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## **TRUST ESTATE PACKAGE QUESTIONNAIRE**

Thank you for choosing Seymour Law Firm, PLLC to assist you with your estate planning.

Please fill out the following questions and ensure that I receive them at least two business days before your appointment, so I may have sufficient time to prepare draft copies for review during your appointment.

You may send the completed forms to me via email, regular mail or by simply dropping them off at the office.

If an item does not apply to you, please put N/A next to it or cross through it.

If you have any questions about any of the items, please circle it, and we can discuss it during your appointment.

If you have any questions, do not hesitate to call or email me,

Tina

**Please provide the following information:**

1. Full Legal Name
  - a. Address
  - b. City, State, Zip
2. Spouse
  - a. Full legal name
  - b. Date of birth
3. Children:
  - a. Full legal name and date of birth
  - b. Full legal name and date of birth
  - c. Full legal name and date of birth
  - d. Full legal name and date of birth
4. Do you wish to be cremated or embalmed?
5. Where do you wish to be buried?
6. If a cemetery, do you have a place already reserved?
7. Do you have prearrangements on file with a funeral home or insurance company?
  - a. If so, please provide the name of the home/insurance company and town:
8. Specific items you wish to give family members:
  - a. (item) (name of person)
  - b. (item) (name of person)
  - c. (item) (name of person)
  - d. (item) (name of person)
9. Once your bills are paid, how do you wish to divide the rest of your estate? (land, cars, personal property, etc.)
10. If those people are not alive at the time of your death, to whom do you wish to give the items/proceeds?
11. Who do you wish to be named to handle your estate (Executor) and your backup Executor?

Executor:

  - a. Name (full, legal)
  - b. Address
  - c. City, State, Zip
  - d. Relationship

Backup Executor:

  - a. Name (full, legal)
  - b. Address
  - c. City, State, Zip
  - d. Relationship

**Trust:**

**1. Please provide the following name for the Trust:**

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Telephone Number
- e. Relationship

**2. If you wish to place the Trust in more than one name (for example, a married couple):**

- a. Spouse Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Telephone Number
- e. Relationship

**3. Who would you like to name as your successor, the person who takes over after your death?**

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Telephone Number
- e. Relationship

**4. Who would you like to name as your back up successor, in case this person cannot take over after your death?**

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Telephone Number
- e. Relationship

**5. Are there any minor children, or young adults, for whom you want to hold assets in the trust, until they reach a certain age?**

**Child One:**

- a. Name (full, legal)
- b. Date of birth
- c. Relationship to you (child, grandchild)
- d. Age to reach before trust funds are released \_\_\_\_\_ (usually 18 or 21--but can be extended)
- e. Special circumstances for releasing additional funds? (ex: medical expenses, college expenses, reasonable living expenses, buying a house, buying a car) \_\_\_\_\_

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**Child Two:**

- a. Name (full, legal)
- b. Date of birth
- c. Relationship to you (child, grandchild)
- d. Age to reach before trust funds are released \_\_\_\_\_ (usually 18 or 21--but can be extended)
- e. Special circumstances for releasing additional funds? (ex: medical expenses, college expenses, reasonable living expenses, buying a house, buying a car) \_\_\_\_\_

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6. What items would you like to hold in trust? Please list the items on a separate piece of paper, along with the name of the person or persons you want to leave them to in the trust. For every item listed, include an alternate beneficiary, as well. **If the item involves real property (land, house, etc.), please bring to your appointment a copy of the Deed you hold for the property.**

Items which may be on this list:

- a. Houses and other real estate--if you are leaving an item to more than one person to share, state what percentage they will get (for example: two people with a 50% interest each in the property)
- b. Property you plan to sell or buy frequently--normally you want to protect only the property you own at the time of your death, so I usually put this in a will.
- c. Jewelry, antiques, furs and valuable furniture
- d. Stock in a closely held corporation--let me know if you have this, so I can obtain additional information from you
- e. Stock, bond and other security accounts held by brokerages--let me know if you have this, so I can obtain additional information from you
- f. Small business interests--let me know if you have this, so I can obtain additional information from you
- g. patents and copyrights
- h. precious metals
- i. valuable works of art
- j. valuable collections of stamps, coins or other objects.
- k. Bank accounts--you can designate a beneficiary for the funds from this, so you usually don't include this in the trust.
- l. Cars or other vehicles--usually these will go in a will, unless they are a mobile home attached to the land or a valuable antique auto. Know that some insurance companies may have issues with insuring these items in a trust.
- m. Life Insurance--usually your beneficiaries are named in the policy. However, if you have a minor child who may not be at the age of majority when you die, you can leave their life insurance proceeds in a trust until they reach the age of majority or specify specific expenses the trust will cover or you can name the trust as the beneficiary.

**Financial Power of Attorney:**

1. Who do you wish to handle your financial affairs if you become incapacitated:

First Choice:

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Phone Number
- e. Relationship

Second Choice:

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Phone Number
- e. Relationship

**Durable Power of Attorney for Health Care:**

1. Who do you want to name as the person to make medical decisions if you are incapacitated?

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Telephone Number
- e. Relationship

2. Who is your second choice?

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Telephone Number
- e. Relationship

3. Do you have any additional instructions regarding your care?

- a. Organ donor, etc. \_\_\_\_\_  
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