

# MISSOURI WILL & TRUST QUESTIONNAIRE

( Standard Wills & Joint Family Revocable Trust for Married Couple With No Minor Children )

Please answer all questions. If you are unsure about the proper way to answer a question, please call me.

You and your spouse are not required to select the same individuals to be your executors, trustees or your children's guardians. However, if you are selecting different persons you will each need to complete a separate questionnaire.

## Testators/Grantors ( Persons Making The Wills & Trust )

Name of husband: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of wife: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Family Information

Number of Children: \_\_\_\_\_ Are more children anticipated in the future ? Yes \_\_\_\_ No \_\_\_\_

| <u>Child's Full Name</u> | <u>Age</u> |
|--------------------------|------------|
| _____                    | _____      |
| _____                    | _____      |
| _____                    | _____      |
| _____                    | _____      |

Do you or your spouse have children from a prior marriage ? Yes \_\_\_\_ No \_\_\_\_  
( If Yes, please arrange for a personal appointment as the standard will is probably not appropriate )

## Personal Representative ( Executor )

Who do you want to be the personal representative (executor) ? Your PR is responsible for administering your estate. Simply put, they will be responsible for liquidating your assets and distributing the proceeds to your designated beneficiaries. Although your PR does not have to be a Missouri resident, I recommend that you seriously consider how difficult it could be for someone far away to administer your estate.

- \_\_\_\_ The spouse and one or more successor personal representatives (*This is the most common answer*)
- \_\_\_\_ The spouse and a co-personal representative. Your spouse may or may not like this option.
- \_\_\_\_ One personal representative and one or more successor personal representative. Usually children.
- \_\_\_\_ Two co-personal representatives. Can they work well together ?

First Choice: \_\_\_\_\_ (*Most common is Spouse*)

Address: \_\_\_\_\_

First Successor: \_\_\_\_\_

Address: \_\_\_\_\_

Second Successor: \_\_\_\_\_

Address: \_\_\_\_\_

## Successor Trustees of the Joint Family Revocable Trust

Who do you want to be the successor trustee of your trust after both of you are deceased or incompetent ? The successor trustee is responsible for administering your Revocable Trust and distributing the assets to your designated beneficiaries. The Personal Representative and successor trustees do not have to be the same people however they frequently are.

\_\_\_\_\_ One trustee and one or more successor trustees. ( *This is the most common answer* )

\_\_\_\_\_ Two co-trustees and if one fails to qualify the other may act alone

First Successor: \_\_\_\_\_

Address \_\_\_\_\_

Second Successor: \_\_\_\_\_

Address \_\_\_\_\_

## Beneficiary & Distribution Information

Are there to be any specific bequests (gifts) of cash or personal property to someone other than your spouse or children? Yes \_\_\_\_\_ No \_\_\_\_\_  
( *If Yes, please arrange for a personal appointment as the standard trust is probably not appropriate* )

If no, how do you want the remainder of your property to be distributed ?

\_\_\_\_\_ Everything to the spouse and if the spouse has already died then everything to the children in equal shares. ( *This is the most common method* )

\_\_\_\_\_ Other \_\_\_\_\_  
( *Please arrange for a personal appointment as the standard trust is not appropriate* )

If a child dies before you, do you want their share to go to their children ( your grandchildren ), if they have any ?  
Yes \_\_\_\_\_ No \_\_\_\_\_ ( *Yes is the most common answer* )

How old do you want your children to be before they receive their inheritance free from the trust ?  
Please note that the trustee is allowed to distribute funds for education, medical and living expenses at any time prior to the distributions checked below.

\_\_\_\_\_ total distribution at age: 21 25 30 \_\_\_\_\_ ( *Circle Your Choice* )

\_\_\_\_\_ 1/2 is to be released when 21 and the balance at age 25

\_\_\_\_\_ 1/2 is to be released when 25 and the balance at age 30

\_\_\_\_\_ 1/3 is to be released when 21, and 1/3 when 25 and the balance at age 30

\_\_\_\_\_ Other: \_\_\_\_\_

If all of the standard beneficiaries (spouse, children and grandchildren) do not survive you, who do you wish to designate as alternate beneficiaries ?

\_\_\_\_\_ Standard distribution which is 50% to your family and 50% to your spouses family. Under state law, each half goes to the following living individuals in the following order: (1) Parents, (2) Brothers/Sisters, (3) Nieces/Nephews/Aunts/Uncles. ( *This is the most common method* )

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Health Care Directive ( Living Will )**

Do you want a "living will" authorizing your spouse to withdraw or determine your medical treatment if you are not capable of making your own medical decisions ? Yes \_\_\_\_ No \_\_\_\_

Do you want a second person named if your spouse has predeceased or cannot act? Yes \_\_\_\_ No \_\_\_\_

If yes, please give name and address of alternate person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Durable Power of Attorney**

Do you want a "Durable Power of Attorney" giving your spouse the ability to handle your affairs if you are mentally incapacitated ? Yes \_\_\_\_ No \_\_\_\_

Do you want a second person named if your spouse has predeceased or cannot act? Yes \_\_\_\_ No \_\_\_\_

If yes, please give name and address of alternate person:

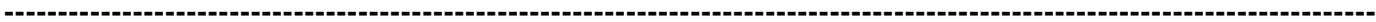
Name: \_\_\_\_\_

Address: \_\_\_\_\_

**If you want a third choice for any of the above please list here:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_



***To Pay By Credit Card***

Type of Credit Card: MasterCard \_\_\_\_ VISA \_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: Month \_\_\_\_ Year \_\_\_\_ Sec Code: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Amount: **\$695.00** for Standard Will & Trust Package

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail or fax the completed form with check or credit card payment to:**

***Greg A. Launhardt***

11420 Gravois Road, St. Louis, Missouri 63126, Call (314) 842-1313 Fax 842-7045

[greg@accountax-stl.com](mailto:greg@accountax-stl.com)