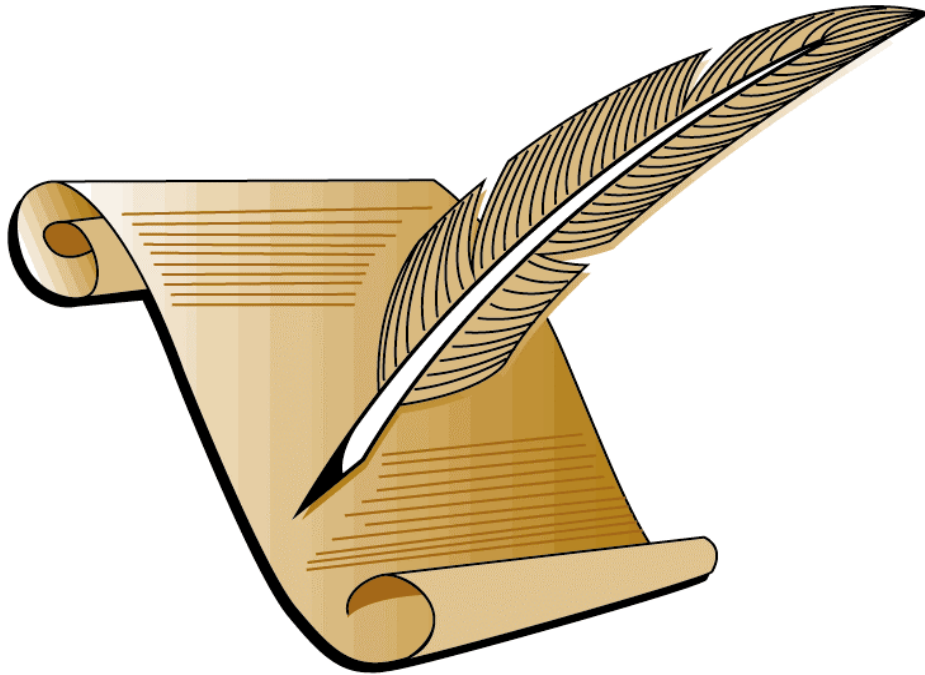


Client Information Form

Revocable Living Trust
— and other —
Estate Planning Instruments



IMPORTANT
→

- Type or handwritten using block letters. Fill out clearly and use proper spelling.
- Area within heavy border  is for Attorney or Office Use Only.
- Attach extra pages if more space is needed.

Trust Type & NameTrust Type (Attorney only) → ☐ Single Person ☐ Small Estate ☐ Disclaimer ☐ Bypass ☐ QTIP ☐ QDOTIs this a restatement of a prior Trust?☐ No, ☐ Yes – If Yes, you **MUST** provide a copy of the original trust with this application. Date of Original Trust _____

Trust Name →

"THE

TRUST"

Document Signing Information (Office Use Only)Documents to be executed in (City, County & State):
Pleasanton, CA

Date Documents will be executed, if known:

Check to print date
in documents: xNotary Name, if known (as on Notary Stamp):
DANIELA LUNGUCheck to print name
in documents: x**Client's Mailing Address**

Address (Number and Street):

City

State

Zip (req'd)

Residence County

Home Phone

Client/Husband's Information

Name as you sign legal documents (please print):

Employed?: ☐ Yes ☐ No

Other name(s) in which you own assets (please print):

CDL:

Retired?: ☐ Yes ☐ No

EXP:

US Citizen?: ☐ Yes ☐ No

Date of Birth:

Birth State or Country:

SSN:

XXX-XX-_____

Gender: ☐ M ☐ F**Marriage Information**Marital Status: ☐ Married, ☐ Never Married, ☐ Widowed, ☐ Divorced**If currently married →**

Where were you married (City, State, Country):?

Marriage Date:

If widowed or divorced →

Former Spouse's name:

Date of death or dissolution of marriage:

Partner/Spouse Information

Name as you sign legal documents (please print):

Employed?: ☐ Yes ☐ No

Other name(s) in which you own assets (please print):

CDL:

Retired?: ☐ Yes ☐ No

EXP:

US Citizen?: ☐ Yes ☐ No

Date of Birth:

Birth State or Country:

SSN:

XXX-XX-_____

Gender: ☐ M ☐ F

Client initials that spelling and personal information is correct: _____ Client/Husband _____ Wife

Children and all other Beneficiaries

(list all Children first)

Customer affirms that they have included ALL children below. _____ (initials).

Ref # **Include:** 1) all adopted and/or other living or deceased children with whom a parent-child relationship exists under state law,
2) all institutions and other non-children beneficiaries, including those receiving gifts.
Legend: Related To/Parent: **S/B** = Single or Both Settlor(s), **H** = Husband, **W** = Wife.

1	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):
2	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):
3	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):
4	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):
5	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

Children and all other Beneficiaries (cont.)

(list all Children first)

Ref #	Include: 1) all adopted and/or other <u>living or deceased</u> children with whom a parent-child relationship exists under state law, 2) all institutions and other non-children beneficiaries, including those receiving gifts. Legend: Related To/Parent: S/B = Single or Both Settlor(s), H = Husband, W = Wife.						
6	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):
7	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):
8	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):
9	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):
10	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

Name field instructions: On sections below requiring the names and addresses of individual Trustees, Executors, Guardians, Grantees, etc. please write in the full name, address and relationship.

Distribution

Include College Incentive Clause: ☐ Yes, ☐ No

Include 10% of Trust share upon graduation: ☐ Yes, ☐ No

Distribution Notes:

Gifts

(To be distributed prior to general distribution)

Enter complete name, address and relationship.

1	To:	Relationship:	If unable to receive, gift will: <input type="checkbox"/> Lapse, <input type="checkbox"/> go to Issue, or <input type="checkbox"/> go to other (describe) Distribute at death of: <input type="checkbox"/> Single or Both Settlers <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address (if not previously provided):		
	Gift Description:		
2	To:	Relationship:	If unable to receive, gift will: <input type="checkbox"/> Lapse, <input type="checkbox"/> go to Issue, or <input type="checkbox"/> go to other (describe) Distribute at death of: <input type="checkbox"/> Single or Both Settlers <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address (if not previously provided):		
	Gift Description:		
3	To:	Relationship:	If unable to receive, gift will: <input type="checkbox"/> Lapse, <input type="checkbox"/> go to Issue, or <input type="checkbox"/> go to other (describe) Distribute at death of: <input type="checkbox"/> Single or Both Settlers <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address (if not previously provided):		
	Gift Description:		

In Lieu Of Intestate Succession

(Family Disaster Clause)

Notes → List contingent beneficiary(ies) who will receive distribution in the event ALL named beneficiaries are deceased.

Full Name and Address, Relationship to Settlers: and if pass to Issue () or Lapse ()

Disinheritance

Notes → Persons natural heirs who will be intentionally excluded (disinherited) from distribution of the Estate.

Detail all Exclusions:

Initial Trustees

Original Trustees of the Trust will be: ☐ Client (and Spouse if Married) ☐ Husband only ☐ Wife only ☐ Other (explain below)
Surviving Spouse will serve as: ☐ Sole Trustee ☐ Joint Trustee with Successor

Explain special arrangements:

Successor Trustees

#	Agents Full Name (include full address if not previously provided)	Relationship	Agents will serve:
1			<input type="checkbox"/> one at a time <input type="checkbox"/> two at a time
2			If serving jointly and one can no longer serve, remaining will:
3			<input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Trustee
4			

Pour-Over Will Executor

Skip this section if Agents are same order and selection as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse:
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time
3			If serving jointly and one can no longer serve, survivor will:
4			<input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Exec

Durable Power Of Attorney for Property Management

Skip this section if Agents are same order and selection as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse:
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time
3			If serving jointly and one can no longer serve, survivor will:
4			<input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Agent

Client's Durable Power for Property Management is: ☐ Springing for all, ☐ Immediate for all, ☐ Immediate for Spouse and Springing for others
Spouse's Durable Power for Property Management is: ☐ Springing for all, ☐ Immediate for all, ☐ Immediate for Spouse and Springing for others

Client's Advance Health Care Agents(Complete for Client only)**Skip this section if Agents are same order and selection as in Successor Trustees above**

#	Agents Full Name (include full address if not previously provided)	Relationship	
1	Do not list spouse's name here		If married, first agent will be Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time
2			
3			
4			

Spouse's Advance Health Care Agents(Complete for Spouse only)**Skip this section if Agents are same order and selection as in Successor Trustees above**

#	Agents Full Name (include full address if not previously provided)	Relationship	
1	Do not list spouse's name here		If married, first agent will be Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time
2			
3			
4			

Guardian Of Minor Children

List individual names (i.e.: not "couples")

#	Guardians Full Name and Address	Relationship	
1			(blank area)
2			
3			

I / We DO NOT want the following person(s) to be appointed:

Miscellaneous

(For Attorney Use Only)

- Shall spendthrift clause be stringent?: (Use only if one or more children has a serious spendthrift problem). ☐ Yes ☐ No*
- Will there be a Corporate Trustee? ☐ Yes ☐ No*
- Corporate plus Individual Trustee? ☐ Yes ☐ No*
- For Bypass/QTIP only → Surviving Spouse to have withdrawal rights of 5 + 5 of Bypass Trust in addition to HEMS? ☐ Yes* ☐ No
- For QTIP Trusts only → Surviving Spouse to have annual withdrawal rights of 5 + 5 of Marital Trust plus HEMS? ☐ Yes* ☐ No

* Default value

Cash Assets

L

E

G

E

N

D

Common and acceptable Account Types:

Checking

Savings

CD (include maturity date)

Money Market

SAFETY DEPOSIT BOXES

Ownership Types (ignore ownership on Single Trusts):

S/B = Single Settlor or Both Settlers

H = Husband Sole and Separate Property

W = Wife's Sole and Separate Property

Institution name and full address:

#	Account Type (see legend)	Ownership Type (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

Single / Married Trust Application Form – Confidential Information

Page 7

Securities Assets				
L E G E N D	Common and acceptable Account Types:			Ownership Types (ignore ownership on Single Trusts):
	<div style="display: flex; justify-content: space-between;"> <div> Brokerage Corporate Stocks Corporate Bonds </div> <div> Mutual Funds Treasury Bills Savings Bonds </div> </div> <p style="color: red; margin-top: 5px;">- Show Quantity and Denomination. Do not include individual bond serial numbers.</p>			S/B = Single Settlor or Both Settlers H = Husband Sole and Separate Property W = Wife's Sole and Separate Property
Institution name and <u>full</u> address:				
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
Institution name and <u>full</u> address:				
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
Institution name and <u>full</u> address:				
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
Institution name and <u>full</u> address:				
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

L E G E N D	Retirement Plans, Insurance and Annuities		
	Common and acceptable Account Types:		Ownership Types (ignore ownership on Single Trusts):
	IRA	Qualified Plan	S/B = Single Settlor or Both Settlers
	Keogh	Employer Plan	H = Husband Sole and Separate Property
	401(k)	Deferred Comp	W = Wife's Sole and Separate Property
	403(b)	Roth IRA	
		Insurance (incl. Face and Cash Values)	

Institution name and <u>full</u> address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

Institution name and <u>full</u> address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

Institution name and <u>full</u> address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

Institution name and <u>full</u> address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
2		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
3		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		
4		<input type="checkbox"/> S/B <input type="checkbox"/> H <input type="checkbox"/> W		

Notes/Deeds Of Trust		(Assets of Settlor's, Not Debts)	
Note → Money you loaned to others. (PLEASE PROVIDE COPIES OF NOTES and/or DEEDS OF TRUST).			
1	Borrower Name:	Amount:	Secured by Deed of Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Borrower's complete address:		Owned By: <input type="checkbox"/> Single Person/Community <input type="checkbox"/> Husband Sole & Separate <input type="checkbox"/> Wife Sole & Separate
	Date of Loan:	APN (if applicable)	
2	Borrower Name:	Amount:	Secured by Deed of Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Borrower's complete address:		Owned By: <input type="checkbox"/> Single Person/Community <input type="checkbox"/> Husband Sole & Separate <input type="checkbox"/> Wife Sole & Separate
	Date of Loan:	APN (if applicable)	

Business Interests	
Note → Include Partnerships, Sole Proprietorships, and Close Corporations only	
1	Provide Business Name, address and Tax ID
	Type of Business: (select one): <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Professional Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC
2	Provide Business Name, address and Tax ID
	Type of Business: (select one): <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Professional Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC

Vehicles, Mobile Homes, Boats, Aircrafts, etc.	
Not required -- all of these items are automatically transferred in to the trust by way of the bill of sale or general assignment.	

Miscellaneous Assets		(Only include assets with title, that are to be transferred to Trust)
#	Complete Description	
1		
2		
3		
4		

Timeshare Memberships		
#	Complete Description	
1	Name of Resort/Timeshare:	Membership / ID Number:
	Resort/Timeshare Correspondence Address:	
2	Name of Resort/Timeshare:	Membership / ID Number:
	Resort/Timeshare Correspondence Address:	

Real Estate

Note → Readable copies of most recently **recorded** vesting deeds are REQUIRED, such as Grant Deeds, Corporate Grant Deed, Trust Transfer Deed, Quitclaim Deed, Warranty Deed, etc. **NOT acceptable are: Deeds of Trust or Deeds of Reconveyance.**

1	Property 1 (Personal Residence) - Complete Address (mark actual deed as "# 1"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
	(Mark actual deed as "No. 1")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
Mortgage Balance:		Approx Equity:	
2	Property 2 - Complete Address (mark actual deed as "# 2"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
	(Mark actual deed as "No. 2")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
Mortgage Balance:		Approx Equity:	
3	Property 3 - Complete Address (mark actual deed as "# 3"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
	(Mark actual deed as "No. 3")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
Mortgage Balance:		Approx Equity:	
4	Property 4 - Complete Address (mark actual deed as "# 4"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
	(Mark actual deed as "No. 4")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
Mortgage Balance:		Approx Equity:	
5	Property 5 - Complete Address (mark actual deed as "# 5"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
	(Mark actual deed as "No. 4")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
Mortgage Balance:		Approx Equity:	

Notes

☐ Medi-Cal DPA w/revised Amendment clause & Medi-Cal Planning Clause in TRUST

☐ Pet Trust Clause

☐ Other Instructions

Disabled Veteran or Received Payments on Behalf of Deceased Spouse of One

☐ YES

☐ NO

Declaration of Trust

(For California Residents only)

I/We certify that the information contained in this instrument indicates my/our intention to create a trust as required by California Probate Code 15201, and that is indeed a declaration of trust, and that the assets listed herein are hereby declared to be assets of the trust. All real property is hereby conveyed to the trustee of the trust in conformance with California Probate Code 15200(b) and 15206(b), and personal property, whether listed in this document or not, is declared to be hereby assigned to the trustee of the trust as assets of the trust. Trustees, successor trustees, and beneficiaries of the trust are named herein. It is my/our intent that the trust herein created will be further memorialized, but in the event of my/our incapacity or death, I/we hereby authorize those who would serve as trustee had the memorialized documents been previously executed to cause those instruments to be created and to execute them in my/our stead, unless this declaration is, prior to that time, revoked by me/us in writing. Trustee is authorized, if necessary, to petition the court for approval of the transfer of the real and personal property herein described to the trust per Probate Code 850(a)(3).

Settlor/Trustee

Settlor/Trustee