

# Client Information Form

Revocable Living Trust  
– and other –  
Estate Planning Instruments



Law Offices  
of  
***Daniela Lungu***  
Attorney at Law  
&  
Certified Mediator  
(925) 558-2710  
lungu@lungulaw.com

<p><b>IMPORTANT</b> →</p>	<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>
-------------------------------	---

<b>Trust Type &amp; Name</b>	
Trust Type (Attorney only) → <input type="checkbox"/> Single Person <input type="checkbox"/> Small Estate <input type="checkbox"/> Disclaimer <input type="checkbox"/> Bypass <input type="checkbox"/> QTIP <input type="checkbox"/> QDOT	
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> with this application. Date of Original Trust _____	
Trust Name →	"THE _____ TRUST"

<b>Document Signing Information (Office Use Only)</b>	
Documents to be executed in (City, County & State): <b>Pleasanton, CA</b>	Date Documents will be executed, if known: _____ Check to print date in documents: <input checked="" type="checkbox"/> x
Notary Name, if known (as on Notary Stamp): <b>DANIELA LUNGU</b>	Check to print name in documents: <input checked="" type="checkbox"/> x

<b>Client's Mailing Address</b>			
Address (Number and Street):	City	State	Zip (req'd)
Residence County	Home Phone		

<b>Client No. 1</b>			
Name as you sign legal documents (please print):			Employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other name(s) in which you own assets (please print):	CDL:	Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth:	Birth State or Country:	EXP:	US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No
		SSN: XXX-XX-_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

<b>Marriage / Relation Information</b>		
Marital Status: <input type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> Divorced <span style="margin-left: 20px;"><i>RDP</i></span> <span style="margin-left: 20px;"><i>Relation:</i></span>		
<b>If currently married →</b>	Where were you married / registered (City, State, Country):?	Marriage /Registration Date:
<b>If widowed or divorced →</b>	Former Spouse's / Partner's name:	Date of death or dissolution of marriage:

<b>Client No. 2</b>			
Name as you sign legal documents (please print):			Employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other name(s) in which you own assets (please print):	CDL:	Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth:	Birth State or Country:	EXP:	US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No
		SSN: XXX-XX-_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

**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: **B** = Both Clients **C1** = Client No. 1 **C2** = Client No. 2

	Name:						
	Address:						
<b>1</b>	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

	Name:						
	Address:						
<b>2</b>	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

	Name:						
	Address:						
<b>3</b>	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

	Name:						
	Address:						
<b>4</b>	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

	Name:						
	Address:						
<b>5</b>	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
	Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):

<b>6</b>	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):	

<b>7</b>	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):	

<b>8</b>	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):	

<b>9</b>	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> to remaining named beneficiaries		% of Estate (if any):	

<b>10</b>	Name:						
	Address:						
	Complete if Child →	Parent: <input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Check one: <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth:	Date of Death:	Has Issue/Kids: <input type="checkbox"/> Y <input type="checkbox"/> N
	Complete if non-Child →	Related to: <input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:			
Distribution → (if any)	Distribute: <input type="checkbox"/> None <input type="checkbox"/> Outright <input type="checkbox"/> Age(s): _____			If not living: <input type="checkbox"/> to issue <input type="checkbox"/> 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. please write in the full name, address and relationship.

### 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 complete name, address and relationship.

<b>1</b>	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 (describe) Distribute at death of: <input type="checkbox"/> Single or Both Settlor <input type="checkbox"/> C1 <input type="checkbox"/> C2
	Address (if not previously provided):		
	Gift Description:		
<hr/>		<hr/>	

<b>2</b>	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 (describe) Distribute at death of: <input type="checkbox"/> Single or Both Settlor <input type="checkbox"/> C1 <input type="checkbox"/> C2
	Address (if not previously provided):		
	Gift Description:		
<hr/>		<hr/>	

<b>3</b>	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 (describe) Distribute at death of: <input type="checkbox"/> Single or Both Settlor <input type="checkbox"/> C1 <input type="checkbox"/> C2
	Address (if not previously provided):		
	Gift Description:		
<hr/>		<hr/>	

### 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, Relationship to Settlor: and if pass to Issue ( ) or Lapse ( )

---

---

### Disinheritance

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

Detail all Exclusions:

---

---

## Initial Trustee(s)

Original Trustees of the Trust will be: \_\_\_\_ Client 1 (and Client 2); \_\_\_\_ Client 1 only; \_\_\_\_ Client 2 only; Other (explain below)  
 Surviving Spouse will serve as: \_\_\_\_ Sole Trustee; \_\_\_\_ Joint Trustee with Successor(s) named below

Explain special arrangements:

## Successor Trustees

#	Agents Full Name (include full address if not previously provided)	Relationship	Agents will serve:
1			<input type="checkbox"/> one at a time <input type="checkbox"/> two at a time  If serving jointly and one can no longer serve, remaining will: <input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Trustee
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	First agent will be Spouse/Partner: Agents will serve:
1			<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time  If serving jointly and one can no longer serve, survivor will: <input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Exec
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	First agent will be Spouse/Partner: Agents will serve:
1			<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time  If serving jointly and one can no longer serve, survivor will: <input type="checkbox"/> serve alone <input type="checkbox"/> select Co-Agent
2			
3			
4			

Client No. 1's Attorney in Fact will serve:  Springing for all,  Immediate for all,  Immediate for First, Springing for others  
 Client No. 2's Attorney in Fact will serve:  Springing for all,  Immediate for all,  Immediate for First, Springing for others

**Client's Advance Health Care Agents** (Complete for Client No. 1 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			First agent will be Spouse/Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No  Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> two at a time
2			
3			
4			

**Spouse's Advance Health Care Agents** (Complete for Client No. 2 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			First agent will be Spouse/Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No  Agents will serve: <input type="checkbox"/> one at a time <input type="checkbox"/> 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

L  
E  
G  
E  
N  
D

Checking  
Savings  
CD (include maturity date)  
Money Market  
SAFETY DEPOSIT BOXES

S/B = Single Settlor or Both Settlers  
C-1 = Client No. 1 - Sole and Separate Property  
C-2 = Client No. 2 - Sole and Separate Property

Institution name and full address:

#	Account Type	Ownership Type (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		



## Securities Assets

LEGEND

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 Settlers  
C-1 = Client No. 1 - Sole and Separate Property  
C-2 = Client No. 2 - Sole and Separate Property

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

## Retirement Plans, Insurance and Annuities

LEGEND

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)

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy Number
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy Number
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy Number
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

Institution name and full address:

#	Account Type	Ownership (see legend)	Amount	Account / Policy Number
1		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
2		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
3		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		
4		<input type="checkbox"/> S/B <input type="checkbox"/> C1 <input type="checkbox"/> C2		

<b>Notes/Deeds Of Trust</b>	(Assets of Settlers, Not Debts)
-----------------------------	---------------------------------

**Note** → Money you loaned to others. (PLEASE PROVIDE COPIES OF NOTES and/or DEEDS OF TRUST).

<b>1</b>	Borrower Name:	Amount:	Secured by Deed of Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Borrower's complete address:		Owned By: <input type="checkbox"/> Single / Community <input type="checkbox"/> Client No. 1 - Sole & Sep <input type="checkbox"/> Client No. 2 - Sole & Sep
	Date of Loan:	APN (if applicable)	
<b>2</b>	Borrower Name:	Amount:	Secured by Deed of Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Borrower's complete address:		Owned By: <input type="checkbox"/> Single / Community <input type="checkbox"/> Client No. 1 - Sole & Sep <input type="checkbox"/> Client No. 2 - Sole & Sep
	Date of Loan:	APN (if applicable)	

<b>Business Interests</b>
---------------------------

<b>1</b>	Provide Business Name, address and Tax ID	Type of Business: (select one):	<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Professional Corp
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	
<b>2</b>	Provide Business Name, address and Tax ID	Type of Business: (select one):	<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Professional Corp
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	

<b>Miscellaneous Assets</b>	(Only include assets with title, that are to be transferred to Trust)
-----------------------------	---

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

<b>Timeshare Memberships</b>
------------------------------

#	Complete Description
<b>1</b>	Name of Resort/Timeshare: <span style="float: right;">Membership / ID Number:</span>
	Resort/Timeshare Correspondence Address:
<b>2</b>	Name of Resort/Timeshare: <span style="float: right;">Membership / ID Number:</span>
	Resort/Timeshare Correspondence Address:

## Real Estate

**Note → Please provide a copy of the last recorded "GRANT DEED" "QUITCLAIM DEED" "WARRANTY DEED"**

<b>1</b>	Property 1 (Personal Residence) - Complete Address (mark actual deed as "# 1"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2  Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2
	(Mark actual deed as "No. 1")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
	Mortgage Balance:	Approx Equity:	
<b>2</b>	Property 2 - Complete Address (mark actual deed as "# 2"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2  Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2
	(Mark actual deed as "No. 2")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
	Mortgage Balance:	Approx Equity:	
<b>3</b>	Property 3 - Complete Address (mark actual deed as "# 3"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2  Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2
	(Mark actual deed as "No. 3")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
	Mortgage Balance:	Approx Equity:	
<b>4</b>	Property 4 - Complete Address (mark actual deed as "# 4"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2  Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2
	(Mark actual deed as "No. 4")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
	Mortgage Balance:	Approx Equity:	
<b>5</b>	Property 5 - Complete Address (mark actual deed as "# 5"):		Ownership: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2  Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate - Client 1 <input type="checkbox"/> Separate - Client 2
	(Mark actual deed as "No. 5")		
	County:	APN or TAX ID:	
	Lot/Block# (or brief description):		
	Mortgage Balance:	Approx Equity:	

**Notes**

Medi-Cal DPA w/revised Amendment clause & Medi-Cal Planning Clause in TRUST

Pet Trust Clause

Other Instructions

Disabled Veteran or Received Payments on Behalf of Deceased Spouse of One

YES

NO

**Declaration of Trust**

(For California Residents only)

I/We certify that the information contained in this instrument 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. It is my/our intent that the trust herein created will be further memorialized, but in the event of my/our incapacity or death, I/we hereby authorize those who would serve as trustee had the memorialized documents been previously executed to cause those instruments to be created and to execute them in my/our stead, unless this declaration is, prior to that time, revoked by me/us in writing. 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).

\_\_\_\_\_  
Settlor/Trustee

\_\_\_\_\_  
Settlor/Trustee