

LAND TRUST DATA FORM

CLIENT INFORMATION:

Name: _____

Address: _____

County: _____ Phone Number: _____

Email: _____ Date Of Birth: _____

TRUSTEE INFORMATION:

Name: _____

Address: _____

County: _____ Phone Number: _____

Successor Trustee Name (Optional): _____

Address: _____

County: _____ Phone Number: _____

First Year Compensation*: _____ Compensation Annually Thereafter*: _____

*If Heritage Living Trust – First Year \$250 – Annually Thereafter \$150

BENEFICIARY INFORMATION:

Name: _____

Address: _____

County: _____ Phone Number: _____

PROPERTY INFORMATION:

Address: _____

County: _____

PLEASE ATTACH LEGAL PROPERTY DESCRIPTION/ONE PROPERTY PER LAND TRUST