

LIVING TRUST APPLICATION

1. PERSONAL INFORMATION

Your Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: Month _____ Day _____ Year _____

Daytime Phone: (____) _____ - _____

Spouse Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: Month _____ Day _____ Year _____

Daytime Phone: (____) _____ - _____

Home Address (street): _____

City: _____ County _____ State: _____ Zip Code: _____

2. REAL PROPERTY (PLEASE PROVIDE COPY OF DEEDS)

Property Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Market Value: \$ _____ Mortgages: \$ _____ Equity: \$ _____

Property Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Market Value: \$ _____ Mortgages: \$ _____ Equity: \$ _____

Property Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Market Value: \$ _____ Mortgages: \$ _____ Equity: \$ _____

Property Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Market Value: \$ _____ Mortgages: \$ _____ Equity: \$ _____

TOTAL NET VALUE OF ALL REAL PROPERTY: \$ _____

3. BANK ACCOUNTS

Name of Bank: _____ Account No. _____
Type of Account: _____ Balance \$ _____

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Type of Account: _____ Balance \$ _____

Name of Bank: _____ Account No. _____
Type of Account: _____ Balance \$ _____

TOTAL IN BANK ACCOUNTS:\$ _____

4. STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES & NOTES

Name of Security: _____ Account Number _____
Type of Security: _____ Balance \$ _____

Name of Security: _____ Account Number _____
Type of Security: _____ Balance \$ _____

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Type of Security: _____ Balance \$ _____

Name of Security: _____ Account Number _____
Type of Security: _____ Balance \$ _____

Name of Security: _____ Account Number _____
Type of Security: _____ Balance \$ _____

Name of Security: _____ Account Number _____
Type of Security: _____ Balance \$ _____

TOTAL IN SECURITIES: \$ _____

5. IRA, PENSION OR PROFIT SHARING ACCOUNTS

Name of Account: _____

Trustee: _____

Type of Account: _____ Balance:\$ _____

Name of Account: _____

Trustee: _____

Type of Account: _____ Balance:\$ _____

Name of Account: _____

Trustee: _____

Type of Account: _____ Balance:\$ _____

Name of Account: _____

Trustee: _____

Type of Account: _____ Balance:\$ _____

Name of Account: _____

Trustee: _____

Type of Account: _____ Balance:\$ _____

TOTAL IN RETIREMENT ACCOUNTS:\$ _____

6. OWNERSHIP OF BUSINESS

Describe Partnerships, Corporations or Sole Proprietorships you own (Note S-Corps):

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL IN BUSINESS INTERESTS:\$ _____

7. LIFE INSURANCE/LONG TERM CARE INSURANCE

This decision determines the type of your trust.

If you are a single person, you should always circle "SINGLE".

If you are married, you may choose either "A" or "AB" trusts. If you choose an "AB" trust, then a Bypass trust will be created upon the death of the first to die. This Bypass trust is thereafter irrevocable.

The Bypass trust will contain one-half of the assets in the trust of \$600,000.00, whichever is less.

If you choose an "A" trust, no Bypass trust will be created on the first death.

TYPE OF TRUST: "Single" "A" "AB"

11. TRUSTEES

 Check here if you (and your Spouse, if you are married) will be the initial trustees of the trust.

If you (and your Spouse, if you are married) do not want to be the initial trustee(s), then designate below the initial trustee(s).

12. ALTERNATE INITIAL TRUSTEES

Initial Trustee:

Address:

Co-Initial Trustee:

Address:

Successor trustees take over management of the trust assets if you become disabled or when you die. It is the job of the successor trustee to carry out the instructions you have provided in your trust. If married, the successor trustee will step in only after both of the initial trustees are either disabled or have died.

First Successor Trustee:

Address:

Second Successor Trustee:

Address:

Third
Address:

Successor

Trustee:

13. SPECIFIC GIFTS

Name

Amount

Specific Gifts are distributed first, then the beneficiaries divide the remainder.

14. BENEFICIARIES

_____ Check here if you want all your children to share equally in the remainder of your trust estate.

Name

Percentage or Fraction

If you want your beneficiaries to receive delayed distributions based on their age, provide your instructions below.

15. DELAYED DISTRIBUTIONS

Name of Beneficiary

Age %

Age %

Age %

_____ Check here if Age & Percentage instructions on this row apply to all beneficiaries. If not, then list beneficiaries below.

18. LIVING WILL PROXY

The Living Will Proxy is the person you designate to give instructions to your Doctors regarding your health care, if you are unable to speak for yourself.

_____ Check here if you want the persons with your Living Will Proxy to be the same as the Trustees and Successor Trustees you have already named.

Primary Living Will Proxy.

Address

Alternate Living Will Proxy:

Address

19. DESIGNATED GUARDIAN

The Designation of Guardian states your preferred Guardian should one need to be appointed to make decisions regarding your health care, if you are disabled. In most cases no Guardianship is needed.

_____ Check here is you want your Designated Guardian to be the same as the Trustees and Successor Trustees you have already named.

Primary Guardian:

Address:

Alternate Guardian:

Address:

20. CHILDREN'S GUARDIANS

If you have minor or dependent children, you may designate your preference for their guardians.

Primary Guardians:

Address:

Backup Guardians:

Address: