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## MCKENZIE LEGAL & FINANCIAL

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FINANCIAL CONSULTING | ESTATE PLANNING | ELDER LAW

THOMAS L. MCKENZIE, JD, RFC  
2631 Copa De Oro Drive, Los Alamitos, CA 90720  
TEL: (562) 594-4200 ♦ Fax: (562) 394-9512  
Website: [www.ThomasMcKenzieLaw.com](http://www.ThomasMcKenzieLaw.com)

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Greetings:

Enclosed you will find our confidential Trust Administration Questionnaire. This questionnaire is used to gather the information necessary to for proper planning. Please answer **all applicable questions** as completely as you can. The more information you can provide, the better I can answer your questions, and develop your plan in accordance with your wishes. In addition, a completed form may reduce the overall cost of the trust administration process. However, with respect to questions regarding asset valuations, accuracy to the exact dollar is not necessary.

If you have not scheduled an appointment, but would like one, please call our office at (562) 594-4200.

If you have scheduled a meeting, please bring **the completed questionnaire, any existing estate planning documents** (e.g. trusts, wills, etc.), as well as a **copy of the deed(s) to any real property**, if any, along with a **copy of the latest property tax statement(s)** on such properties, any bank and brokerage account statements, insurance and annuity policies, stock certificates and pre-paid funeral contracts, if any, and at least **3 Certified Copies of the Death Certificate**.

If you live in Leisure World, please also bring your Leisure World Stock Certificate and Active Membership Certificate, to our meeting.

Unless otherwise agreed upon in advance, the fee for the appointment will be \$350.00 per hour, payable at our meeting, with a one-hour minimum.

**Please note that no attorney-client relationship is established until an Agreement for legal services has been executed by yourself and a representative of the firm, and the required deposit, if any, is paid in full.**

Thank you for your cooperation,

THOMAS L. MCKENZIE

TLM:nam

P.S. PLEASE DO NOT CALL OUR OFFICE WITH LEGAL QUESTIONS DIRECTED TOWARDS OUR OFFICE MANAGER, SECRETARY OR OTHERS PRIOR TO YOUR APPOINTMENT, AS THEY ARE NOT LEGALLY ENTITLED TO ANSWER SUCH QUESTIONS. PLEASE WRITE DOWN ANY QUESTIONS YOU MAY HAVE, AND YOUR QUESTIONS WILL BE ANSWERED AT YOUR APPOINTMENT BY THE ATTORNEY. THANK YOU!



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### Thomas L. McKenzie JD, RFC Financial and Legal Consulting

Thomas L. McKenzie received his *Juris Doctor* degree from Western State University College of Law, in Fullerton, California. While working full-time at night and attending full-time daily classes, Tom graduated law school with honors in 1993. While at law school, Tom was on the Dean's List, and was selected as Associate Editor of Western State's Law Review. He also received several American Jurisprudence Awards for excellence in academics and real estate. During his second year of law school, Mr. McKenzie was the recipient of the Scott McCune Scholarship. Passing the bar on his first attempt, Tom established *McKenzie Legal & Financial*, and went on to practice in the areas of estate planning, financial consulting, elder law and real estate.



Tom is a member of the California State Bar, as well as the Trust & Estates Section of the Bar. He is an active member of the National Academy of Elder Law Attorneys, and was a member of their National Multidisciplinary Task Force. Mr. McKenzie is a member of the Orange County Bar Association, and is a past Chairman of the Board of Directors of the Elder Law Section of the Orange County Bar Association. He is also a member of ElderCounsel, a network of attorneys who serve the needs of the disabled and elderly. Tom is also a member of the Orange County Bar's "Master's Division," comprised some of the most experienced attorneys in Orange County. Finally, Mr. McKenzie is an accredited attorney by the US Veterans Administration.

Mr. McKenzie has written numerous articles for various publications and legal periodicals, including the Los Angeles and San Francisco Daily Journals, the National Academy of Elder Law Attorneys' NAELANEWS, the Gilfix Elderlaw Newsletter, the Leisure World News, the Los Cerritos Community News, and the Orange County Bar Association's Elder Law Section Newsletter. He frequently lectures on estate planning, financial planning, real estate, elder law, and Medi-Cal long-term care planning issues. Tom has been an expert panelist on programs sponsored by Continuing Education of the Bar (University of California), Orange County Bar Association, and California Advocates for Nursing Home Reform.

Mr. McKenzie is also a Registered Financial Consultant, a Series 7 licensed securities broker and Registered Representative, a licensed independent insurance broker, and a Series 65 Investment Advisor Representative. He is a member of the Financial Planning Association of Orange County, and the International Association of Registered Financial Consultants. In January of 2011, Tom was selected as a "Five Star Wealth Manager Award Winner" by *Los Angeles Magazine*, which is an award given to less than 2% of all wealth managers in Southern California. In February of 2011, Mr. McKenzie was profiled in *Newsweek Magazine's* "Wealth Managers of Los Angeles" section, as one of the Southland's top advisers. In 2012, Tom was also profiled in *Orange Coast Magazine* as one of Orange County's top wealth managers, and he received the award again in 2019.

Finally, Tom is a licensed real estate broker, a Realtor®, and a member of the National Association of Realtors®, as well as the California Association of Realtors®. He has been in the real estate business since 1998, and is the broker/owner of **NextHome Estates Realty Group**, a part of the NextHome family of US franchises. He holds many advanced real estate certifications and designations. For example, he is a Real Estate Negotiation Expert (RENE®), Pricing Strategy Analyst (PSA®), First-Time Buyer Specialist (FTBS®), Resort & Second Home Specialist (RSPS®), and Senior Real Estate Specialist (SRES®). With an understanding of legal, financial and real estate issues, Mr. McKenzie is uniquely situated to advise his clients in the development of a truly comprehensive estate and financial plan.

Mr. McKenzie resides in Orange County with his wife, Natalie, and their four children, Macy, age 18; Ryan, age 17; Cody, age 12; and Noah, age 10. The firm offers estate planning, long-term care planning, financial consulting, real estate brokerage and educational services to consumers throughout California.



OF ORANGE COUNTY



**MCKENZIE LEGAL & FINANCIAL – DRIVING INSTRUCTIONS**  
**2631 COPA DE ORO DRIVE, LOS ALAMITOS, CA**  
**(562) 594-4200**

Please note that as a result of Mr. McKenzie's desire to spend more time with his wife and four school-age children, his offices have been relocated from his prior high-rise offices in Torrance and Fountain Valley, to his current office in Los Alamitos. This custom-built office complex is in a residential tract, in an area of North Orange County known as "Rossmoor." Rossmoor is at the intersection of the 405 Freeway, the 605 Freeway and the 22 Freeway, and is bordered by Long Beach on the West, Seal Beach on the South, and Los Alamitos on the East. Following, are directions to our office:

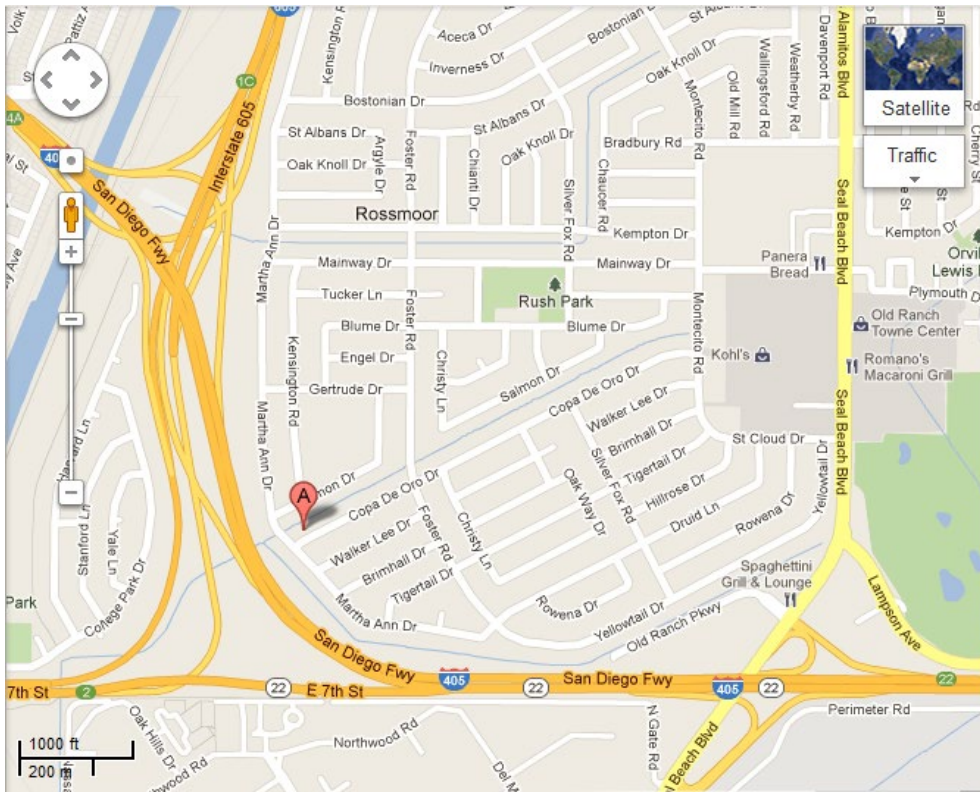
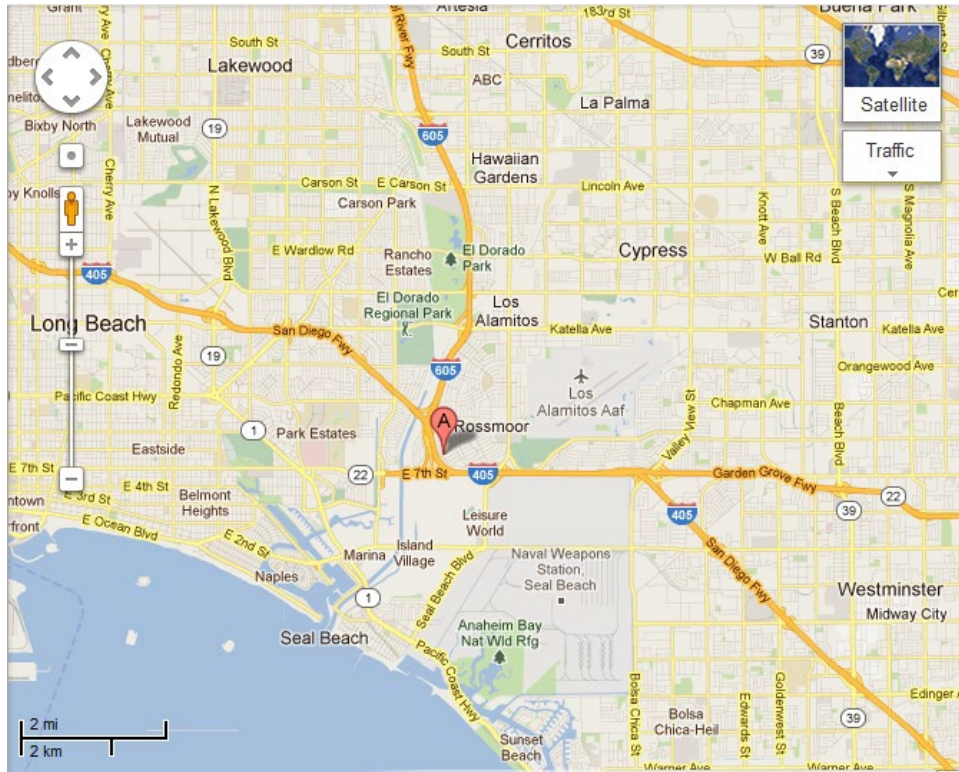
**From the 5 Freeway or the 605 Freeway traveling South:** If you are on the 5 Freeway, take the 5 Freeway to the 605 Freeway South. When on the 605 Freeway, travel South to exit 1D to merge onto Katella Ave./E. Willow St. towards Los Alamitos. Continue to follow Katella Ave. approximately 1 mile to Los Alamitos Blvd. and turn right. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 405 Freeway traveling South:** Take the 405 Freeway to South to the Seal Beach Blvd. exit, Exit 22, toward Los Alamitos Blvd. Keep right to take the ramp towards Los Alamitos/Seal Beach/Rossmoor. Then, merge right onto Seal Beach Blvd. Travel approximately 0.2 miles and turn left onto St. Cloud Dr., (which will become Montecito Rd.). Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 405 Freeway traveling North:** Take the 405 Freeway to exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 22 Freeway traveling West:** Take the 22 Freeway toward Long Beach. Merge onto the 405 Freeway, North. Take exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 91 Freeway traveling West towards the 605 Freeway.** Take the 91 Freeway West to the 605 Freeway, South. Take exit 1D to merge onto Katella Ave./E Willow St. toward Los Alamitos. Continue to follow Katella Ave., then turn right onto Los Alamitos Blvd. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.



## **TRUSTEE RESPONSIBILITIES**

### ***A GENERAL OVERVIEW***

The Trustee's role must be taken seriously. The Trustee accepts personal responsibility and legal liability for the financial welfare of trust beneficiaries. Sometimes, when there is an absence of disagreement between the interested parties, the estate is rather simple, and there are no ongoing trusts involved, the process can be carried out in a matter of months. Sometimes, however, the job can involve years of effort, coordination with lawyers and accountants, and detailed record keeping. If you are named as Trustee of a Trust, you should consider carefully, the related responsibilities.

Following is a representative, though by no means comprehensive, summary of what is expected of a Trustee. Depending upon the terms and holdings of the trust, the Trustee will assume some, many or all of these responsibilities. Finally, laws and regulations change on a regular basis, and the summary below is not substitute for legal advice. If you require legal advice, please call our office at (562) 594-4200, or seek the assistance of another qualified attorney.

#### **Legal Obligations**

- Assumes legal responsibility for the proper administration of the trust
- Investigates claims against the trust (if any) and opposes invalid claims in court, if applicable
- Seeks legal counsel to properly carry out the trust administration process

#### **Accounting and Administration duties and responsibilities**

- Establishes bookkeeping procedures
- Inventories and changes titles of assets
- Pays bills
- Performs ongoing accounting
- Submits records for independent audit, if necessary

#### **Investment Management**

- Develops appropriate strategy to protect the interests of the grantor and beneficiaries
- Reviews assets regularly for quality and performance

#### **Securities Custody**

- Promptly collects all assets and related income
- Maintains detailed records of all assets and transactions

#### **Tax-Related Responsibilities**

- Documents asset acquisition dates, cost bases, and adjustments
- Keeps records of taxable income
- Files annual trust tax returns
- Furnishes information for beneficiary tax returns

#### **Potential Issues Related to a Deceased Person (or spouse) who received SSI, Medi-Cal or Other Needs-Based Public Benefits**

If the decedent (or spouse) had received needs-based public benefits, like SSI or Medi-Cal, the Successor Trustee must make proper notifications, and possibly interact with the California Department of Health Care Services or other governmental agencies. It is imperative that the Trustee receive competent legal advice both prior to communicating with these agencies, and throughout these transactions and contacts. A mistake made by the Trustee could cost the estate unnecessary payments and expenses, and/or severely disadvantage the beneficiaries.

#### **Duties to Beneficiaries**

- Communicates regularly
- Makes income payments, if applicable
- Distributes principal with discretion, if applicable
- Provides detailed account statements, if applicable

- Makes final distribution of trust assets to the beneficiaries

### **Real Estate**

- Arranges for the security, insurance, and maintenance of personal residences and other real estate
- Investigates the status of taxes, assessments, and liabilities against the property
- Obtains appraisals, titles, deeds, and abstracts
- Facilitates transfer of property to beneficiaries or new owners

If the real estate is income-producing, the Trustee also:

- Secures management and accounting services
- Certifies compliance with all applicable regulations, including those for environmental protection and accommodations for the disabled

### **Appropriate Management of Diverse Assets**

Virtually any type of asset can be placed in trust—and every type must be managed differently. The Trustee must provide appropriate management for all trust holdings, from the commonplace to the unusual.

### **Conventional Financial Assets**

Cash, securities, options, commodities, debts owed to the grantor, insurance and employee benefit proceeds, deferred compensation, and other commonly held assets fall into this category.

### **Unique Financial Assets**

Copyrights, patent rights, royalties, mineral rights, partnership interests, farm or ranch holdings, oil and gas interests, and other unique assets require specialized management by the Trustee.

### **Business Interests**

The Trustee must provide management, valuation, and consulting services for any business interests held in trust. If the business is to be sold, the Trustee must see that this is carried out under the most favorable terms possible.

### **Personal Property**

The Trustee must appraise the value and preserve the security of all assets held in trust until their distribution or sale. This may include family heirlooms, household furnishings, vehicles, collectibles, jewelry, and other possessions.

### **Estate Settlement**

- Makes sure that the requirements of the courts and taxing authorities are met
- Prepares federal estate tax, final income tax, gift tax, and generation-skipping tax returns as required
- Investigates and discharges obligations to creditors
- Determines final distributions in keeping with the trust agreement
- Arranges final transfer of assets

Failure to properly carry out the trust administration process could harm the estate, as well as subject the Trustee to personal liability. So, it is always best to receive proper legal advice when carrying out those responsibilities.



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## TRUST ADMINISTRATION QUESTIONNAIRE

Date of Our First Appointment (if any): \_\_\_\_\_ Referred By: \_\_\_\_\_

Please fill out all sections below to the best of your ability. The more precise your answers, the better we can assist you in the trust administration process, and the costs related to the trust administration process may be reduced. If a section below does not apply to you, please leave that section blank.

**IMPORTANT!! -- PLEASE PROVIDE COPIES OF ALL OF YOUR ESTATE PLANNING DOCUMENTS, DEEDS, PROPERTY TAX STATEMENTS, STATEMENTS FROM ALL BANK AND INVESTMENT ACCOUNTS, ETC. IF ANY.**

**ALSO, IF THE DECEDENT (OR THE DECEDENT'S PREDECEASED SPOUSE) HAD RECEIVED PUBLIC BENEFITS (E.G. SSI OR MEDI-CAL), PLEASE BRING INFORMATION REGARDING THESE BENEFITS, AS WELL AS COPIES OF RECENT LETTERS FROM THE SOCIAL SERVICES AGENCY REGARDING SUCH BENEFITS.**

**FINALLY, GENERALLY WE WILL REQUIRE THREE (3) CERTIFIED DEATH CERTIFICATES FOR THE DECEDENT, AND IF THERE WAS A PREDECEASED SPOUSE, TWO (2) CERTIFIED DEATH CERTIFICATES FOR HIM OR HER.**

### PERSONAL DATA

Trustee/Executor Name (First, Middle, Last) Social Security No. Age and Date of Birth Relationship

Home Address (Number, Street) City State ZIP County of Residence

Home Telephone Number Work Telephone Number Cell Phone # E-Mail

Co-Trustee/Executor Name (if any) (First, Middle, Last) Social Security No. Age and Date of Birth Relationship

Home Address (Number, Street) City State ZIP County of Residence

Home Telephone Number Work Telephone Number Cell Phone # E-Mail

Deceased Person's Name (First, Middle, Last) Social Security No. Age and Date of Birth Date of Death

Spouse's Name (if any) (First, Middle, Last) Social Security No. Age and Date of Birth Date of Death (if deceased)

Deceased Person's Street Address City, State and Zip Code County

1. Was deceased person a U.S. citizen?:  Yes  No Is/was deceased person's spouse, if any, a U.S. citizen?  Yes  No

2. Did the deceased person have a Trust?:  Yes  No If so, what kind?  Standard  A/B Marital  QTIP  Other: \_\_\_\_\_

Trust Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Trust Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

3. Did the deceased person have a Will?:  Yes  No **(If so, please bring the ORIGINAL Will to your appointment)**

4. Estimated estate value? \_\_\_\_\_ Less than \$500,000 \_\_\_\_\_ Between \$2,000,000 and \$5,000,000  
\_\_\_\_\_ Between \$500,000 and \$2,000,000 \_\_\_\_\_ Over \$5,000,000

5. Did the decedent (or the decedent's spouse) receive Medi-Cal or SSI benefits? \_\_\_ Yes \_\_\_ No Please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Are any beneficiaries incarcerated? If so, who and for what: \_\_\_\_\_

7. Tax preparer:

(Name, address, and phone)

\_\_\_\_\_

8. Other advisers: (Name, address, and phone)

\_\_\_\_\_

9. Name, address, telephone no., date of birth, and SS# of **BENEFICIARIES named in the Trust:**

**Name:** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Full Name of Father: \_\_\_\_\_ Full Name of Mother: \_\_\_\_\_  
Other Information: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Full Name of Father: \_\_\_\_\_ Full Name of Mother: \_\_\_\_\_  
Other Information: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Full Name of Father: \_\_\_\_\_ Full Name of Mother: \_\_\_\_\_  
Other Information: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Full Name of Father: \_\_\_\_\_ Full Name of Mother: \_\_\_\_\_  
Other Information: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Full Name of Father: \_\_\_\_\_ Full Name of Mother: \_\_\_\_\_  
Other Information: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Full Name of Father: \_\_\_\_\_ Full Name of Mother: \_\_\_\_\_  
Other Information: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Full Name of Father: \_\_\_\_\_ Full Name of Mother: \_\_\_\_\_  
Other Information: \_\_\_\_\_

Does any beneficiary have special needs or are they on public benefits programs (e.g. SSI, Medi-Cal, Medicaid, etc.)? \_\_\_\_\_  
\_\_\_\_\_



**FAMILY**

**Children:** Please list all children, living or deceased. (if any person named below is disabled, place a "D" next to name)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
If deceased, date of death: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_  
Parents: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

| Grandchild Name | Date of Birth | Age   |
|-----------------|---------------|-------|
| _____           | _____         | _____ |
| _____           | _____         | _____ |
| _____           | _____         | _____ |
| _____           | _____         | _____ |

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
If deceased, date of death: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_  
Parents: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

| Grandchild Name | Date of Birth | Age   |
|-----------------|---------------|-------|
| _____           | _____         | _____ |
| _____           | _____         | _____ |
| _____           | _____         | _____ |
| _____           | _____         | _____ |

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
If deceased, date of death: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_  
Parents: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

| Grandchild Name | Date of Birth | Age   |
|-----------------|---------------|-------|
| _____           | _____         | _____ |
| _____           | _____         | _____ |
| _____           | _____         | _____ |
| _____           | _____         | _____ |

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
If deceased, date of death: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_  
Parents: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

| Grandchild Name | Date of Birth | Age   |
|-----------------|---------------|-------|
| _____           | _____         | _____ |
| _____           | _____         | _____ |
| _____           | _____         | _____ |
| _____           | _____         | _____ |

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 If deceased, date of death: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_  
 Parents: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

| Grandchild Name | Date of Birth | Age |
|-----------------|---------------|-----|
|                 |               |     |
|                 |               |     |
|                 |               |     |
|                 |               |     |

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 If deceased, date of death: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_  
 Parents: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

| Grandchild Name | Date of Birth | Age |
|-----------------|---------------|-----|
|                 |               |     |
|                 |               |     |
|                 |               |     |
|                 |               |     |

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 If deceased, date of death: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_  
 Parents: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

| Grandchild Name | Date of Birth | Age |
|-----------------|---------------|-----|
|                 |               |     |
|                 |               |     |
|                 |               |     |
|                 |               |     |

**Other Living Adult Relatives.** Please list other living adult relatives, e.g. parents, brothers, sisters, of both spouses:

| Name          | Relationship | Address |
|---------------|--------------|---------|
| FOR DECEDENT: |              |         |
|               |              |         |
|               |              |         |
|               |              |         |
|               |              |         |

|                     |  |  |
|---------------------|--|--|
| FOR SPOUSE, IF ANY: |  |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |

## FINANCIAL FACT GATHERING SECTION

If you as an individual, or you as Trustee, will be investing trust assets, the following questions can help you determine your risk tolerance and/or objectives.

1. Your investment objective summarizes the primary purpose of your plan. It serves to define how assets should be managed. While asking yourself "What do I want most to accomplish?", select the objective that best fits the purpose of your financial plan.
  - Preserve asset value
  - Generate high current income
  - Achieve asset growth with moderate current income
  - Achieve strong asset growth with nominal income
  - Achieve maximum capital appreciation
2. Please check the box that indicates your response to the following statement: I am comfortable with investments that may lose money from time to time, if they offer the potential for higher returns.
  - Strongly disagree
  - Disagree
  - Somewhat agree
  - Agree
  - Strongly agree
3. When it comes to investments, how would you characterize your tolerance for risk?
  - No risk tolerance at all
  - Moderate risk tolerance
  - Moderate to high risk tolerance
  - Highest risk tolerance
4. If you were to invest in the near future, what would be your primary goal for the money invested? (check all that apply)
  - Short-term "safe money"
  - "Safe money" put away for potential long-term care costs or uncovered medical expenses (e.g. home care, nursing care, etc)
  - Immediate income
  - Growth with some immediate income
  - Long-term growth
5. Assume that the stock market falls in value by 40%, and your stock market investments also fell by 40%. What are you most likely to do?
  - Liquidate more than half of your stock market investments and move your money into less risky assets such as CD's or fixed annuities
  - Liquidate less than half of your stock market investments and move your money into less risky assets such as CDs or fixed annuities
  - Retain your stock market investments
  - Increase your investments in the stock market
6. What is your outlook for your future income from sources other than investments over the next 10 years?
  - It will greatly decrease
  - It will decrease, but not by much
  - It will stay the same
  - It will increase, but not by much
  - It will greatly increase

7. Have you invested in any of the following? (please mark all that apply)
- Bank CDs
  - Fixed annuities
  - Money market accounts
  - Life insurance
8. Are you now or have you in the past invested in individual equities (e.g. stocks) or funds contained equities?
- Yes, and the risk was tolerable
  - Yes, and the risk was intolerable
  - No, but the risk will be tolerable
  - No, because the risk will be intolerable
9. Have you invested in individual bonds or funds containing bonds?
- Yes, and the risk was tolerable
  - Yes, and the risk was intolerable
  - No, but the risk will be tolerable
  - No, because the risk will be intolerable
10. If you have qualified pension plans (e.g. IRAs, 401ks, 403(b)s, etc.), are they structured such that they can be "stretched out" over the lifetime of your beneficiaries, thereby vastly increasing their value?
- Yes    No    I don't know
11. How would you rate the performance of your current investments?
- Excellent    Good    Average    Poor
12. Have all of your assets performed equally as well?       Yes    No
13. Which investments, if any, have been disappointments?
- \_\_\_\_\_
- \_\_\_\_\_
14. Do you have a financial advisor or broker? \_\_\_ Yes \_\_\_ No  
 Name and firm: \_\_\_\_\_
15. How often do you meet with your financial advisor? \_\_\_\_\_
- 16. If there were techniques you could use to lower your taxes, improve your financial position, and/or increase your financial security, what would be your level of interest?**
- I would be very interested
  - I would be moderately interested
  - I would not be interested

**PROPERTY**

List the property of the estate with estimated fair market values in the broad categories provided. Specify how the property is held; for example, "individually by the decedent," "jointly with \_\_\_\_\_," "by \_\_\_\_\_ in trust for \_\_\_\_\_," etc.:

**Value**

**Family residence**

Tax assessed value: \$ \_\_\_\_\_ Fair Market Value: \$ \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_ Paid Off?: \_\_\_\_\_  
Year of purchase: \_\_\_\_\_  
Purchase price: \$ \_\_\_\_\_  
How title is held: \_\_\_\_\_

**General household furniture**  
and furnishings \$ \_\_\_\_\_

**Household effects** of special value (such as china, silver, art works, antiques, collections, etc.) \$ \_\_\_\_\_

**Automobiles**

Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_  
Make: \_\_\_\_\_ Make: \_\_\_\_\_ Make: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Loan balance: \$ \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_

**Other real estate**

Full Address: \_\_\_\_\_  
Tax assessed value: \$ \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_  
Year of purchase: \_\_\_\_\_  
Purchase price: \$ \_\_\_\_\_  
How title is held: \_\_\_\_\_

**Other real estate**

Full Address: \_\_\_\_\_  
Tax assessed value: \$ \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_  
Year of purchase: \_\_\_\_\_  
Purchase price: \$ \_\_\_\_\_  
How title is held: \_\_\_\_\_

**Other real estate**

Full Address: \_\_\_\_\_  
Tax assessed value: \$ \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_  
Year of purchase: \_\_\_\_\_  
Purchase price: \$ \_\_\_\_\_  
How title is held: \_\_\_\_\_

**Bank savings or money market accounts**

|                 | <u>Institution</u> | <u>Amount</u> |
|-----------------|--------------------|---------------|
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |

*Important Note: If any of the accounts listed above are held in a subtrust of the trust (e.g. the Survivor's Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor's Trust, etc.), then please designate so as follows: Survivor's Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor's Trust (M)*

|                 | <u>Institution</u> | <u>Amount</u> |
|-----------------|--------------------|---------------|
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |

**Bank checking accounts**

*Important Note: If any of the accounts listed above are held in a subtrust of the trust (e.g. the Survivor's Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor's Trust, etc.), then please designate so as follows: Survivor's Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor's Trust (M)*

|                 | <u>Institution</u> | <u>Amount</u> |
|-----------------|--------------------|---------------|
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |
| Acct. No. _____ | _____              | _____         |

**Bank certificates of deposit**

*Important Note: If any of the accounts listed above are held in a subtrust of the trust (e.g. the Survivor's Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor's Trust, etc.), then please designate so as follows: Survivor's Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor's Trust (M)*

|                 | <u>Name of Fund or Brokerage Firm</u> | <u>Amount</u> |
|-----------------|---------------------------------------|---------------|
| Acct. No. _____ | _____                                 | _____         |
| Acct. No. _____ | _____                                 | _____         |
| Acct. No. _____ | _____                                 | _____         |
| Acct. No. _____ | _____                                 | _____         |
| Acct. No. _____ | _____                                 | _____         |
| Acct. No. _____ | _____                                 | _____         |
| Acct. No. _____ | _____                                 | _____         |

**Mutual funds or Brokerage Accounts**

*Important Note: If any of the accounts listed above are held in a subtrust of the trust (e.g. the Survivor's Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor's Trust, etc.), then please designate so as follows: Survivor's Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor's Trust (M)*

**Stock and bonds:**

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Important Note:** *If any of the stocks or bonds listed above are held in a subtrust of the trust (e.g. the Survivor's Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor's Trust, etc.), then please designate so as follows: Survivor's Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor's Trust (M)*

**IRAs, Keoghs,  
 401 (k) plans, etc.**

**DECEDENT  
Institution**

**Amount**

Acct. No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_

**SPOUSE  
Institution**

**Amount**

Acct. No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_

**Annuities**

| Policy No. | Name of Company | Date Purchased | Owner | Annuitant | Beneficiary | Value |
|------------|-----------------|----------------|-------|-----------|-------------|-------|
|            |                 |                |       |           |             |       |
|            |                 |                |       |           |             |       |
|            |                 |                |       |           |             |       |

*Important Note: If any of the annuities listed above are held in a subtrust of the trust (e.g. the Survivor’s Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor’s Trust, etc.), then please designate so as follows: Survivor’s Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor’s Trust (M)*

**Business interests** (such as limited partnership, realty trusts, ownership of closely held corporation, royalty rights, etc.)

**DECEDENT**

**SPOUSE**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

*Important Note: If any of the business interests listed above are held in a subtrust of the trust (e.g. the Survivor’s Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor’s Trust, etc.), then please designate so as follows: Survivor’s Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor’s Trust (M)*

**Prepaid funeral?**

(Irrevocable?)

burial account?

burial insurance?

plot?

headstone?

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**Other assets** (other than life insurance):

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

*Important Note: If any of the other assets listed above are held in a subtrust of the trust (e.g. the Survivor’s Trust, Bypass Trust, Disclaimer Trust, Special Needs Trust, Minor’s Trust, etc.), then please designate so as follows: Survivor’s Trust (S); Bypass Trust (B); Disclaimer Trust (D); Special Needs Trust (SNT); Minor’s Trust (M)*



List **life insurance** specifying, for each policy, whether it is a whole life or term policy, the owner, beneficiary, on whose life the policy is written, the face amount of the policy, and its cash surrender value (less outstanding loans) if any:

| <u>KIND</u><br>(whole/<br>term) | <u>OWNER</u> | <u>BENEFIC.</u> | <u>CONTINGENT</u> | <u>LIFE</u> | <u>FACE AMT.</u> | <u>CASH VAL.</u> |
|---------------------------------|--------------|-----------------|-------------------|-------------|------------------|------------------|
|                                 |              |                 |                   |             |                  |                  |
|                                 |              |                 |                   |             |                  |                  |
|                                 |              |                 |                   |             |                  |                  |
|                                 |              |                 |                   |             |                  |                  |
|                                 |              |                 |                   |             |                  |                  |

**Powers of Appointment:** Did either decedent or decedent's spouse have a power of appointment under anyone else's will or trust? If yes, please explain:

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**Debts:** List all debts, if any, other than any mortgage.

| <u>To Whom?</u> | <u>Amount Due</u> |
|-----------------|-------------------|
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |

**Lifetime Gifts:** List all lifetime gifts, if any, made to any person or entity.

| <u>To Whom?</u> | <u>Amount of Gift</u> |
|-----------------|-----------------------|
|                 |                       |
|                 |                       |
|                 |                       |
|                 |                       |
|                 |                       |
|                 |                       |

**Beneficiary of Trust:** Is the decedent (or spouse) the beneficiary of any trust? yes [ ], no [ ]. If yes, please enclose a photocopy of a signed version, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current Trustee, amount of principal, etc.

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**Separate Property:** Did either the decedent or decedent's spouse come to the marriage with significant amounts of property or later individually acquire significant property, other than from work or investment earnings, such as by inheritance? If yes, please explain briefly:

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**Any Other Issues:** If there are any other issues regarding the trust, the trust beneficiaries, or any questions you may have which you would like to discuss at your meeting, please list below:

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**SIGNATURE:** I/We hereby represent to McKenzie Legal & Financial that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I/We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate. Please sign below to verify the accuracy of the above information.

Signature verification of client \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature verification of client \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature verification of client \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

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