

Revocable Living Trust - Data Input

This is a general form that may help you with the information needed for your attorney to prepare your pour-over wills and trusts. If you have questions about anything call us at 1.800.958.6554. We are here to help you.

Last Name: _____ First Name: _____
Mailing Address: _____
UPS Address: _____
City, State, Zip: _____
County: _____
Phone Numbers: _____

Last four digits of social security number

WILLS

Is a Pour-over will needed for each grantor of this trust? _____

Will #1: Who will be the Executor of your Will? _____
Executors City and State: _____

Would you like to name a replacement Executor of this will? _____
City, State, and Zip code for Replacement Executor?

Will #2: Who will be the Executor of your Will? _____
Executors City and State: _____

Would you like to name a replacement Executor of this will? _____
City, State, and Zip code for Replacement Executor?

Note: A husband and wife may choose each other as Executors. Co-Executors may also be chosen, however, it is best to have three people instead of two people to break any ties in decision making.

POWERS OF ATTORNEY

Power of Attorney for Grantor #1: _____
Substitute if the appointed party is unable to serve for Grantor #1: _____

Power of Attorney for Grantor #2: _____
Substitute if the appointed party is unable to serve for Grantor #2: _____

FAMILY LIVING TRUST:

Name of Initial Trust: _____

State this Trust in to be domiciled: _____

Check trust type you are requesting: Revocable or Irrevocable

Grantors

How many Grantors for this trust are needed? _____

Do you want this trust to include the A-B-C (married Grantors) or A-C (single-Grantor) provision? _____ (Silver only)

If two Grantors, do both Grantors have the same address? _____

If two, are Grantor #1 and Grantor #2 husband and wife? _____

Grantor #1

Legal Name: _____

City, State: _____

County: _____

Date of Birth: _____

Gender: M or F

Grantor #2

Legal Name: _____

City, State: _____

County: _____

Date of Birth: _____

Gender: M or F

Trustees

Number of Trustees for this trust: _____

Are the Trustees the same as the Grantors? _____

Trustee #1: Legal Name: _____
City and State _____

Replacement for Trustee #1:
(used if surviving trustee needs a co-trustee)

Legal Name: _____

City, State _____

Trustee #2: Legal Name: _____
City and State _____

Replacement for Trustee #2:
(used if surviving trustee needs a co-trustee)

Legal Name: _____

City, State _____

Date of Birth _____

Beneficiaries

How many beneficiaries for this trust: _____

Do you want unborn children of your marriage included as beneficiaries? _____

Do you need a guardian for any minor children? _____

Name of minor beneficiary: _____

Name of **Guardian**: _____

City and State: _____

Backup Guardian: _____

City and State: _____

Beneficiary #1 Legal Name: _____ Date of Birth _____
City and State _____
Percent Share of Net Trust Assets _____%

Beneficiary #2 Legal Name: _____ Date of Birth _____
City and State _____
Percent Share of Net Trust Assets _____%

Beneficiary #3 Legal Name: _____ Date of Birth _____
City and State _____
Percent Share of Net Trust Assets _____%

Beneficiary #4 Legal Name: _____ Date of Birth _____
City and State _____
Percent Share of Net Trust Assets _____%

Do you want to include any future unborn children as beneficiaries? _____

Will this trust include a spendthrift clause? _____

Contingent Beneficiaries

Do you want this trust to include any contingent beneficiaries? _____

Contingent Beneficiary #1 Legal Name: _____
City and State _____
Date of Birth _____
Percent Share of Net Trust Assets _____%

Contingent Beneficiary #2 Legal Name: _____
City and State _____
Date of Birth _____
Percent Share of Net Trust Assets _____%

Contingent Beneficiary #3 Legal Name: _____
City and State _____
Date of Birth _____
Percent Share of Net Trust Assets _____%

Contingent Beneficiary #4 Legal Name: _____
City and State _____
Date of Birth _____
Percent Share of Net Trust Assets _____%

Contingent Beneficiary #5 Legal Name: _____
City and State _____
Date of Birth _____
Percent Share of Net Trust Assets _____%

Successor Trustees

(These Trustees serve as Trustee when the original Trustee(s) are incapacitated or their death has occurred)

Total number of Successor Trustees you want to list? _____

Minimum number of Trustees you want at one time? _____
(Team approach=3 for tie-breaker in decision making)

Successor Trustee #1 Legal Name: _____
City and State _____
Date of Birth _____

Successor Trustee #2 Legal Name: _____
City and State _____
Date of Birth _____

Successor Trustee #3 Legal Name: _____
City and State _____
Date of Birth _____

Successor Trustee #4 Legal Name: _____
City and State _____
Date of Birth _____

List any Specific Items to be Distributed and who is to receive: (use separate sheet if necessary)

Item #1:

Person or Entity to Receive:

Name
Address
City
State
Zip

Item 2:

Person or Entity to Receive:

Name
Address
City
State
Zip

Item 3:

Person or Entity to Receive:

Name
Address
City
State
Zip

Item 4:

Person or Entity to Receive:

Name
Address
City
State
Zip

Item 5:

Person or Entity to Receive:

Name
Address
City
State
Zip

Item 6:

Person or Entity to Receive:

Name
Address
City
State
Zip

To transfer any property into your Revocable Living Trust, you will also need a copy of your Warranty Deed.