

**NAME:** \_\_\_\_\_ **REQUEST DATE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_ **DATE NEEDED:** \_\_\_\_\_

**I. BACKGROUND INFORMATION**

<p>1. 1<sup>st</sup> Party's Name and Address:</p>	<p>Name: _____  Address: _____  City: _____ State: _____ Zip: _____  County: _____  1<sup>st</sup> Party has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months  1<sup>st</sup> Party has resided in this County: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months</p>
<p>2. 2<sup>nd</sup> Party's Name and Address:</p>	<p>Name: _____  Address: _____  City: _____ State: _____ Zip: _____  County: _____  2<sup>nd</sup> Party has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months  2<sup>nd</sup> Party has resided in this County: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months</p>
<p>3. 1<sup>st</sup> Party's Employer Name and Address:</p>	<p>Name: _____  Address: _____  City: _____ State: _____ Zip: _____</p>
<p>4. 2<sup>nd</sup> Party's Employer Name and Address:</p>	<p>Name: _____  Address: _____  City: _____ State: _____ Zip: _____</p>

**II. ASSETS**

<p>1. List All Real Property:</p>	<p>1. Property Address: _____  City: _____ State: _____ Zip: _____  County: _____  2. Property Address: _____  City: _____ State: _____ Zip: _____  County: _____  3. Property Address: _____  City: _____ State: _____ Zip: _____  County: _____  4. Property Address: _____  City: _____ State: _____ Zip: _____  County: _____  5. Property Address: _____  City: _____ State: _____ Zip: _____  County: _____</p>
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**LEGAL DOCUMENT SOLUTIONS**

**II. ASSETS (Cont'd)**

2. List All Bank Accounts:	<u>Bank Name</u>	<u>Address</u>	<u>Account Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
3. List All Stocks, Bonds, etc.:	<u>Name</u>	<u>Address</u>	<u>Account Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
4. List All Retirement Accounts (i.e., Pension, Employee Stock Purchase, Profit Sharing, IRAs, 401(k)s, etc.):	<u>Name</u>	<u>Address</u>	<u>Account Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**LEGAL DOCUMENT SOLUTIONS**

**II. ASSETS (Cont'd)**

II. ASSETS (Cont'd)				
5. List All Automobiles and Vehicles:	<b><u>Type and Model</u></b>	<b><u>Year</u></b>	<b><u>FMV</u></b>	<b><u>Amount Owing</u></b>
	1. _____	_____	\$ _____	\$ _____
	2. _____	_____	\$ _____	\$ _____
	3. _____	_____	\$ _____	\$ _____
	4. _____	_____	\$ _____	\$ _____
	5. _____	_____	\$ _____	\$ _____
6. List All Jewelry, Keepsakes, Art, Paintings, Household Furniture, Fixtures, Coin Collections, etc.:	<b><u>Type</u></b>		<b><u>FMV</u></b>	<b><u>Amount Owing</u></b>
	1. _____		\$ _____	\$ _____
	2. _____		\$ _____	\$ _____
	3. _____		\$ _____	\$ _____
	4. _____		\$ _____	\$ _____
	5. _____		\$ _____	\$ _____
	6. _____		\$ _____	\$ _____
	7. _____		\$ _____	\$ _____
	8. _____		\$ _____	\$ _____
	9. _____		\$ _____	\$ _____
	10. _____		\$ _____	\$ _____
	11. _____		\$ _____	\$ _____
	12. _____		\$ _____	\$ _____
7. List All Other Assets:	<b><u>Name</u></b>		<b><u>FMV</u></b>	<b><u>Amount Owing</u></b>
	1. _____		\$ _____	\$ _____
	2. _____		\$ _____	\$ _____
	3. _____		\$ _____	\$ _____
	4. _____		\$ _____	\$ _____
	5. _____		\$ _____	\$ _____
	6. _____		\$ _____	\$ _____
	7. _____		\$ _____	\$ _____
	8. _____		\$ _____	\$ _____
	9. _____		\$ _____	\$ _____
	10. _____		\$ _____	\$ _____
	11. _____		\$ _____	\$ _____
	12. _____		\$ _____	\$ _____

**III. SURVIVING TRUSTEE/CONSERVATOR/POWER OF ATTORNEY INFORMATION**

<p>1. List Names of Successor Trustees, Conservator(s) and Powers of Attorney Who Will Oversee Your Trust. Include Their Names in the Order of Whom Should Act First (i.e., See Question 2 below):</p>	<p>1. Name: _____                  Address: _____                  City: _____ State: _____ Zip: _____                  County: _____</p> <p>2. Name: _____                  Address: _____                  City: _____ State: _____ Zip: _____                  County: _____</p> <p>3. Name: _____                  Address: _____                  City: _____ State: _____ Zip: _____                  County: _____</p> <p>4. Name: _____                  Address: _____                  City: _____ State: _____ Zip: _____                  County: _____</p>
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<p>2. Each Successor Trustee(s), Can They Act Solely or Jointly With Other Named Trustee(s):</p>	<p>1. Name: _____  <input type="checkbox"/> Acting Alone    <input type="checkbox"/> Acting Jointly With: _____</p> <p>2. Name: _____  <input type="checkbox"/> Acting Alone    <input type="checkbox"/> Acting Jointly With: _____</p> <p>3. Name: _____  <input type="checkbox"/> Acting Alone    <input type="checkbox"/> Acting Jointly With: _____</p> <p>4. Name: _____  <input type="checkbox"/> Acting Alone    <input type="checkbox"/> Acting Jointly With: _____</p>
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**IV. BENEFICIARIES**

<p>1. Name of First Beneficiary:</p>	<p>1<sup>st</sup> Beneficiary Name: _____                  Address: _____                  City: _____ State: _____ Zip: _____                  County: _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Asset/Property Received:</u></th> <th style="text-align: center;"><u>Ownership Percentage</u></th> <th style="text-align: center;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$
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**IV. BENEFICIARIES (Cont'd)**

<p>2. Name of Second Beneficiary:</p>	<p>2<sup>nd</sup> Beneficiary Name: _____</p> <p>Address: _____</p> <p style="margin-left: 40px;">City: _____ State: _____ Zip: _____</p> <p style="margin-left: 40px;">County: _____</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Asset/Property Received:</u></th> <th style="text-align: center;"><u>Ownership Percentage</u></th> <th style="text-align: center;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$
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<p>3. Name of Third Beneficiary:</p>	<p>3<sup>rd</sup> Beneficiary Name: _____</p> <p>Address: _____</p> <p style="margin-left: 40px;">City: _____ State: _____ Zip: _____</p> <p style="margin-left: 40px;">County: _____</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Asset/Property Received:</u></th> <th style="text-align: center;"><u>Ownership Percentage</u></th> <th style="text-align: center;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$
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<p>4. Name of Fourth Beneficiary:</p>	<p>4<sup>th</sup> Beneficiary Name: _____</p> <p>Address: _____</p> <p style="margin-left: 40px;">City: _____ State: _____ Zip: _____</p> <p style="margin-left: 40px;">County: _____</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Asset/Property Received:</u></th> <th style="text-align: center;"><u>Ownership Percentage</u></th> <th style="text-align: center;"><u>FMV or \$ Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	<u>Asset/Property Received:</u>	<u>Ownership Percentage</u>	<u>FMV or \$ Amount</u>	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$	_____	%	\$
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**IV. BENEFICIARIES (Cont'd)**

5. Name of Fifth Beneficiary:	5 <sup>th</sup> Beneficiary Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____																					
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**V. GENERAL INFORMATION**

1. Do You Want to Receive Artificial Life Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2. Do You Desire to Have a Memorial, Burial or Cremation?	<input type="checkbox"/> Memorial <input type="checkbox"/> Burial <input type="checkbox"/> Cremation Name for Memorial Services: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____  <i>If different from above, provide:</i> Name for Burial Services: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____  Name for Cremation Services: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____
3. Specify Any Additional Information To Be Included In The Agreement:	_____          _____