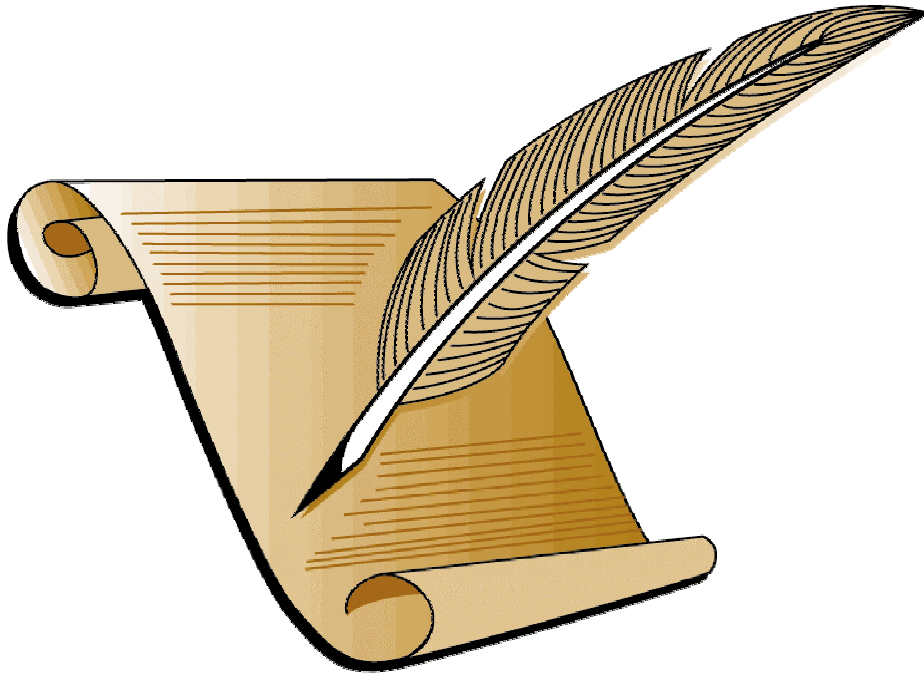


*Revocable Living Trust*  
*- and other -*  
*Estate Planning Instruments*



<b>IMPORTANT</b> →	<ul style="list-style-type: none"> <li>• Type or <b>handwrite using block letters</b>. Fill out clearly and use proper spelling.</li> <li>• Area within heavy border <span style="border: 2px solid black; display: inline-block; width: 20px; height: 10px; vertical-align: middle;"></span> is for Attorney or Office Use Only.</li> <li>• Attach extra pages if more space is needed.</li> </ul>
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**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 <b>MUST</b> 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 (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?: <input type="checkbox"/> Yes <input type="checkbox"/> No Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No 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 _____
Date of Birth:	Birth State or Country:	Work phone:	
E-mail		Net Value of Estate:	

**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 (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?: <input type="checkbox"/> Yes <input type="checkbox"/> No Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No 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 _____
Date of Birth:	Birth State or Country:	Work phone:	
E-mail			

Client initials that spelling and personal information is correct: \_\_\_\_\_ Client/Husband \_\_\_\_\_

**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): \_\_\_\_\_

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**

<b>1</b>	Institution Name and Address:		
	Insured:	Contract #:	Current Value \$:

<b>2</b>	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)
<b>1</b>					
<b>2</b>					
<b>3</b>					

**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)
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

#	VIN or ID	Decal/License/Description
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

#	Complete Description
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

## 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.**

<b>1</b>	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: _____	
<b>2</b>	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: _____	
<b>3</b>	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: _____	
<b>4</b>	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: _____	
<b>5</b>	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.