

Primary Client First Name _____

Primary Client Last Name _____

Primary Client Birthdate (dd/mm/yyyy) _____

Primary Client Gender _____

Primary Client Email _____ Primary Client Phone _____

Primary Address – Street _____

Primary Address - Street2 _____

Primary Address – City _____ Mailing Address – ST _____

Primary Address – Zip Code _____

Is this the Primary Client's mailing address? YES NO

IF “NO” Provide Mailing Address

Mailing Address – Street _____

Mailing Address - Street2 _____

Mailing Address – City _____ Mailing Address – ST _____

Mailing Address – Zip Code _____

Marital Status _____

If Married - Date of Marriage (dd/mm/yyyy) _____

(If Domestic Partnership – Enter date that legal partnership was established)

Spouse First Name _____

Spouse Last Name _____

Spouse Birthdate (dd/mm/yyyy) _____

Spouse Gender _____

Spouse Email _____ Spouse Phone _____

Was Primary Client previously married? YES NO

If “Yes” How was marriage terminated _____

If “Divorce” Previous Spouse Name _____ Date of Divorce _____

(If more than one ex-spouse, include name, marriage termination reason, and divorce date in notes)

Was Spouse previously married? YES NO

If “Yes” How was marriage terminated _____

If “Divorce” Previous Spouse Name _____ Date of Divorce _____

(If more than one ex-spouse, include name, marriage termination reason, and divorce date in notes)

CHILDREN (Biological or Adopted)

CHILD #1

First (Middle) Name _____

Last Name _____

Date of Birth (dd/mm/yyyy) _____

Biological Parentage: _____

CHILD #2

First (Middle) Name _____

Last Name _____

Date of Birth (dd/mm/yyyy) _____

Biological Parentage: _____

CHILD #3

First (Middle) Name _____

Last Name _____

Date of Birth (dd/mm/yyyy) _____

Biological Parentage _____

CHILD #4

First (Middle) Name _____

Last Name _____

Date of Birth (dd/mm/yyyy) _____

Biological Parentage _____

CHILD #5

First (Middle) Name _____

Last Name _____

Date of Birth (dd/mm/yyyy) _____

Biological Parentage: _____

CHILD #6

First (Middle) Name _____

Last Name _____

Date of Birth (dd/mm/yyyy) _____

Biological Parentage: _____

(List additional legal children in Notes. Indicate all relevant information (name, DOB, parentage, etc))

Trust Doc Preparation

Is this a total revision/restatement of an existing trust? YES NO

If "YES" Enter Trust name and date EXACTLY as written on the previous Trust:

Trust Name _____

Date of Trust (dd/mm/yyyy) _____

Successor (Future) Trustees

(You must have at least 2 Trustees. Trustees MUST be 18 or older and SHOULD live in the U.S.)

Who do you want to name as your successor trustee?

FIRST TRUSTEE

Trustee First Name _____

Trustee Last Name _____

Trustee Email _____ Trustee Phone _____

Joint Successor Trustee Relationship _____

SECOND TRUSTEE

Trustee First Name _____

Trustee Last Name _____

Trustee Email _____ Trustee Phone _____

Joint Successor Trustee Relationship _____

Would you like them to be named as Co-Trustees YES NO

(If "YES" no other Successor Trustees can be added. If "NO" you can add additional Trustee in the NOTES section using the above format)

Guardians ("Substitute Parents")

(ONLY FILL OUT THIS SECTION IF ANY OF THE CHILDREN ARE MINORS-UNDER 18)

Select Trustee(s) as Guardian(s)? YES NO

IF "NO" enter Guardian Information:

GUARDIAN #1

Guardian First Name _____

Guardian Last Name _____

Guardian Email _____ Guardian Phone _____

City and State of Guardian _____

GUARDIAN #2

Guardian First Name _____
Guardian Last Name _____
Guardian Email _____ Guardian Phone _____
City and State of Guardian _____

Bequeathments (One-time payments or specific item to one individual/organization)

BEQUEATHMENT 1

Name/Institution of Who the Gift Will Be Made To _____
City/State of Recipient _____
Dollar Amount or Specific Item (e.g. property, personal effects) _____

BEQUEATHMENT 2

Name/Institution of Who the Gift Will Be Made To _____
City/State of Recipient _____
Dollar Amount or Specific Item (e.g. property, personal effects) _____

BEQUEATHMENT 3

Name/Institution of Who the Gift Will Be Made To _____
City/State of Recipient _____
Dollar Amount or Specific Item (e.g. property, personal effects) _____

(Add any Additional Bequeathments to the Notes section using the above format)

Beneficiary Information

Divide Among Children Equally? YES NO

If “YES” - Alternative Beneficiary for children

If "NO" Enter beneficiaries. If beneficiary is an institution or charity, enter the name of institution in the FIRST NAME section and the City/State in the LAST NAME section:

FIRST BENEFICIARY

First Name _____

Last Name _____

Email _____ Phone _____

Beneficiary Percentage _____ %

Alternative Beneficiary _____

SECOND BENEFICIARY

First Name _____

Last Name _____

Email _____ Phone _____

Beneficiary Percentage _____ %

Alternative Beneficiary _____

THIRD BENEFICIARY

First Name _____

Last Name _____

Email _____ Phone _____

Beneficiary Percentage _____ %

Alternative Beneficiary _____

FOURTH BENEFICIARY

First Name _____

Last Name _____

Email _____ Phone _____

Beneficiary Percentage _____ %

Alternative Beneficiary _____

(All Percentages MUST ADD UP TO 100%. Additional beneficiaries can be added to the NOTES section using the above format)

Do you want the assets distributed in stages based on age? YES NO

(Minimum age is 18)

IF "YES":

AGE _____ PERCENTAGE _____ %

AGE _____ PERCENTAGE _____ %

AGE _____ PERCENTAGE _____ %

(Restricted to 3 distribution ages. Must equal 100% on total percentages)

Do you want the assets distributed in stages based on behavior? YES NO

IF “YES” Check on each behavior you wish to include:

Alcohol Free? For How long (1 year, 3 years, 5 years, etc.) _____ years

Drug Free? For How long (1 year, 3 years, 5 years, etc.) _____ years

Gambling Free? For How long (1 year, 3 years, 5 years, etc.) _____ years

Ultimate or Remote Contingency Beneficiaries (No Named Beneficiaries Survive?)

Remaining Legal Heirs? YES NO

IF “NO”- Enter beneficiaries. If beneficiary is an institution or charity, enter the name of institution in the FIRST NAME section and the City/State in the LAST NAME section:

FIRST BENEFICIARY

First Name _____

Last Name _____

Email _____ Phone _____

Beneficiary Percentage _____ %

SECOND BENEFICIARY

First Name _____

Last Name _____

Email _____ Phone _____

Beneficiary Percentage _____ %

THIRD BENEFICIARY

First Name _____

Last Name _____

Email _____ Phone _____

Beneficiary Percentage _____ %

(All Percentages MUST ADD UP TO 100%. Additional beneficiaries can be added to the NOTES section using the above format)

Additional Property(ies) (Extra \$200 per Deed)

Property #2 Address _____

Property #3 Address _____

(Consult with an Attorney prior to adding any more properties)

Financial Power of Attorney (Primary Client)

If you choose same as Trustees, if married, the spouse will be the First Agent and the Successor Trustees will be next. If you do not choose Successor Trustees and want to include your Spouse, enter their information in the First Agent data)

Trustee(s) to be your FPOA agent(s)? YES NO

IF "NO"

FIRST AGENT

First Name _____

Last Name _____

Email _____ Phone _____

Relationship _____

SECOND AGENT

First Name _____

Last Name _____

Email _____ Phone _____

Relationship _____

(Add additional agents in NOTES using the format above)

When does FPOA to go into effect? _____

Financial Power of Attorney (Spouse)

If you choose same as Trustees, if married, the spouse will be the First Agent and the Successor Trustees will be next. If you do not choose Successor Trustees and want to include your Spouse, enter their information in the First Agent data)

Trustee(s) to be your FPOA agent(s)? YES NO

IF "NO"

FIRST AGENT

First Name _____

Last Name _____

Email _____ Phone _____

Relationship _____

SECOND AGENT

First Name _____

Last Name _____

Email _____ Phone _____

Relationship _____

(Add additional agents in NOTES using the format above)

When does FPOA to go into effect? _____

Healthcare Power of Attorney (Primary Client)

If you choose same as Trustees, if married, the spouse will be the First Agent and the Successor Trustees will be next. If you do not choose Successor Trustees and want to include your Spouse, enter their information in the First Agent data)

Primary Client

Designate Trustee(s) to be their Healthcare agent(s)? YES NO

If "NO":

FIRST AGENT

First Name _____

Last Name _____

Email _____ Phone _____

Relationship _____

SECOND AGENT

First Name _____

Last Name _____

Email _____ Phone _____

Relationship _____

(Add additional agents in NOTES using the format above)

Healthcare Power of Attorney (Spouse)

If you choose same as Trustees, if married, the spouse will be the First Agent and the Successor Trustees will be next. If you do not choose Successor Trustees and want to include your Spouse, enter their information in the First Agent data)

Designate Trustee(s) to be their Healthcare agent(s)? YES NO

If "NO":

FIRST AGENT

First Name _____

Last Name _____

Email _____ Phone _____

Relationship _____

SECOND AGENT

First Name _____

Last Name _____

Email _____ Phone _____

Relationship _____

(Add additional agents in NOTES using the format above)

NOTES

Enter additional information as needed. In the SECTION portion enter the Intake section (Client, Spouse, Trustees, Beneficiaries, etc.). In the NOTES portion enter the additional information, questions, or clarifications.

SECTION

NOTES

SECTION

NOTES

SECTION

NOTES

NOTES (Continued)

Enter additional information as needed. In the SECTION portion enter the Intake section (Client, Spouse, Trustees, Beneficiaries, etc.). In the NOTES portion enter the additional information, questions, or clarifications.

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