

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

Date of Application: _____ I am a U.S. Citizen Yes or No _____

Client Name: _____ Jr., Sr., Other, or N/A: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ County of Residence: _____

Marital Status: _____ Spouse Name: _____

(If not married, write "N/A" in the box above.)

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)

List the names of all your children:

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

_____	_____
_____	_____
_____	_____

(If more space is needed, please use the blank space provided on page 4 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 client to settle his or her estate at death.
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 4 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 Age”.

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 4 of this application)

Conservators

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 Conservators serve?: _____
"Jointly" (Together) or "In Succession" (In the order listed above)

Healthcare Power of Attorneys

Name of person(s) chosen by client to step in at client's incapacity to make health care decisions.
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 POAs serve?: _____
"Jointly" (Together) or "In Succession" (In the order listed above)

Asset Power of Attorneys

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)
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 POAs serve?: _____
"Jointly" (Together) or "In Succession" (In the order listed above)

Applicant Authorization To Create Trust

I agree to purchase Revocable Living Trust documents from Heritage Living Trust. I do understand that Heritage Living Trust is a document preparation and publishing company. I understand that Heritage Living Trust is not a law firm and has not rendered any legal advice regarding my purchase of Living Trust documents. I understand and authorize the Independent Professional Representative to provide a copy of all information taken from me to Heritage Living Trust for the sole purpose of creating my Living Trust documents. I understand that Heritage Living Trust does not engage in the sale of insurance-related products, securities or other investments and I have not been asked by Heritage Living Trust to purchase such products. I understand that although all necessary documents are provided in my Heritage Living Trust, I may optionally elect to have a local attorney of my choice review said Living Trust documents, the cost for which I will be solely and separately responsible. I understand that if additional legal services are required for transferring assets into my Trust, separate and additional legal fees may be charged by the attorney I select. I hereby authorize Heritage Living Trust its employees and/or associates to release confidential information pertaining to my estate to the attorney selected by me should I elect this option. Heritage Living Trust and the Independent Professional Representative shall keep private and confidential all data provided by me on this application. Such information is confidential and shall not be released to any third party without my expressed written permission and authorization.

Receipt

I UNDERSTAND THAT HERITAGE LIVING TRUST AND THE INDEPENDENT PROFESSIONAL REPRESENTATIVE ARE NOT ATTORNEYS. I FURTHER UNDERSTAND THAT EVERY EFFORT IS MADE TO ENSURE THE ACCURACY OF THESE TRUST DOCUMENTS BASED UPON THE INFORMATION THAT I HAVE PROVIDED TO HERITAGE LIVING TRUST AND THE INDEPENDENT PROFESSIONAL REPRESENTATIVE. IF I ELECT TO HAVE AN ATTORNEY REVIEW MY TRUST DOCUMENTS, HERITAGE LIVING TRUST WILL MAKE ANY AND ALL CHANGES SUGGESTED BY THAT ATTORNEY. THESE CHANGES MUST BE REQUESTED IN WRITING AND SENT TO HERITAGE LIVING TRUST AT P.O. BOX 66972, SCOTTS VALLEY, CA 95067. I UNDERSTAND THE CHANGES WILL BE DONE AT NO CHARGE BY HERITAGE LIVING TRUST. I UNDERSTAND THAT HERITAGE LIVING TRUST IS NOT A LAW FIRM, BUT RATHER A QUALIFIED LEGAL DOCUMENT PUBLISHING COMPANY. HERITAGE LIVING TRUST AND THE INDEPENDENT PROFESSIONAL REPRESENTATIVE EMPHASIZE THE IMPORTANCE OF CONSULTING EXPERIENCED AND QUALIFIED ACCOUNTING, ESTATE PLANNING AND/OR FINANCIAL CONSULTANTS/ADVISORS, TO ASSURE THE BEST RESULTS FROM MY REVOCABLE LIVING TRUST DOCUMENTS.

I AUTHORIZE HERITAGE LIVING TRUST TO USE THIS DATA TO PROVIDE INFORMATION AND REMINDERS REGARDING THE FUNDING OF MY LIVING TRUST AND PROVIDE, FROM TIME TO TIME, FUTURE ESTATE PLANNING AND ASSET PROTECTION INFORMATION. I UNDERSTAND THAT I AM NOT OBLIGATED IN ANY WAY TO PURCHASE ANY FUTURE FINANCIAL OR INSURANCE SERVICES.

Received for a Living Trust \$ _____ on this _____ day of _____, 20 _____

Trust Purchased "A" or "AA": _____ Special Needs Provision (\$100 additional) Yes or No: _____

X _____
Applicant Signature _____ Date _____

X _____
Independent Professional Representative Name _____ Representative Phone _____ Representative Email _____