

This box for office use only – Trust Title:

\_\_\_\_\_  
\_\_\_\_\_  
Date Received:

## Personal Residence Trust Questionnaire

Thank you for your faith in our firm. The following information will be used in preparing estate planning documents for you. If you have any questions while completing this questionnaire, please do not hesitate to contact our Estate Planning department to schedule a phone call or in-person meeting with the paralegal. 408-985-9918.

### **BACKGROUND INFORMATION**

The information you provide in this section provides us with important objective information about the person with a disability, their age, marital status, where they live, and how best to communicate with the main contact person. This section will ensure names are spelled correctly in the documents.

#### **Residence to be put in trust:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APN \_\_\_\_\_

#### **Homeowner Contact Information**

Full Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Also Known As \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

U.S. Citizen? [ ] YES [ ] NO Veteran? [ ] YES [ ] NO

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Is it okay to communicate via E-mail? [ ] YES [ ] NO

Is the person married? [ ] YES [ ] NO If yes, please complete the next section and provide the date of marriage: \_\_\_\_\_

## Spouse Contact Information

Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

U.S. Citizen?  YES  NO

Veteran?  YES  NO

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Is it okay to communicate via E-mail?  YES  NO

## APPOINTMENTS - PEOPLE TO ASSIST YOU

### Successors to You

Who will manage the Personal Residence Trust?

	Client Responses (include name, address, and tel.)
<b>Successor Trustee First Choice</b>	
<b>Successor Trustee Second Choice</b>	
<b>Successor Trustee Third Choice</b>	
<b>Successor Trustee Fourth Choice</b>	

**SPECIAL INSTRUCTIONS**

If you are unable to live in the house, can family or friends live in the house?      YES    NO

If yes, who? \_\_\_\_\_

Will they pay rent?                              YES    NO

Will they pay house expenses?              YES    NO

Is rental of property to an unrelated third person an option?              YES    NO

**BENEFICIARIES**

**Please provide specific legal names and answer the questions below.**

Distribute assets of the Personal Residence Trust as follows:

#1 Equally between the children or their issue.

**OR**

#2 To the following named individuals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any of these people minors (under age 18)?                              YES    NO

Are all of these people in good health?      YES    NO

Do any of these people have problems with alcoholism or drug addiction?              YES    NO

Do any of these people have trouble managing their money?                              YES    NO

**Congratulation on completing this questionnaire!**