

Revocable Living Trust
- and other -
Estate Planning Instruments



IMPORTANT →	<ul style="list-style-type: none"> • Type or handwrite 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.
-----------------------	---

Section 1: Trust Type & Name

Trust Type →	<input type="checkbox"/> Single Person <input type="checkbox"/> Small Estate <input type="checkbox"/> Disclaimer <input type="checkbox"/> Bypass <input type="checkbox"/> QTIP
Is this a restatement of a <u>prior</u> Trust?	
<input type="checkbox"/> No, <input type="checkbox"/> Yes – If Yes, you MUST provide a copy of the <u>original trust</u> along with this application. Date of Original Trust _____	
Trust Name →	"THE _____ TRUST"

Section 2: Single Client/Husband's Information

Name as you sign legal documents:		Other name(s) in which you own assets		
Address (Number & Street):		City:	State:	Zip (req'd):
Residence County:		Home phone:	Employed?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	Birth State or Country:	Work phone:	Retired?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:		SSN (optional):	USA Citizen?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
			Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____

Section 3: Marriage Information

Marital Status: <input type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> Divorced		
If currently married →	Where were you married (City, State, Country):?	Marriage Date:
If widowed or divorced →	Former Spouse's name (<u>only</u> if you want it listed in the Trust):	Date of death or dissolution of marriage:

Section 4: Wife's Information

Name as you sign legal documents:		Other name(s) in which you own assets:		
Address (if different than Client above):		City:	State:	Zip (req'd):
Residence County:		Home phone:	Employed?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	Birth State or Country:	Work phone:	Retired?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:		SSN (optional):	USA Citizen?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
			Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____

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

Section 5: Children

NOTES → Include adopted and/or other living or deceased children with whom a parent-child relationship exists under state law. Under Parent, indicate the natural parent of the child, using: **S** = Single or Both Settlor(s), **H** = Husband, **W** = Wife.

#	Full Name and full address	Parent (S/H/W)	Living (Y/N)	Sex (M/F)	Date of Birth (& Date of Death if deceased)	Married (Y/N)	Has Issue? (Y/N)	% of Estate (if any)*
	<i>William James Smith, Jr. 100 Main Street, San Francisco, CA 94111</i>	<i>H</i>	<i>Y</i>	<i>M</i>	<i>10/21/1994</i>	<i>Y</i>	<i>Y</i>	<i>10</i>
	<i>John Smith</i>	<i>H</i>	<i>N</i>	<i>M</i>	<i>1116/1954 (12/24/1970)</i>	<i>N</i>	<i>Y</i>	<i>0</i>
1							
2							
3							
4							
5							

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

Section 6: Other Beneficiaries

Notes → List institutions and other non-children beneficiaries under this trust. Indicate the relationship including who is related to the beneficiary, using **S** = Single or Both Settlor(s), **H** = Husband, **W** = Wife.

#	Full Signature Name and full address	Relationship (S/H/W)	% of Estate
	<i>Nancy McBride, 1000 Second Avenue, Los Angeles, CA 90012</i>	<i>Husband's Cousin or "H Cousin"</i>	<i>20</i>
1		
2		
3		
4		

Section 7: Distribution

Distribution will be: Equal to all Beneficiaries or As defined in the "% of Estate" columns in Sections 5 and 6 above.

Timing of Distribution (select only one):

- Outright at death of (surviving) Settlor(s)
 In full when beneficiary reaches this **one** (1) age → _____
 In halves when beneficiary reaches these **two** (2) ages → (1) _____ (2) _____ (3) _____
 In thirds when beneficiary reaches these **three** (3) ages → _____
 Other (specify below): _____

Distribution to the successor beneficiary, if any: Outright, Same timing of distribution above, Other (describe below)
 Include College Incentive Clause: Yes, No
 Include 10% of Trust share upon graduation: Yes, No

Distribution Notes:

.....

.....

Section 8: Gifts (To be distributed prior to general distribution)

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 Distribute at death of: <input type="checkbox"/> Single Person or Both Settlers <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address:		
	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 Distribute at death of: <input type="checkbox"/> Single Person or Both Settlers <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address:		
	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 Distribute at death of: <input type="checkbox"/> Single Person or Both Settlers <input type="checkbox"/> Husband <input type="checkbox"/> Wife
	Address:		
	Gift Description:		

Section 9: 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:

.....

Section 10: Disinheritance

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

Detail all Exclusions:

.....

Section 11: Initial Trustees (Attorney To Verify)

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:

Section 12: Successor Trustees (Attorney To Verify)

Spouse chooses same agents as Client, Spouse chooses different agents than Client – USE SEPARATE (or supplemental) FORM FOR SPOUSE

Agent	Agents Full Name (include full address if not previously provided)	Agents will serve:
1st		<input type="checkbox"/> In Succession, one at a time <input type="checkbox"/> Jointly, two at a time If serving jointly and one can no longer serve, remaining will: <input type="checkbox"/> serve alone <input type="checkbox"/> select a Co-Trustee <input type="checkbox"/> Other: _____
2nd		
3rd		
4th		

Section 13: Pour-Over Will Executor

Skip this section if Agents are same order and selection as in Section 12 above

Agent	Agents Full Name (include full address if not previously provided)	Agents will serve:
1st		<input type="checkbox"/> In Succession, one at a time <input type="checkbox"/> Jointly, two at a time If serving jointly and one can no longer serve, survivor will serve: <input type="checkbox"/> alone <input type="checkbox"/> select a Co-Executor <input type="checkbox"/> Other: _____
2nd		
3rd		
4th		

Section 14: Durable Power Of Attorney for Property Management (Attorney To Verify)

Skip this section if Agents are same order and selection as in Section 12 above

Agent	Agents Full Name (include full address if not previously provided)	Agents will serve:
1st		<input type="checkbox"/> In Succession, one at a time <input type="checkbox"/> Jointly, two at a time If serving jointly, survivor will serve: <input type="checkbox"/> alone <input type="checkbox"/> select a Co-Agent <input type="checkbox"/> Other: _____
2nd		
3rd		
4th		

Section 15: Client's Advance Health Care Agents (Complete for Client only)

Skip this section if Agents are same order and selection as in Section 12 above

Agent	Agents Full Name (include full address if not previously provided)	
1st		If married, first agent will be <input type="checkbox"/> Spouse, <input type="checkbox"/> Other (Specify below) Agents (after surviving spouse) will serve: <input type="checkbox"/> In Succession, <input type="checkbox"/> Jointly two at a time If serving jointly, survivor will serve: <input type="checkbox"/> alone, <input type="checkbox"/> select a Co-Agent <input type="checkbox"/> Other: _____
2nd		
3rd		
4th		

Section 16: Spouse's Advance Health Care Agents (Complete for Spouse only)

Skip this section if Agents are same order and selection as in Section 12 above

Agent	Agents Full Name (include full address if not previously provided)	
1st		If married, first agent will be <input type="checkbox"/> Spouse, <input type="checkbox"/> Other (Specify below) Agents (after surviving spouse) will serve: <input type="checkbox"/> In Succession, <input type="checkbox"/> Jointly two at a time If serving jointly, survivor will serve: <input type="checkbox"/> alone <input type="checkbox"/> select a Co-Agent <input type="checkbox"/> Other: _____
2nd		
3rd		
4th		

Section 17: Guardian Of Minor Children

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

Agent	Guardians Full Name and Address	Relationship
1st		
2nd		
3rd		

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

Section 18: 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
- Bypass/QTIP: Surviving Spouse to have withdrawal rights of 5 + 5 of Bypass Trust in addition to HEMS? Yes No N/A
- QTIP Trusts: Surviving Spouse to have annual withdrawal rights of 5 + 5 of Marital Trust plus HEMS? Yes No N/A

- 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

Section 19: Cash Assets

Common and acceptable Account Types:

- Checking
- Savings
- CD (include maturity date)
- Money Market

Ownership codes:

- S** = Single Person or Community Property
- H** = Husband Sole and Separate Property
- W** = Wife's Sole and Separate Property

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
	Checking	S	\$1,000.00	12345678-0001
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Section 20: Securities Assets

Common and acceptable Account Types:

- Brokerage
- Corporate Stocks
- Corporate Bonds
- Mutual Funds
- Treasury Bills
- Savings Bonds - Show Quantity and Denomination. Do not include individual bond serial numbers.

Ownership codes:

- S** = Single Person or Community Property
- H** = Husband Sole and Separate Property
- W** = Wife's Sole and Separate Property

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
	<i>Stock</i>	<i>H</i>	<i>\$2,100.00</i>	<i>12345678-0001</i>
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Section 21: Retirement Plans and Insurance

Common and acceptable Account Types:

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

Ownership codes:

S = Single Person or Community Property
H = Husband Sole and Separate Property
W = Wife's Sole and Separate Property

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
	<i>IRA</i>	<i>W</i>	<i>\$2,500.00</i>	<i>12345678-0001</i>
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Institution (Name and address):

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Section 22: Annuities

1	Institution Name and Address:		
	Insured:	Contract #:	Current Value \$:

2	Institution Name and Address:		
	Insured:	Contract #:	Current Value \$:

Section 23: Notes/Deeds Of Trust (Assets of Settlers, Not Debts)

Note → Money you loaned to others. (PLEASE PROVIDE COPIES OF NOTES and/or DEEDS OF TRUST).
 Owned By codes: **S** = Single Person or Community Property, **H** = Husband Sole and Separate, **W** = Wife's Sole and Separate

#	Borrower Name and Complete Address ----- APN or TAX ID/County	Amount ----- Payment Terms	Date of Loan	Secured by Deed (Y/N)	Owned by (S/H/W)
1					
2					
3					

Section 24: Business Interests

Note → Include Partnerships, Sole Proprietorships, and Close Corporations only

#	Provide Tax ID, Address and Business Description	Type of Business (Partnership, Corporation, Sole Proprietorship)
1		
2		
3		

Section 25: Vehicles, Mobile Homes, Boats, Aircrafts, etc. (Include ONLY if to be transferred to Trust)

#	VIN or ID	Decal/License/Description
1		
2		
3		

Section 26: Miscellaneous Assets (Only include assets of value, that are to be transferred to Trust)

#	Complete Description
1	
2	
3	
4	

Section 27: Real Estate

Note → Readable copies of most recently **recorded** vesting deeds are REQUIRED, such as Grand Deeds, Corporate Grand Deed, Trust Transfer Deed, Quick Claim 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"): <div style="text-align: right;">(Mark actual deed as "No. 1")</div>	Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
County: _____ APN or TAX ID: _____		Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
Lot/Block# (or brief description): _____		
Mortgage Balance: _____	Approx Equity: _____	
2	Property 2 - Complete Address (mark actual deed as "# 2"): <div style="text-align: right;">(Mark actual deed as "No. 2")</div>	Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
County: _____ APN or TAX ID: _____		Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
Lot/Block# (or brief description): _____		
Mortgage Balance: _____	Approx Equity: _____	
3	Property 3 - Complete Address (mark actual deed as "# 3"): <div style="text-align: right;">(Mark actual deed as "No. 3")</div>	Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
County: _____ APN or TAX ID: _____		Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
Lot/Block# (or brief description): _____		
Mortgage Balance: _____	Approx Equity: _____	
4	Property 4 - Complete Address (mark actual deed as "# 4"): <div style="text-align: right;">(Mark actual deed as "No. 4")</div>	Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
County: _____ APN or TAX ID: _____		Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
Lot/Block# (or brief description): _____		
Mortgage Balance: _____	Approx Equity: _____	
5	Property 5 - Complete Address (mark actual deed as "# 5"): <div style="text-align: right;">(Mark actual deed as "No. 4")</div>	Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
County: _____ APN or TAX ID: _____		Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client <input type="checkbox"/> Separate of Spouse
Lot/Block# (or brief description): _____		
Mortgage Balance: _____	Approx Equity: _____	

Document Signing Information (Office Use Only)

Documents to be executed in (City, County & State):

Date Documents will be notarized, if known:

Print Date in Documents?: Yes No

Notary Name, if known (as on Notary Stamp):

Print Notary Name in Documents?: Yes No

Agent Name:

Phone:

Attorney Name:

Phone:

Section 28: Notes

Area with horizontal dotted lines for notes.

Section 29: Attorney Instructions or Comments

Area with horizontal dotted lines for attorney instructions or comments.

PRIMARY CONTACT INFORMATION

Best time to contact Single Settlor/Husband: Weekdays _____ AM PM Weekends _____ AM PM

Best time to contact Wife: Weekdays _____ AM PM Weekends _____ AM PM

Home Phone Number: (____) _____ Ask for: _____

Work Phone (Single Settlor/Husband): (____) _____ Ask for: _____

Work Phone (Wife): (____) _____ Ask for: _____

Primary Email: _____

Cell Phone: _____ Pager: _____

Will you be on Vacation soon? If so, dates you will be gone: _____

ATTORNEY SELECTION

Our agent (person collecting this information) is an attorney and his/her name is listed below.

OR

Our agent (person collecting this information) is NOT an attorney, I/we have selected the following attorney to give us legal counsel regarding our estate plan and supporting documents. I/We direct our agent to abide by the advice of our attorney in all matters pertaining to our estate plan and supporting documents. I/We give our attorney permission to discuss our estate plan and supporting documents with our agent and the attorney's paralegal resources to the extent necessary to ensure the appropriate plan for me/us.

I/We understand that (1) only Attorneys are licensed to give legal advice; (2) my/our agent is not an Attorney and does not represent me in legal matters; (3) I/we have been advised, and have had the opportunity, to seek my/our own independent counsel for legal advice; I/We are not relying on our agent or these forms for legal advice (4) the Trust's purpose is not to avoid income taxes; (5) the Attorney relies on the completeness and accuracy of information I/we have provided; (6) I/we will not hold our agent responsible for omissions of data about my assets or desires for my estate; (7) I understand the Trust must be funded to fulfill its purposes, including probate avoidance; (8) I/we have reviewed the material in this form and certify that it is complete and accurate, and that spelling, addresses and dates are correct as shown, and; (8) my/our agent has not recommended any particular forms or documents to be used for our estate planning, leaving that responsibility solely to our chosen attorney.

Print Attorney Name

Amount paid to Attorney: \$_____ for phone interview, legal advice, selection of appropriate documents and supervision of document preparation.

Signature of Single Settlor/Husband

Date

Signature of Wife

Date