

**Estate Plan Application**

(Confidential Information)

**Trust Name:** \_\_\_\_\_

**Client:** US Citizen [ ] Yes [ ] No

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social: \_\_\_\_\_

Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced

Date of Current Marriage: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Do you own property that you desire to keep separate? [ ] Yes [ ] No

If yes, please identify: \_\_\_\_\_

**Co-Client:** US Citizen [ ] Yes [ ] No

Full Legal Name: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social: \_\_\_\_\_

Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced

Drivers License #: \_\_\_\_\_

Do you own property that you desire to keep separate? [ ] Yes [ ] No

If yes, please identify: \_\_\_\_\_

Will you serve as the initial Trustee(s) of your Trust? [ ] Yes [ ] No

If no, who will serve as the initial Trustee(s)?

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

**SUCCESSOR TRUSTEES:** Designate a person as Successor Trustee who will be capable of managing and distributing your assets upon your death (or the death of the surviving spouse for married persons).

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address/Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

The above named are to serve as:  Primary/Alternate Trustees  Successor Co-Trustees

**POUR OVER WILL EXECUTORS:**  Same as Trustees  Other

**CHILDREN** (H: Husband alone; W: Wife alone; HW: Husband and Wife)

Name of Child	M/F	Whose Child (H/W/HW)	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any deceased children?  Yes  No If so, please list below:

\_\_\_\_\_

Do you want your deceased child's share to be distributed to his/her children?  Yes  No

**GUARDIAN FOR MINOR CHILDREN:** Adult who will be responsible for raising your minor children if something should happen to you and your spouse:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address/Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

**BENEFICIARIES:**

Are your children your primary beneficiaries?  Yes  No

Is the distribution to be in equal shares?  Yes  No

In the event a beneficiary predeceases the Trustor(s), please indicate how the deceased beneficiary's share should be distributed:

- Children of Beneficiary     Divide Pro Rata Between Remaining Beneficiaries  
 Other \_\_\_\_\_

If distribution is not equal to children, please list the names of the beneficiaries and percentage each is to receive:

Name of Beneficiary	Relationship	Gift/Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

For minor beneficiaries, inheritance should be held in trust except for health, education, and well-being at Trustee's discretion until age:  18     21     25

**DISINHERITANCE:** List any relatives that you specifically do not want to receive from your Estate and a short explanation:

\_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL CARE/NEEDS:** Please list any beneficiaries who receive government benefits or social security, or require special care/needs.

\_\_\_\_\_  
 \_\_\_\_\_

**POWER OF ATTORNEY – GENERAL:** Designate a person to act as your agent, enter into contracts, and sign your signature on financial documents in the event of your incapacity:

Married Persons:     Husband as Agent for Wife     Wife as Agent for Husband  
 Springing (Activates when incapacitated)     Immediate

First Alternate Agent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Co-Alternate?  Yes     No

Second Alternate Agent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Co-Alternate? [ ] Yes [ ] No

**POWER OF ATTORNEY – HEALTH CARE:** Designate a person to act as your agent, enter into contracts, and sign your signature on financial documents in the event of your incapacity:  
Married Persons: [ ] Husband as Agent for Wife [ ] Wife as Agent for Husband

First Alternate Agent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Co-Alternate? [ ] Yes [ ] No

Second Alternate Agent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Co-Alternate? [ ] Yes [ ] No

**PROPERTY INFORMATION:** Please list all assets to determine the retitling that is needed and potential estate tax liability:

A. **REAL ESTATE:** Include residence, rental properties, and timeshares.

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

APN Number: \_\_\_\_\_ Appx. Value: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

APN Number: \_\_\_\_\_ Appx. Value: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

APN Number: \_\_\_\_\_ Appx. Value: \_\_\_\_\_

The Assessor's Parcel Number (APN) can be found on your tax bill.  
**A copy of your Grant Deed will be necessary** to retitle your properties in the name of your trust.

B. **ASSETS:** Include all monetary assets counted as part of your estate, such as bank accounts over \$10,000.00, CDs, IRAs, 401k accounts, life insurance policies, mutual funds, annuities, pensions, etc.

Type of Asset: \_\_\_\_\_ Appx. Value: \_\_\_\_\_  
Account Title: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_

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Account Title: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_

**C. OTHER INTERESTS:** Please list any Business or Partnership Interests, Promissory Notes or Potential Future Inheritances

Type of Asset: \_\_\_\_\_ Appx. Value: \_\_\_\_\_

Owner: \_\_\_\_\_

Source of Income: \_\_\_\_\_

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Source of Income: \_\_\_\_\_

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Owner: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Additional Comments/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_