



**A FINANCIAL LEGAL SERVICES CORPORATION**

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## **BASIC TRUST QUESTIONNAIRE**

Your Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Marital Status?  Single  Married  Divorced  Widowed  Domestic Partnership

Partner\Spouse's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_

Are you at least 18 years of age and of sound mind? \_\_\_\_

Will you serve as Trustee?

- Yes  
 No  
 Let decide after we discuss the issue

### **Name Your Successor Trustee**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

### **Name Your Alternate Successor Trustee**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Describe an item(s) of property you want to hold in trust. [Married individuals must have the consent of their spouse to put community property assets in a trust]  
(Attach an additional page if needed and label: titled or not titled property)

Titled Property (property that has a title, i.e., car, house, stock, etc.)

Non-Titled Property (property that does not have a title, i.e., furniture, jewelry, etc.)

### **Distribution of Your Trust Property**

How do you want your trust property to be distributed at your death? You have two choices:

- All trust property to one or more beneficiaries.  
(Attach an additional page if needed)

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Name Your Alternate Successor Beneficiary

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

- Different items of property to different beneficiaries.  
(Attach an additional page if needed)

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: [ ] Male [ ] Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Item(s) \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: [ ] Male [ ] Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Item(s) \_\_\_\_\_

**Name Your Alternate Successor Beneficiary**  
(Attach an additional page if needed)

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: [ ] Male [ ] Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Item(s) \_\_\_\_\_

**Name your Residuary Beneficiary**

Name one or more persons or organizations you want to be your residuary beneficiary.

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: [ ] Male [ ] Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

**Name Your Alternate Residuary Beneficiary**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: [ ] Male [ ] Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

**Setup Childs Subtrust or Custodian**

Do you have any beneficiaries under 25?

Yes

No

If yes would you like to arrange management of the property the young beneficiary will inherit?

Yes

No

Let me decide after we discuss this issue

There are two methods to choose from

Name a “custodian” to manage the property, under the Uniform Transfers to Minors Act. In Washington, management musts cease when the beneficiary reaches age 21.

have the property stay in a “child’s subtrust” until the beneficiary reaches the age you specify, up to 35.

**Additional Provisions:**