Doc#	Customer:	Consultant:	Attorney:

Office use only

Client Information Form

Revocable Living Trust
– and other –
Estate Planning Instruments

LM&H

LEBEDEV, MICHAEL & HELMI

ATTORNEYS & COUNSELORS AT LAW

10999 Riverside Drive, Suite 201
Studio City, California 91602
Tel: 818.757.7677
Fax: 818.757.7047

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.**

Trust Type & Name

Trust Type (Attorney only) → ☐ 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 with this application. Date of Original Trust ___________________

Trust Name → "THE ______________________________ TRUST"

Document Signing Information (Office Use Only)

Documents to be executed in (City, County & State):	Date Documents will be executed, if known:	Check to print date in documents: ☐
Notary Name, if known (as on Notary Stamp):		Check to print name in documents: ☐
Consultant Name & Telephone:	Attorney Name & Telephone:	

Client's Residence/Mailing Address

Residence Address (Street, City, State & Zip)	Residence County
Mailing Address (if different)	Home Phone

Client/Husband's Information

Name as you sign legal documents (please print):			Employed?: ☐ Yes ☐ No Retired?: ☐ Yes ☐ No US Citizen?: ☐ Yes ☐ No Gender: ☐ M ☐ F
Other name(s) in which you own assets (please print):			
Date of Birth:	Birth State or Country:	SSN (optional):	

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:	Date of death or dissolution of marriage:

Partner/Wife's Information

Name as you sign legal documents (please print):			Employed?: ☐ Yes ☐ No Retired?: ☐ Yes ☐ No US Citizen?: ☐ Yes ☐ No Gender: ☐ M ☐ F
Other name(s) in which you own assets (please print):			
Date of Birth:	Birth State or Country:	SSN (optional):	

Client initials that spelling and personal information is correct: _________ Client/Husband __________ Wife

Children and all other Beneficiaries (list all Children first)

Customer affirms that they have included ALL children below. ___________ (initials).

Ref #

Include: 1) all adopted and/or other living or deceased children with whom a parent-child relationship exists under state law,
2) all institutions and other non-children beneficiaries, including those receiving gifts.

Legend: Related To/Parent: **S/B** = Single or Both Settlor(s), **H** = Husband, **W** = Wife.

Ref #							
1	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):
2	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):
3	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):
4	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):
5	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):

Children and all other Beneficiaries (cont.) (list all Children first)

Ref #	Include: 1) all adopted and/or other <u>living or deceased</u> children with whom a parent-child relationship exists under state law, 2) all institutions and other non-children beneficiaries, including those receiving gifts. Legend: Related To/Parent: S/B = Single or Both Settlor(s), H = Husband, W = Wife.

Ref #							
6	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):
7	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):
8	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):
9	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):
10	Name:						
	Address:						
	Complete if Child →	Parent: ☐ S/B ☐ H ☐ W	Check one: ☐ Son ☐ Daughter	Living: ☐ Y ☐ N	Date of Birth:	Date of Death:	Has Issue: ☐ Y ☐ N
	Complete if non Child →	Related to: ☐ S/B ☐ H ☐ W	Sex: ☐ M ☐ F	Relationship:			
	Distribution → (if any)	Distribute: ☐ None ☐ Outright ☐ Age(s): _____ _____ _____		If not living: ☐ to issue ☐ to remaining named beneficiaries			% of Estate (if any):

Name field instructions: On sections below requiring the names and addresses of individual Trustees, Executors, Guardians, Giftees, etc. you may write in the full name, address and relationship **or** enter in the "Ref #" of the appropriate person/institution in the Children, other Beneficiaries and Agents section above.

Distribution

Include College Incentive Clause: ☐ Yes, ☐ No

Include 10% of Trust share upon graduation: ☐ Yes, ☐ No

Distribution Notes:

Gifts

(To be distributed prior to general distribution)

Enter Ref # from *Children, other Beneficiaries and all Agents* section, or enter complete name, address and relationship.

1	To:	Relationship:	If unable to receive, gift will: ☐ Lapse, ☐ go to Issue, or ☐ go to other (describe)
	Address (if not previously provided):		
	Gift Description:		Distribute at death of: ☐ Single or Both Settlors ☐ Husband ☐ Wife
2	To:	Relationship:	If unable to receive, gift will: ☐ Lapse, ☐ go to Issue, or ☐ go to other (describe)
	Address (if not previously provided):		
	Gift Description:		Distribute at death of: ☐ Single or Both Settlors ☐ Husband ☐ Wife
3	To:	Relationship:	If unable to receive, gift will: ☐ Lapse, ☐ go to Issue, or ☐ go to other (describe)
	Address (if not previously provided):		
	Gift Description:		Distribute at death of: ☐ Single or Both Settlors ☐ Husband ☐ Wife

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:

Disinheritance

Notes → Persons natural heirs who will be intentionally excluded (disinherited) from distribution of the Estate.

Detail all Exclusions:

Initial Trustees

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:

Successor Trustees

#	Agents Full Name (include full address if not previously provided)	Relationship	Agents will serve: ☐ one at a time ☐ two at a time. If serving jointly and one can no longer serve, remaining will: ☐ serve alone ☐ select Co Trustee
1			
2			
3			
4			

Pour-Over Will Executor

Skip this section if Agents are same order and selection as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse: ☐ Yes ☐ No. Agents will serve: ☐ one at a time ☐ two at a time. If serving jointly and one can no longer serve, survivor will: ☐ serve alone ☐ select Co Exec
1			
2			
3			
4			

Durable Power Of Attorney for Property Management

Skip this section if Agents are same order and selection as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	If married, first agent will be Spouse: ☐ Yes ☐ No. Agents will serve: ☐ one at a time ☐ two at a time. If serving jointly and one can no longer serve, survivor will: ☐ serve alone ☐ select Co Agent
1			
2			
3			
4			

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

Client's Advance Health Care Agents

(Complete for Client only)

Skip this section if Agents are same order and selection as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	
1	Do not list spouse's name here		If married, first agent will be Spouse: ☐ Yes ☐ No Agents will serve: ☐ one at a time ☐ two at a time
2			
3			
4			

Spouse's Advance Health Care Agents

(Complete for Spouse only)

Skip this section if Agents are same order and selection as in Successor Trustees above

#	Agents Full Name (include full address if not previously provided)	Relationship	
1	Do not list spouse's name here		If married, first agent will be Spouse: ☐ Yes ☐ No Agents will serve: ☐ one at a time ☐ two at a time
2			
3			
4			

Guardian Of Minor Children

List individual names (i.e.: not "couples")

#	Guardians Full Name and Address	Relationship	
1			(blank area)
2			
3			

I / We DO NOT want the following person(s) to be appointed:

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*
- For Bypass/QTIP only → Surviving Spouse to have withdrawal rights of 5 + 5 of Bypass Trust in addition to HEMS? .... ☐ Yes* ☐ No
- For QTIP Trusts only → Surviving Spouse to have annual withdrawal rights of 5 + 5 of Marital Trust plus HEMS? .... ☐ Yes* ☐ No

* Default value

Cash Assets

LEGEND	Common and acceptable Account Types:	Ownership Types (ignore ownership on Single Trusts):
	Checking Savings CD (include maturity date) Money Market	S/B = Single Settlor or Both Settlors H = Husband Sole and Separate Property W = Wife's Sole and Separate Property

Institution name and full address:

#	Account Type (see legend)	Ownership Type (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Securities Assets

LEGEND	Common and acceptable Account Types:	Ownership Types (ignore ownership on Single Trusts):
	Brokerage, Mutual Funds Corporate Stocks, Treasury Bills Corporate Bonds, Savings Bonds — Show Quantity and Denomination. Do not include individual bond serial numbers.	S/B = Single Settlor or Both Settlors H = Husband Sole and Separate Property W = Wife's Sole and Separate Property

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Retirement Plans, Insurance and Annuities

L E G E N D

Common and acceptable Account Types:

IRA	Qualified Plan	Annuity
Keogh	Employer Plan	Pension Plan
401(k)	Deferred Comp	Roth IRA
403(b)		Insurance (incl. Face and Cash Values)

Ownership Types (ignore ownership on Single Trusts):

S/B = Single Settlor or Both Settlors
H = Husband Sole and Separate Property
W = Wife's Sole and Separate Property

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

Institution name and full address:

#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		☐ S/B ☐ H ☐ W		
2		☐ S/B ☐ H ☐ W		
3		☐ S/B ☐ H ☐ W		
4		☐ S/B ☐ H ☐ W		

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).

#			
1	Borrower Name:	Amount:	Secured by Deed of Trust? Yes ☐ No ☐
	Borrower's complete address:		Owned By: ☐ Single Person/Community ☐ Husband Sole & Separate ☐ Wife Sole & Separate
	Date of Loan:	APN (if applicable)	
2	Borrower Name:	Amount:	Secured by Deed of Trust? Yes ☐ No ☐
	Borrower's complete address:		Owned By: ☐ Single Person/Community ☐ Husband Sole & Separate ☐ Wife Sole & Separate
	Date of Loan:	APN (if applicable)	

Business Interests

Note → Include Partnerships, Sole Proprietorships, and Close Corporations only

#		
1	Provide Business Name, address and Tax ID	Type of Business: (select one): ☐ C Corp ☐ S Corp ☐ Professional Corp ☐ Partnership ☐ Sole Proprietorship
2	Provide Business Name, address and Tax ID	Type of Business: (select one): ☐ C Corp ☐ S Corp ☐ Professional Corp ☐ Partnership ☐ Sole Proprietorship

Vehicles, Mobile Homes, Boats, Aircrafts, etc.

Not required all of these items are automatically transferred in to the trust by way of the bill of sale or general assignment.

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

#	Complete Description
1	
2	
3	
4	

Timeshare Memberships

#	Complete Description	
1	Name of Resort/Timeshare:	Membership / ID Number:
	Resort/Timeshare Correspondence Address:	
2	Name of Resort/Timeshare:	Membership / ID Number:
	Resort/Timeshare Correspondence Address:	

Real Estate

Note → Readable copies of most recently **recorded** vesting deeds are REQUIRED, such as Grant Deeds, Corporate Grant Deed, Trust Transfer Deed, Quitclaim Deed, Warranty Deed, etc. **NOT acceptable are: Deeds of Trust or Deeds of Reconveyance.**

NOTICE: Some states require that only an attorney licensed in that state may prepare deeds transferring property to a trust. If property is owned in these states, a trust transfer deed will not be prepared as part of this trust package. Notification will be provided informing the property owners to seek legal counsel to prepare the deed.

If legal descriptions to these properties are submitted with this trust application, they will be typed in the Schedule A and will be counted in the total number of properties for billing purposes. To find attorneys willing to prepare deeds in other states, visit http://www.abanet.org/rppt/search/deedlist/.

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:	

Notes

Declaration of Trust

I / we certify that the information contained in this document, consisting of pages 1 through 13 of which each page is incorporated herein by reference, indicates my/our intention to create a trust as required by California Probate Code 15201, and that is indeed a declaration of trust, and that the assets listed herein are hereby declared to be assets of the trust. All real property is hereby conveyed to the trustee of the trust in conformance with California Probate Code 15200(b) and 15206(b), and personal property, whether listed in this document or not, is declared to be hereby assigned to the trustee of the trust as assets of the trust. Trustees, successor trustees, and beneficiaries of the trust are named herein. Trustee is authorized, if necessary, to petition the court for approval of the transfer of the real and personal property herein described to the trust per Probate Code 850(a)(3). I/We have made this declaration and signed the same this day as dated below. If any portion of this trust application that I consider to be my trust, is deemed to be invalid then the remainder shall still be in force and with full effect.

____
Settlor/Trustee Date

____
Settlor/Trustee Date

PRIMARY CONTACT INFORMATION

Best time to contact Client/Husband: Weekdays __________ ☐ AM ☐ PM Weekends _________ ☐ AM ☐ PM

Best time to contact Partner/Wife: Weekdays __________ ☐ AM ☐ PM Weekends _________ ☐ AM ☐ PM

Home Phone Number: (____) ________________________________ Ask for: _____________________________

Work Phone (Client/Husband): (____) ________________________________ Ask for: _____________________________

Work Phone (Partner/Wife): (____) ________________________________ Ask for: _____________________________

Primary Email: ____

Cell Phone: _____________________________________ Pager: ___________________________________

Will you be on Vacation soon? If so, dates you will be gone: ____

ATTORNEY SELECTION

☐ Our Consultant (person collecting this information) is an attorney and his/her name is listed below.

OR

☐ Our Consultant (person collecting this information) is NOT an attorney, I/we have selected the following attorney to give us legal counsel regarding our estate plan and supporting documents. I/We direct our Consultant to abide by the advice of our attorney in all matters pertaining to our estate plan and supporting documents. I/We give our attorney permission to discuss our estate plan and supporting documents with our Consultant and the attorney's paralegal resources to the extent necessary to ensure the appropriate plan for me/us.

I/We understand that (1) only Attorneys are licensed to give legal advice; (2) my/our Consultant is not an Attorney and does not represent me in legal matters; (3) I/we have been advised, and have had the opportunity, to seek my/our own independent counsel for legal advice; I/We are not relying on our Consultant or these forms for legal advice (4) the Trust's purpose is not to avoid income taxes; (5) the Attorney relies on the completeness and accuracy of information I/we have provided; (6) I/we will not hold our Consultant responsible for omissions of data about my assets or desires for my estate; (7) I understand I am solely responsible to fund the Trust which includes recording real property deeds and ensuring title is held appropriately, to fulfill its purpose, including probate avoidance; (8) I/we have reviewed the material in this form and certify that it is complete and accurate, and that spelling, addresses and dates are correct as shown, and; (8) my/our Consultant has not recommended any particular forms or documents to be used for our estate planning, leaving that responsibility solely to our chosen attorney.

Amount paid to Attorney: $_________________

____

Print Attorney Name

____________________________	____________	____________________________	____________
Signature of Single Client/Husband	Date	Signature of Partner/Wife	Date