

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

Spouse #1 is a U.S. Citizen (Yes or No): _____ Spouse #2 is a U.S. Citizen (Yes, No): _____

Spouse #1 Name: _____ Jr., Sr., Other, or N/A: _____

Spouse #1 Date of Birth: _____ Spouse #1 Social Security Number: _____

Spouse #2 Name: _____

Spouse #2 Date of Birth: _____ Spouse #2 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:

(S#1 = Spouse #1/S#2 = Spouse #2)

_____ (S#1/S#2) _____ (S#1/S#2)

_____ (S#1/S#2) _____ (S#1/S#2)

_____ (S#1/S#2) _____ (S#1/S#2)

(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 Spouse #1

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 Spouse #2

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 Spouse #1

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 Spouse #2

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 Spouse #1

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 Spouse #2

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 _____

Applicant Authorization To Create Trust

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

Receipt

WE UNDERSTAND THAT HERITAGE LIVING TRUST AND THE INDEPENDENT PROFESSIONAL REPRESENTATIVE ARE NOT ATTORNEYS. WE FURTHER UNDERSTAND THAT EVERY EFFORT IS MADE TO ENSURE THE ACCURACY OF THESE TRUST DOCUMENTS BASED UPON THE INFORMATION THAT WE HAVE PROVIDED TO HERITAGE LIVING TRUST AND THE INDEPENDENT PROFESSIONAL REPRESENTATIVE. IF WE ELECT TO HAVE AN ATTORNEY REVIEW OUR 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. WE UNDERSTAND THE CHANGES WILL BE DONE AT NO CHARGE BY HERITAGE LIVING TRUST. WE 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 OUR REVOCABLE LIVING TRUST DOCUMENTS.

WE AUTHORIZE HERITAGE LIVING TRUST TO USE THIS DATA TO PROVIDE INFORMATION AND REMINDERS REGARDING THE FUNDING OF OUR LIVING TRUST AND PROVIDE, FROM TIME TO TIME, FUTURE ESTATE PLANNING AND ASSET PROTECTION INFORMATION. WE UNDERSTAND THAT WE ARE 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: "AB"/"QTIP"/"QDOT": _____ Special Needs Provision (\$100 additional) Yes or No: _____

X_____ X_____

Applicant Signature Date Applicant Spouse Signature Date

X_____

Independent Professional Representative Name Representative Phone Representative Email