

**MISSOURI WILL & TRUST QUESTIONNAIRE**  
( Standard Will and Revocable Trust for Single Person With Minor Children )

**Testator ( Person Making The Will & Trust )**

Name of Testator \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**Family Information**

Name of ex-spouse: \_\_\_\_\_ Divorced \_\_\_ Deceased \_\_\_ None \_\_\_

Number of Children: \_\_\_\_\_

Is there any chance of more children in the future ? Yes \_\_\_ No \_\_\_

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

**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 Revocable Trust. 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.

\_\_\_ One personal representative and one or more successor personal representative  
*(This is the most common answer)*

\_\_\_ Two co-personal representatives. Can they work well together ?

First Choice: \_\_\_\_\_ *(Most common is child over 21)*

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

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

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

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

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

## Guardian of Minor Children

If your ex-spouse predeceases you and there are minor children, who would you like their guardian to be ?

First Choice: \_\_\_\_\_

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

## Beneficiary & Distribution Information

Are there to be any specific bequests (gifts) of cash or personal property to someone other than your children? Yes \_\_\_\_ No \_\_\_\_ (If Yes, please attach a list describing the gift and the beneficiary)

If no, how do you want your estate to be distributed ?

\_\_\_\_ Everything to the children in equal shares. (*This is the most common answer*)

If a child dies before you, do you want their share to go to their children, 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: 18 21 25 30 \_\_\_\_ (*Circle*)

\_\_\_\_ 25 but 1/2 is to be released when 21

\_\_\_\_ 30 but 1/2 is to be released when 25

\_\_\_\_ 30 but 1/3 is to be released when 21, and 1/3 when 25

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

\_\_\_\_ Disinheriting one or more children to the extent permitted by law.

Who ? \_\_\_\_\_

(If none of the above, please arrange for a personal appointment as the standard trust is not appropriate)

If all of the beneficiaries (children/others) do not survive you, who do you wish to designate as alternate beneficiaries ?

\_\_\_\_ Standard distribution under state law to the following living individuals in the following order:  
Parents; Brothers/Sisters; Nieces/Nephews/Aunts/Uncles. (*This is the most common method*)

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

## Successor Trustees

Who do you want to be the trustee of your Revocable Trust after you die or become incompetent ?

It is very common to choose the same people who are the executors of your will.

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

\_\_\_\_ Two co-trustees and if one fails to qualify the other may act alone. Can they work well together?

First Choice: \_\_\_\_\_  
Name and Address (*Most common is child over 21*)

First Successor: \_\_\_\_\_  
Name and Address

**Health Care Directive ( Living Will )**

Do you want a "living will" authorizing someone to withdraw medical treatment if you are terminally ill ?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, who ?

First Choice: \_\_\_\_\_  
Name and Address (*Most common is child over 21*)

First Successor: \_\_\_\_\_  
Name and Address

**Durable Power of Attorney**

Do you want a "Durable Power of Attorney" giving a family member or friend the ability to handle your financial affairs in the event you are mentally incapacitated ? Yes \_\_\_\_ No \_\_\_\_ If Yes, who ?

First Choice: \_\_\_\_\_  
Name and Address (*Most common is child over 21*)

First Successor: \_\_\_\_\_  
Name and Address

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

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

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



***To Pay By Credit Card***

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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)