _____ City: _____ State: _____ Zip: _____ County: _____ 4. Property Address: _____ City: _____ State: _____ Zip: _____ County: _____ 5. Property Address: _____ City: _____ State: _____ Zip: _____ County: _____
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CHERRY WAY DOCUMENT PREPARATION SERVICES, INC.

II. ASSETS (Cont'd)

	<u>Bank Name</u>	<u>Address</u>	<u>Account Number</u>
2. List All Bank Accounts:	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
	5. _____	_____	_____
	6. _____	_____	_____
3. List All Stocks, Bonds, etc.:	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
	5. _____	_____	_____
4. List All Retirement Accounts (i.e., Pension, Employee Stock Purchase, Profit Sharing, IRAs, 401(k)s, etc.):	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
	5. _____	_____	_____

CHERRY WAY DOCUMENT PREPARATION SERVICES, INC.

II. ASSETS (Cont'd)

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5. List All Automobiles and Vehicles:	<u>Type and Model</u>	<u>Year</u>	<u>FMV</u>	<u>Amount Owing</u>
	1. _____	_____	\$ _____	\$ _____
	2. _____	_____	\$ _____	\$ _____
	3. _____	_____	\$ _____	\$ _____
	4. _____	_____	\$ _____	\$ _____
	5. _____	_____	\$ _____	\$ _____
6. List All Jewelry, Keepsakes, Art, Paintings, Household Furniture, Fixtures, Coin Collections, etc.:	<u>Type</u>		<u>FMV</u>	<u>Amount Owing</u>
	1. _____		\$ _____	\$ _____
	2. _____		\$ _____	\$ _____
	3. _____		\$ _____	\$ _____
	4. _____		\$ _____	\$ _____
	5. _____		\$ _____	\$ _____
	6. _____		\$ _____	\$ _____
	7. _____		\$ _____	\$ _____
	8. _____		\$ _____	\$ _____
	9. _____		\$ _____	\$ _____
	10. _____		\$ _____	\$ _____
	11. _____		\$ _____	\$ _____
	12. _____		\$ _____	\$ _____
7. List All Other Assets:	<u>Name</u>		<u>FMV</u>	<u>Amount Owing</u>
	1. _____		\$ _____	\$ _____
	2. _____		\$ _____	\$ _____
	3. _____		\$ _____	\$ _____
	4. _____		\$ _____	\$ _____
	5. _____		\$ _____	\$ _____
	6. _____		\$ _____	\$ _____
	7. _____		\$ _____	\$ _____
	8. _____		\$ _____	\$ _____
	9. _____		\$ _____	\$ _____
	10. _____		\$ _____	\$ _____
	11. _____		\$ _____	\$ _____
	12. _____		\$ _____	\$ _____

CHERRY WAY DOCUMENT PREPARATION SERVICES, INC.

III. SURVIVING TRUSTEE/CONSERVATOR/POWER OF ATTORNEY INFORMATION

<p>1. List Names of Successor Trustees, Conservator(s) and Powers of Attorney Who Will Oversee Your Trust. Include Their Names in the Order of Whom Should Act First (i.e, See Question 2 below):</p>	<p>1. Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____</p> <p>2. Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____</p> <p>3. Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____</p> <p>4. Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____</p>
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<p>2. Each Successor Trustee(s), Can They Act Solely or Jointly With Other Named Trustee(s)?</p>	<p>1. Name: _____ <input type="checkbox"/> Acting Alone <input type="checkbox"/> Acting Jointly With: _____</p> <p>2. Name: _____ <input type="checkbox"/> Acting Alone <input type="checkbox"/> Acting Jointly With: _____</p> <p>3. Name: _____ <input type="checkbox"/> Acting Alone <input type="checkbox"/> Acting Jointly With: _____</p> <p>4. Name: _____ <input type="checkbox"/> Acting Alone <input type="checkbox"/> Acting Jointly With: _____</p>
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IV. BENEFICIARIES

<p>1. Name of First Beneficiary:</p>	<p>1st Beneficiary Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Asset/Property Received:</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Ownership Percentage</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: center;">%</td><td style="text-align: center;">\$ _____</td></tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____
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IV. BENEFICIARIES (Cont'd)

2. Name of Second Beneficiary:	2 nd Beneficiary Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Asset/Property Received:</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Ownership Percentage</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____
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3. Name of Third Beneficiary:	3 rd Beneficiary Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Asset/Property Received:</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Ownership Percentage</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____			
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4. Name of Fourth Beneficiary:	4 th Beneficiary Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Asset/Property Received:</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Ownership Percentage</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____ %</td> <td style="text-align: center; border-bottom: 1px solid black;">\$ _____</td> </tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____	_____	_____ %	\$ _____
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IV. BENEFICIARIES (Cont'd)

<p>5. Name of Fifth Beneficiary:</p>	<p>5th Beneficiary Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Asset/Property Received:</u></th> <th style="text-align: center;"><u>Ownership Percentage</u></th> <th style="text-align: center;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____	_____	%	\$ _____
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V. GENERAL INFORMATION

<p>1. Do You Want to Receive Artificial Life Support?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>2. Do You Desire to Have a Memorial, Burial or Cremation?</p>	<p><input type="checkbox"/> Memorial <input type="checkbox"/> Burial <input type="checkbox"/> Cremation</p> <p>Name and Address for Memorial Services: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____</p> <p><i>If different from above, provide:</i></p> <p>Name and Address for Burial Services: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____</p> <p>Name and Address for Cremation Services: Address: _____ City: _____ State: _____ Zip: _____ County: _____</p>
<p>3. Specify Any Additional Information To Be Included In The Living Trust Agreement:</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>