Revocable Living Trust

- and other -

Estate Planning Instruments



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IMPORTANT →	• **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 → ☐ 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 along with this application. Date of Original Trust _____

Trust Name → "THE _____ TRUST"

Section 2: SPOUSE INFORMATION

Name as you sign legal documents (please print):		Other name(s) in which you own assets (please print):		
Address (Number & Street):		City:	State:	Zip (req'd):
Residence County:		Home phone:	Employed?: ☐ Yes ☐ No Retired?: ☐ Yes ☐ No USA Citizen?: ☐ Yes ☐ No Gender: ☐ M ☐ F Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other _____	
Date of Birth:	Birth State or Country:	Work phone:		
E-mail		**Net Value of Estate:**		

Section 3: Marriage Information

Marital Status: ☐ Married, ☐ Never Married, ☐ Widowed, ☐ Divorced

If currently married →	Where were you married (City, State, Country):?	Marriage Date:
If widowed or divorced →	Former Spouse's name (**only** if you want it listed in the Trust):	Date of death or dissolution of marriage:

Section 4: SPOUSE INFORMATION

Name as you sign legal documents (please print):		Other name(s) in which you own assets (please print):		
Address (if different than Client above):		City:	State:	Zip (req'd):
Residence County:		Home phone:	Employed?: ☐ Yes ☐ No Retired?: ☐ Yes ☐ No USA Citizen?: ☐ Yes ☐ No Gender: ☐ M ☐ F Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other _____	
Date of Birth:	Birth State or Country:	Work phone:		
E-mail				

Client initials that spelling and personal information is correct: _____ Client/ **SPOUSE** _____

Issue = children

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)*
	William James Smith, Jr. 100 Main Street, San Francisco, CA 94111	*H*	*Y*	*M*	*10/21/1994*	*Y*	*Y*	*10*
	John Smith	*H*	*N*	*M*	*1116/1954 (12/24/1970)*	*N*	*Y*	*0*
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
	Nancy McBride, 1000 Second Avenue, Los Angeles, CA 90012	*Husband's Cousin or "H Cousin"*	*20*
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 → _____

☐ Other (specify below):

Distribution Notes:

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

1	To:	Relationship:	If unable to receive, gift will: ☐ Lapse, ☐ go to Issue, or ☐ go to other
	Address:		
	Gift Description:		Distribute at death of: ☐ Single Person or Both Settlors ☐ Husband ☐ Wife
2	To:	Relationship:	If unable to receive, gift will: ☐ Lapse, ☐ go to Issue, or ☐ go to other
	Address:		
	Gift Description:		Distribute at death of: ☐ Single Person or Both Settlors ☐ Husband ☐ Wife
3	To:	Relationship:	If unable to receive, gift will: ☐ Lapse, ☐ go to Issue, or ☐ go to other
	Address:		
	Gift Description:		Distribute at death of: ☐ Single Person or Both Settlors ☐ Husband ☐ Wife

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) **Who is our team after I/We Die?**

☐ 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)
1st	
2nd	
3rd	

Agents will serve:
☐ In Succession, one at a time
☐ Jointly, two at a time

If serving jointly and one can no longer serve, remaining will:
☐ serve alone
☐ select a Co-Trustee
☐ Other: _____

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)
1st	
2nd	
3rd	

Agents will serve:
☐ In Succession, one at a time
☐ [illegible]

If serving jointly and one can no longer serve, survivor will serve:
☐ alone
☐ select a Co-Executor
☐ Other: _____

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)
1st	
2nd	

Two agents maximum — one person at a time.

Agents will serve:
☐ In Succession, one at a time
☐ Jointly, two at a time

If serving jointly, survivor will serve:
☐ alone
☐ select a Co-Agent
☐ Other: _____

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	
2nd	

Two agents maximum — one person at a time.

If married, first agent will be
☐ Spouse,
☐ Other (Specify below)

Agents (after surviving spouse) will serve:
☐ In Succession,
☐ Jointly two at a time

If serving jointly, survivor will serve:
☐ alone,
☐ select a Co-Agent
☐ Other: _____

Agent	Agents Full Name (include full address if not previously provided)
1st	
2nd	

Two agents maximum — one person at a time.

If married, first agent will be
☐ Spouse,
☐ Other (Specify below)

Agents (after surviving spouse) will serve:
☐ In Succession,
☐ Jointly two at a time

If serving jointly, survivor will serve:
☐ alone
☐ select a Co-Agent
☐ Other: _____

Section 17: Guardian Of Minor Children

Notes → List individual names (i.e.: not "couples"). **One Person at a time**

Agent	Guardians Full Name and Address	Relationship
1st		
2nd		

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

REMINDER: please do NOT enter account numbers.

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

REMINDER: please do NOT enter account numbers.

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)
	Stock	*H*	*$2,100.00*	*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 21: Retirement Plans and Insurance

REMINDER: please do NOT enter account numbers.

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)
	IRA	*W*	*$2,500.00*	*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 22: Annuities

REMINDER: please do NOT enter account numbers.

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 Settlors, 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"): (Mark actual deed as "No. 1")	Ownership: ☐ Community ☐ Separate of Client ☐ Separate of Spouse Move to Trust as: ☐ Community ☐ Separate of Client ☐ Separate of Spouse
	County: / APN or TAX ID:	
	Lot/Block# (or brief description):	
	Mortgage Balance: / Approx Equity:	
2	Property 2 - Complete Address (mark actual deed as "# 2"): (Mark actual deed as "No. 2")	Ownership: ☐ Community ☐ Separate of Client ☐ Separate of Spouse Move to Trust as: ☐ Community ☐ Separate of Client ☐ Separate of Spouse
	County: / APN or TAX ID:	
	Lot/Block# (or brief description):	
	Mortgage Balance: / Approx Equity:	
3	Property 3 - Complete Address (mark actual deed as "# 3"): (Mark actual deed as "No. 3")	Ownership: ☐ Community ☐ Separate of Client ☐ Separate of Spouse Move to Trust as: ☐ Community ☐ Separate of Client ☐ Separate of Spouse
	County: / APN or TAX ID:	
	Lot/Block# (or brief description):	
	Mortgage Balance: / Approx Equity:	
4	Property 4 - Complete Address (mark actual deed as "# 4"): (Mark actual deed as "No. 4")	Ownership: ☐ Community ☐ Separate of Client ☐ Separate of Spouse Move to Trust as: ☐ Community ☐ Separate of Client ☐ Separate of Spouse
	County: / APN or TAX ID:	
	Lot/Block# (or brief description):	
	Mortgage Balance: / Approx Equity:	
5	Property 5 - Complete Address (mark actual deed as "# 5"): (Mark actual deed as "No. 4")	Ownership: ☐ Community ☐ Separate of Client ☐ Separate of Spouse Move to Trust as: ☐ Community ☐ Separate of Client ☐ Separate of Spouse
	County: / APN or TAX ID:	
	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

Section 29: Attorney Instructions or Comments