

Leave No  
Blank  
Spaces

# LIVING TRUST APPLICATION

Mail completed application to:  
Heritage Living Trust  
P.O. Box 66972  
Scotts Valley, CA 95067

Allow Up To  
45 Days For  
Trust Preparation

**BE PRECISE, LEGIBLE AND LEAVE NO BLANK SPACES**

I am a U.S. Citizen (Yes or No): \_\_\_\_\_ Spouse is a U.S. Citizen (Yes, No): \_\_\_\_\_

Husband Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

Husband Date of Birth: \_\_\_\_\_ Husband Social Security Number: \_\_\_\_\_

Wife Name: \_\_\_\_\_

Wife Date of Birth: \_\_\_\_\_ Wife Social Security Number: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Phone: \_\_\_\_\_ Approximate Value of Estate: \_\_\_\_\_

(Under \$5 Million/\$5M-\$10M/Over \$10M)

Email Address: \_\_\_\_\_  
(Email address needed for changes, updates and funding)

**Total Number of Children:** \_\_\_\_\_

If you have no children write "0" in the box above.

All children must be listed regardless of age and regardless of whether or not each child is receiving an inheritance.

List the names of all your children, and who is the biological parent of each child:

(H=Husband/W=Wife/B=Both Spouses/A=Adopted)

\_\_\_\_\_  
(H/W/B/A) (H/W/B/A)

\_\_\_\_\_  
(H/W/B/A) (H/W/B/A)

\_\_\_\_\_  
(H/W/B/A) (H/W/B/A)

(If more space is needed, please use the blank space provided on page 5 of this application)

## Guardians of Minor Children

(If you have no minor children, write "N/A" on the first line below.)

We recommend that two persons be named, in case one cannot serve.

**Guardian #1 Name:** \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

**Guardian #2 Name:** \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

**How shall the Guardians serve?:** \_\_\_\_\_

**"Jointly"** (Together) Or **"In succession"** (In the order listed above)

### Successor Trustees

Name of person(s) chosen by clients to settle their estate at the death of the surviving spouse.

We recommend that two persons be named, in case one cannot serve.

**Successor #1 Name:** \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

**Successor #2 Name:** \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

**How shall the Successor Trustees serve?:** \_\_\_\_\_

**“Jointly”** (Together) or **“In Succession”** (In the order listed above)

(If there are more than 2 Successor Trustees, please use the blank space provided on page 5 of this application)

### Distribution of Assets to these Beneficiaries

Please include the full legal names of all Beneficiaries listed below.

Clients may express their inheritance in a percentage of the estate or in specific dollar amounts.

#1 Name \_\_\_\_\_ \$ Amount or % \_\_\_\_\_

#2 Name \_\_\_\_\_ \$ Amount or % \_\_\_\_\_  
(If not applicable, write “N/A”)

#3 Name \_\_\_\_\_ \$ Amount or % \_\_\_\_\_  
(If not applicable, write “N/A”)

#4 Name \_\_\_\_\_ \$ Amount or % \_\_\_\_\_  
(If not applicable, write “N/A”)

#5 Name \_\_\_\_\_ \$ Amount or % \_\_\_\_\_  
(If not applicable, write “N/A”)

#6 Name \_\_\_\_\_ \$ Amount or % \_\_\_\_\_  
(If not applicable, write “N/A”)

#7 Name \_\_\_\_\_ \$ Amount or % \_\_\_\_\_  
(If not applicable, write “N/A”)

#8 Name \_\_\_\_\_ \$ Amount or % \_\_\_\_\_  
(If not applicable, write “N/A”)

**Age for beneficiary(s) to receive inheritance “At Death”/“Or Age”/“Or Other”:** \_\_\_\_\_

**“At Death”** means the beneficiary will receive his inheritance immediately after the client passes.

**“Or Age”** means the age the client designates each beneficiary to receive his inheritance.

**“Or Other”** means any arrangements for distribution other than “At Death” and “Or Other”.

For minors, the trust defaults to age 21 unless otherwise stated by client.

**(If more space is needed, please use the blank page provided on page 5 of this application)**

### Conservator Alternates For Husband

Name of person(s) chosen by client to step in at client's incompetence to make decisions regarding client's permanent care, in the event the client's spouse is unable to.  
We recommend that two persons be named, in case one cannot serve.

Conservator #1 Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

Conservator #2 Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

How shall the Conservator Alternates serve?: \_\_\_\_\_  
"Jointly" (Together) Or "In succession" (In the order listed above)

### Conservator Alternates For Wife

Name of person(s) chosen by client to step in at client's incompetence to make decisions regarding client's permanent care, in the event the client's spouse is unable to.  
We recommend that two persons be named, in case one cannot serve.

Conservator #1 Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

Conservator #2 Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

How shall the Conservator Alternates serve?: \_\_\_\_\_  
"Jointly" (Together) or "In Succession" (In the order listed above)

### Healthcare Power of Attorney Alternates For Husband

Name of person(s) chosen by client to step in at client's incapacity to make health care decisions in the event the client's spouse is unable to.  
We recommend that two persons be named, in case one cannot serve.

Healthcare POA #1 Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

Healthcare POA #2 Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

How shall the Healthcare POA Alternates serve?: \_\_\_\_\_  
"Jointly" (Together) or "In Succession" (In the order listed above)

### Healthcare Power of Attorney Alternates For Wife

Name of person(s) chosen by client to step in at client's incapacity to make health care decisions in the event the client's spouse is unable to.  
We recommend that two persons be named, in case one cannot serve.

Healthcare POA #1 Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

Healthcare POA #2 Name: \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

How shall the Healthcare POA Alternates serve?: \_\_\_\_\_  
"Jointly" (Together) or "In Succession" (In the order listed above)

**Asset Power of Attorney Alternates For Husband**

Name of person(s) chosen by client to step in at client's incapacity or incompetence to conduct financial business on behalf of client (such as banking, etc.) in the event the client's spouse is unable to.  
We recommend that two persons be named, in case one cannot serve.

**Asset POA #1 Name:** \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

**Asset POA #2 Name:** \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

**How shall the Asset POA Alternates serve?:** \_\_\_\_\_  
"Jointly" (Together) or "In Succession" (In the order listed above)

**Asset Power of Attorney Alternates For Wife**

Name of person(s) chosen by client to step in at client's incapacity or incompetence to conduct financial business on behalf of client (such as banking, etc.) in the event the client's spouse is unable to.  
We recommend that two persons be named, in case one cannot serve.

**Asset POA #1 Name:** \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

**Asset POA #2 Name:** \_\_\_\_\_ Jr., Sr., Other, or N/A: \_\_\_\_\_

**How shall the Asset POA Alternates serve?:** \_\_\_\_\_  
"Jointly" (Together) or "In Succession" (In the order listed above)

We have agreed to purchase Revocable Living Trust documents through Heritage Living Trust and its Independent Professional Associate.

**We understand that any requested changes or revisions of the Trust will be done by Heritage Trust at NO CHARGE.**

**We understand that we have 72 hours from the signing of this contract to CANCEL this agreement. We understand that no refunds will be made after 72 hours from the time we signed this Application. CLIENT INITIAL \_\_\_\_\_** ←

**We have read and understand this Living Trust Application.**

We understand that it is our sole responsibility to properly execute all documents and transfer all of our assets and property into our Living Trust. And, if we fail to make the transfers into our Living Trust, our property may be subject to Probate through no fault of Heritage Living Trust or the Independent Professional Representative.

We have reviewed the information provided in the application and we understand and agree that only the information provided by us to Heritage Living Trust and the Independent Professional Representative will be used in the preparation of all documents. We hereby attest to the accuracy of the information provided on this data form.

Date of Application: \_\_\_\_\_

Applicant Signature X \_\_\_\_\_

Applicant Spouse Signature X \_\_\_\_\_



