

Information Booklet
For
The Revocable Living Trust Portfolio

I (We) understand that the Revocable Living Trust will be prepared based on the fact outlined in this booklet. I (We) have reviewed the information and verify that the information is complete with respect to assets listed and desires I (we) have for my (our) estate. Any omission cannot result in liability to the representative or to the trust preparers or to Legacy Trust Preparation, Inc. I (We) understand that I (we) will be provided transfer letters and documents and that it is my (our) sole responsibility to finalize transfers of assets into the trust. Any changes or alterations (Amendments) of the trust subsequent to the signing of the trust are my (our) sole responsibility. I (We) understand that my (our) main reason for using a Revocable Living Trust is to avoid Probate, and in some cases. . . to reduce Federal Estate Taxes. The Living Trust contains no inherent wording to cause income tax advantages or property tax advantages. I (We) understand that the trust, as initially established, is revocable by the Settlor. In the case of an A-B trust, I (we) understand that the B Trust (decendent's trust) becomes irrevocable at the death of the first Settlor. In the event that I (we) decide to revoke the Living Trust, I (we) shall not be entitled to a refund of my (our) original fees for preparation of this trust.

Client

Client

Date

Notice

You are responsible to fill-in all the information needed to complete the Trust documents. If you need copies of deeds, etc., wait until you have all required information to submit this trust information booklet.

You need not repeat addresses if Successor Trustees are the same persons as the children and beneficiaries. If Conservator, Guardian, and Personal Representative for the Will, Health Care Power of Attorney and Durable Power of Attorney. . . are all the same person(s), write “same” on the appropriate page.

Every area must be filled in. If there are only 2 beneficiaries, cross out the remaining blanks for beneficiaries. If there is only one bank account, cross out the other blanks for bank accounts. If there are no business interests, please cross through that page.

We MUST have the last recorded deed to prepare a Special Warranty Deed for transfer of real property into the Trust. If you have lost a spouse. . . and your real property is in joint tenancy. . . you will need an original death certificate for each property to be transferred into the trust. We prefer to have a recent statement copy for all other assets. If you are not sure whether an investment is “qualified” or “not qualified”. . . send a copy of the statement.

No draft will be presented before the final trust is complete. . . so it is of utmost importance that the information submitted is accurate. Be sure all information is printed in a readable form.

The confidential estate analysis is an estimate of the size of your estate and must be completed and signed by you. This stays in our permanent file and is essential to prove the “need” for a trust and the type of trust and transfers needed.

You must read the disclosure on the first page and sign and date before submitting.

Confidential Estate Analysis for

(An Estimate of the Probate Value of Your Trust Estate)

Residence (Fair Market Value)	\$ _____	
Less Outstanding Mortgage (estimated)	\$ _____	\$ _____
Household Furnishings (IRA "rule of thumb" = 20% of FMV)		\$ _____
Other Real Property (Fair Market Value)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Less Outstanding Mortgages (estimated)	\$ _____	\$ _____
Cash on Hand and in Banks (Checking, Savings, CDs, MM)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Stocks, Bonds, Annuities, and IRAs		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Insurance Policies (Death Benefit)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Other Personal Property:		
Antiques	\$ _____	
Jewelry & Furs	\$ _____	
Collections	\$ _____	
Vehicles	\$ _____	
RVs, Boats	\$ _____	
Other _____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
TOTAL PROBATE ESTATE		\$ _____

Client/Settlor Information

Single Trust Marital Trust A-B Trust Q-Tip Remainderman

Male Client/Settlor:

Full Name: _____

Name you normally sign: _____

Other names you may use: _____

Birthdate: _____ Social Security No. _____

Address: _____ County: _____

City, State, Zip: _____

Phone Number including area code: _____

Cell Phone including area code: _____

Previous Marriage? _____ How ended? _____ Date of Current Marriage: _____

Female Client/Settlor:

Full Name: _____

Name you normally sign: _____

Other names you may use: _____

Birthdate: _____ Social Security No. _____

Address: _____ County: _____

City, County, State, Zip: _____

Phone Number including area code: _____

Previous Marriage? _____ How ended? _____ Date of Current Marriage: _____

Successor Trustee Information:

You are the first (original) Trustee(s) of your trust. Below please name the persons you wish to take over as trustees. . . if you are incapacitated and after you die.

Name the First Successor Trustee: _____

Relationship: _____ Age: _____

Address: _____ County: _____

City, State, Zip: _____

Phone Number & Cell Phone: _____

Name the Second Successor Trustee: _____

Relationship: _____ Age: _____

Address: _____ County: _____

City, State, Zip: _____

Phone Number & Cell Phone: _____

Name the Third Successor Trustee: _____

Relationship: _____ Age: _____

Address: _____ County: _____

City, State, Zip: _____

Phone Number & Cell Phone: _____

***Do you wish any of the above named Successor Trustee(s) to serve as Co-Trustees?
If yes, please explain:*** _____

Conservator and Guardianship Information:

*You need to name a Conservator and Guardian for an incapacitated spouse after your death. . . or a Conservator and Guardian in the event you become incapacitated. . . or, a Conservator and Guardian for **minor children** or a **handicapped child**. Normally these are the same persons you name as Successor Trustees. If you wish to use another person, please list below:*

Name: _____

Relationship: _____ Phone No.: _____

Address: _____

City, State, Zip: _____

Beneficiary Information:

Are all of your children beneficiaries? YES NO

If no, explain: _____

Simple Definitions:

Per Stirpes: If one of your beneficiaries fails to survive the final distribution, their share shall be distributed, in equal shares, to their children.

Per Capita: If one of your beneficiaries fails to survive the final distribution, their share shall be distributed, in equal shares, to the surviving beneficiaries.

Distribution Definitions:

- 1 After the death of the husband.
- 2 After the death of the wife
- 3 After the death of both Settlers (husband and wife).

Beneficiary No. 1

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$ _____ or Share _____ % of the Trust Estate

Distribution: 1 2 3

Beneficiary No. 2

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$_____ or Share _____% of the Trust Estate

Distribution: 1 2 3

Beneficiary No. 3

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$_____ or Share _____% of the Trust Estate

Distribution: 1 2 3

Beneficiary No. 4

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$_____ or Share _____% of the Trust Estate

Distribution: 1 2 3

Beneficiary No. 5

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$_____ or Share _____% of the Trust Estate

Distribution: 1 2 3

Beneficiary No. 6

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$_____ or Share _____% of the Trust Estate

Distribution: 1 2 3

List additional Beneficiaries on a separate sheet of paper.

Last Will & Testament Information (Pour-Over Will):

Normally, the Personal Representative for your Will would be the same persons named as Successor Trustee(s). If you wish to name a different person, please list below:

Use the same persons as the Successor Trustee(s)

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

City, State, Zip: _____

***List all of your children (whether or not they are named beneficiaries).
Mark the boxes that apply.***

Are any of your children minors: Yes No

Are any of your children handicapped adults? Yes No

Child No. 1 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 2 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 3 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 4 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 5 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 6 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 7 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

List Additional Children on a Separate Sheet of Paper.

Durable Power of Attorney Information:

If you are married, your spouse is usually named in first position; then your Successor Trustee(s). If you wish to name another person, please list below:

- My spouse should be listed in first position. Our Successor Trustee(s) should be next.
- I am single. Please use my Successor Trustee(s).
- Please use the persons listed below:

First Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ Phone No.: _____

Second Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ Phone No.: _____

Health Care Power of Attorney Information:

Your spouse is usually named in first position and then your Successor Trustee(s). If you wish to name other persons, please list below:

- List my spouse in first position; then my Successor Trustee(s).
- I am single. Please use my Successor Trustee(s).
- Please use the persons named below to make health care decisions for me.

First Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ Phone No.: _____

Second Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ Phone No.: _____

Third Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ Phone No.: _____

Asset Information:

REAL PROPERTY NO. 1

Exact Title of Property: _____

County: _____ State _____

Address (if applicable): _____

Exact Legal Description: _____

Residence (house or condo) Rental Property Time-Share Vacant Land

Acreage/Farm Commercial Property Other _____

Is there a Mortgage or Trust Deed (lien) on the property? Yes No

If yes, provide lien holder name, address and account no.: _____

REAL PROPERTY NO. 2

Exact Title of Property: _____

County: _____ State _____

Address (if applicable): _____

Exact Legal Description: _____

Residence (house or condo) Rental Property Time-Share Vacant Land

Acreage/Farm Commercial Property Other _____

Is there a Mortgage or Trust Deed (lien) on the property? Yes No

If yes, provide lien holder name, address and account no.: _____

REAL PROPERTY NO. 3

Exact Title of Property: _____

County: _____ State _____

Address (if applicable): _____

Exact Legal Description: _____

Residence (house or condo) Rental Property Time-Share Vacant Land

Acreage/Farm Commercial Property Other _____

Is there a Mortgage or Trust Deed (lien) on the property? Yes No

If yes, provide lien holder name, address and account no.: _____

REAL PROPERTY NO. 4

Exact Title of Property: _____

County: _____ State _____

Address (if applicable): _____

Exact Legal Description: _____

Residence (house or condo) Rental Property Time-Share Vacant Land
 Acreage/Farm Commercial Property Other _____

Is there a Mortgage or Trust Deed (lien) on the property? Yes No

If yes, provide lien holder name, address and account no.: _____

REAL PROPERTY NO. 5

Exact Title of Property: _____

County: _____ State _____

Address (if applicable): _____

Exact Legal Description: _____

Residence (house or condo) Rental Property Time-Share Vacant Land
 Acreage/Farm Commercial Property Other _____

Is there a Mortgage or Trust Deed (lien) on the property? Yes No

If yes, provide lien holder name, address and account no.: _____

REAL PROPERTY NO. 6

Exact Title of Property: _____

County: _____ State _____

Address (if applicable): _____

Exact Legal Description: _____

Residence (house or condo) Rental Property Time-Share Vacant Land
 Acreage/Farm Commercial Property Other _____

Is there a Mortgage or Trust Deed (lien) on the property? Yes No

If yes, provide lien holder name, address and account no.: _____

YOU MUST PROVIDE A COPY OF THE LAST RECORDED DEED!!!

Cash in Banks, CDs, Money Markets, Etc:

Bank No. 1: _____

Address: _____

City, State, Zip: _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Bank No. 2: _____

Address: _____

City, State, Zip: _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Bank No. 3: _____

Address: _____

City, State, Zip: _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Bank No. 4: _____

Address: _____

City, State, Zip: _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Please provide a copy of a recent statement.

Stocks and Bonds You Hold (If your stocks are with a broker, see next page):

Name of Stock/Bond: _____

Transfer Agent Name & Address: _____

No. of Shares: _____ Certificate Nos: _____

Name of Stock/Bond: _____

Transfer Agent Name & Address: _____

No. of Shares: _____ Certificate Nos: _____

Name of Stock/Bond: _____

Transfer Agent Name & Address: _____

No. of Shares: _____ Certificate Nos: _____

Name of Stock/Bond: _____

Transfer Agent Name & Address: _____

No. of Shares: _____ Certificate Nos: _____

Name of Stock/Bond: _____

Transfer Agent Name & Address: _____

No. of Shares: _____ Certificate Nos: _____

Provide a copies of all stock certificates and bonds.

Check here if you own Corporate Stock from a small business.

Name of Business: _____

Address, City, State, Zip: _____

Type of Corporation: _____ Date of Incorporation: _____

Number of Shares: _____ Ownership: _____ % Other Information: _____

Investment Accounts (non-qualified accounts with company/broker):

Company/Broker No. 1: _____

Address: _____

City, State, Zip: _____

Ownership: Husband Wife Joint Other _____

Account No.: _____

Company/Broker No. 2: _____

Address: _____

City, State, Zip: _____

Ownership: Husband Wife Joint Other _____

Account No.: _____

Company/Broker No. 3: _____

Address: _____

City, State, Zip: _____

Ownership: Husband Wife Joint Other _____

Account No.: _____

Company/Broker No. 4: _____

Address: _____

City, State, Zip: _____

Ownership: Husband Wife Joint Other _____

Account No.: _____

Company/Broker No. 5: _____

Address: _____

City, State, Zip: _____

Ownership: Husband Wife Joint Other _____

Account No.: _____

Please provide copies of recent statements.

Contracts or Notes Receivable:

Since there are many types of notes and contracts receivable. . . some secured. . . some unsecured, it is nearly impossible to create lists to accommodate all types. If you are receiving money from anyone due to a mortgage, trust deed, promissory note, etc., please list all of the particulars on a separate piece of paper . . . and include copies of recorded or unrecorded documents. Please list brief description below: _____

Vehicles, RVs, Boats, Mobile Homes:

Type of Vehicle: _____ **Year:** _____

Name(s) shown on Title: _____

Make: _____ Model: _____

Vehicle I.D. No.: _____

No lien Lienholder: _____

Type of Vehicle: _____ **Year:** _____

Name(s) shown on Title: _____

Make: _____ Model: _____

Vehicle I.D. No.: _____

No lien Lienholder: _____

Type of Vehicle: _____ **Year:** _____

Name(s) shown on Title: _____

Make: _____ Model: _____

Vehicle I.D. No.: _____

No lien Lienholder: _____

Type of Vehicle: _____ **Year:** _____

Name(s) shown on Title: _____

Make: _____ Model: _____

Vehicle I.D. No.: _____

No lien Lienholder: _____

If there is a lien holder on your title, you may need to get permission to transfer into your trust. If you have paid off a vehicle and the lien holder is still shown on your title, you will need to obtain a "Satisfaction of Lien" to re-title into you trust.

Pensions, IRAs, Keoghs, Qualified Annuities:

Type of Account: _____ Acct./Policy No.: _____
Owner: _____ Primary Beneficiary: _____
Company: _____ Contingent Beneficiary: _____
Address: _____
City, State, Zip: _____

Type of Account: _____ Acct./Policy No.: _____
Owner: _____ Primary Beneficiary: _____
Company: _____ Contingent Beneficiary: _____
Address: _____
City, State, Zip: _____

Type of Account: _____ Acct./Policy No.: _____
Owner: _____ Primary Beneficiary: _____
Company: _____ Contingent Beneficiary: _____
Address: _____
City, State, Zip: _____

Type of Account: _____ Acct./Policy No.: _____
Owner: _____ Primary Beneficiary: _____
Company: _____ Contingent Beneficiary: _____
Address: _____
City, State, Zip: _____

Type of Account: _____ Acct./Policy No.: _____
Owner: _____ Primary Beneficiary: _____
Company: _____ Contingent Beneficiary: _____
Address: _____
City, State, Zip: _____

Type of Account: _____ Acct./Policy No.: _____
Owner: _____ Primary Beneficiary: _____
Company: _____ Contingent Beneficiary: _____
Address: _____
City, State, Zip: _____

Type of Account: _____ Acct./Policy No.: _____
Owner: _____ Primary Beneficiary: _____
Company: _____ Contingent Beneficiary: _____
Address: _____
City, State, Zip: _____

Life Insurance Policies:

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

