Client's Confidential Information

◆ Client's Personal Information		Living Trust
Client's Name:	Spouse's Name:	
Soc. Sec. No.	Soc. Sec. No.	
Date of Birth:		
U.S. Citizen Yes No	U.S. Citizen Yes	
Address	Work Phone	
	Home Phone	- Name
City	State	
County		
♦ Beneficiaries		
Full Legal Name	Date of Birth	% of Estate
1.		
2.		
3.		
4.		the state of the s
 If a beneficiary predeceases you, hisDivided equally among his/hDivided equally among the Settlor's Children 	ner children or issue if any.	
Child's Full Legal Name	Date of Birth	Parent Codes
1.	Date of Diffi	H W AH AW DC DN
2.		H W AH AW DC DN
3.		H W AH AW DC DN
4.		H W AH AW DC DN
Additional Beneficiary	information attached	

DN = Deceased w/ no Children

• Are any of your children receiving S	SI? Yes No
If yes what is his/her name?	
Gifts Prior to Distribution	
-	
-	
Successor Trustee Name(s):	
1.	
2.	
3.	
4.	
Please check the appropriate number	S:
1. I wish the appointees to ser	ve only in the above order.
2. I wish the appointees numb	er to serve together.
Guardian(s) for minor children:	
1. Child's name:	2. Child's name:
1.6	
1. Guardian's name:	2. Guardian's name:
Address:	Address:
Additional Comments / Delivery Info	ormation:

Asset profile for:

DESCRIPTION ◆ FAIR MARKET	VALUE * LIABILITY * NET	
Residence:		
Other Real Estate:		
<u>Time Share:</u>		
Out of State Property:		
Personal Effects:	Fair Market Value:.	
Autos, Boats, RV's, Furniture. Etc.:		
*Notes Receivable:		
IRA Accounts:		
*Stocks:		
*Bonds (include tvce):		
*Certificate of Deposit:		
*Money Market Funds:		
Checking Accounts:	Savings Accounts:	
*Life Insurance:		
*Other Investments:		
TOTAL GROSS ESTATE:*	APPROXIMATE PROBATE:	