

# Client Information Form

Revocable Living Trust  
– and other –  
Estate Planning Instruments



<b>IMPORTANT</b> →	<ul style="list-style-type: none"> <li>• Type or <b>handwrite using block letters</b>. Fill out clearly and use proper spelling.</li> <li>• Area within heavy border <span style="border: 2px solid black; display: inline-block; width: 20px; height: 10px;"></span> is for Attorney or Office Use Only.</li> <li>• Attach extra pages if more space is needed.</li> </ul>
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**Trust Type & Name**

Trust Type (Attorney only) →  Single Person  Small Estate  Disclaimer  Bypass  QTIP

Is 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):	Date Documents will be executed, if known:	Check to print date in documents: <input type="checkbox"/>
Notary Name, if known (as on Notary Stamp):		Check to print name in documents: <input type="checkbox"/>
Consultant Name & Telephone:	Attorney Name & Telephone:	

**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?: <input type="checkbox"/> Yes <input type="checkbox"/> No Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Other name(s) in which you own assets (please print):			
Date of Birth:	Birth State or Country:	SSN (optional):	

**Marriage Information**

Marital Status:  Married,  Never Married,  Widowed,  Divorced

<b>If currently married →</b>	Where were you married (City, State, Country):?	Marriage Date:
<b>If widowed or divorced →</b>	Former Spouse's name:	Date of death or dissolution of marriage:

**Partner/Wife's Information**

Name as you sign legal documents (please print):			Employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Other name(s) in which you own assets (please print):			
Date of Birth:	Birth State or Country:	SSN (optional):	

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.

Name:							
Address:							
1	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: <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:							
Address:							
2	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: <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:							
Address:							
3	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: <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:							
Address:							
4	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: <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:							
Address:							
5	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: <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 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.

Name:							
Address:							
<b>6</b>	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: <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:							
Address:							
<b>7</b>	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: <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:							
Address:							
<b>8</b>	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: <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:							
Address:							
<b>9</b>	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: <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:							
Address:							
<b>10</b>	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: <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, Giftees, etc. you may write in the full name, address and relationship **or** enter in the "Ref #" of the appropriate person/institution in the Children, other Beneficiaries and Agents section above.

### 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 Ref # from *Children, other Beneficiaries and all Agents* section, or enter complete name, address and relationship.

<b>1</b>	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 Settlor <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address (if not previously provided):		
	Gift Description:		
.....			

<b>2</b>	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 Settlor <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address (if not previously provided):		
	Gift Description:		
.....			

<b>3</b>	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 Settlor <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:

.....

### 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  If serving jointly and one can no longer serve, remaining will: <input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Trustee
2			
3			
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  Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time  If serving jointly and one can no longer serve, survivor will: <input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Exec
2			
3			
4			

## 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  Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time  If serving jointly and one can no longer serve, survivor will: <input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Agent
2			
3			
4			

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

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		

## Securities Assets

LEGEND

Common and acceptable Account Types:  
**Brokerage**      **Mutual Funds**  
**Corporate Stocks**   **Treasury Bills**  
**Corporate Bonds**   **Savings Bonds** - **Show Quantity and Denomination. Do not include individual bond serial numbers.**

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 (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		

## Retirement Plans, Insurance and Annuities

LEGEND

Common and acceptable Account Types:

IRA	Qualified Plan	Annuity
Keogh	Employer Plan	Pension Plan
401(k)	Deferred Comp	Roth IRA
403(b)		Insurance (incl. Face and Cash Values)

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 (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		

<b>Notes/Deeds Of Trust</b>	(Assets of Settlers, Not Debts)
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**Note** → Money you loaned to others. (PLEASE PROVIDE COPIES OF NOTES and/or DEEDS OF TRUST).

<b>1</b>	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)	

<b>2</b>	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)	

<b>Business Interests</b>
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**Note** → Include Partnerships, Sole Proprietorships, and Close Corporations only

<b>1</b>	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
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<b>2</b>	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
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<b>Vehicles, Mobile Homes, Boats, Aircrafts, etc.</b>
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Not required -- all of these items are automatically transferred in to the trust by way of the bill of sale or general assignment.

<b>Miscellaneous Assets</b>	(Only include assets of value, that are to be transferred to Trust)
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#	Complete Description
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

<b>Timeshare Memberships</b>
------------------------------

#	Complete Description
<b>1</b>	Name of Resort/Timeshare: <span style="float: right;">Membership / ID Number:</span>
	Resort/Timeshare Correspondence Address:
<b>2</b>	Name of Resort/Timeshare: <span style="float: right;">Membership / ID Number:</span>
	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.**

<b>1</b>	Property 1 (Personal Residence) - Complete Address (mark actual deed as "# 1"):		<b>Ownership:</b> <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse  <b>Move to Trust as:</b> <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:	
<b>2</b>	Property 2 - Complete Address (mark actual deed as "# 2"):		<b>Ownership:</b> <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse  <b>Move to Trust as:</b> <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:	
<b>3</b>	Property 3 - Complete Address (mark actual deed as "# 3"):		<b>Ownership:</b> <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse  <b>Move to Trust as:</b> <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:	
<b>4</b>	Property 4 - Complete Address (mark actual deed as "# 4"):		<b>Ownership:</b> <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse  <b>Move to Trust as:</b> <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:	
<b>5</b>	Property 5 - Complete Address (mark actual deed as "# 5"):		<b>Ownership:</b> <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse  <b>Move to Trust as:</b> <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:	

