Form: App rev-020604

Office use only

Revocable Living Trust

- and other -

Estate Planning Instruments



IMPORTANT →

- Type or handwrite using block letters. Fill out clearly and use proper spelling.
- Area within heavy border is for Attorney or Office Use Only.
- Attach extra pages if more space is needed.

Section 1: Trus	t Type & I	Name								
Trust Type → □ S	ingle Person	Small Estate	Disclaimer	Ву	pass	QTIP				
Is this a restatement of	of a <u>prior</u> Trus	t?								
□ No, □ Yes – If	Yes, you MU	ST provide a copy	of the <u>original tru</u>	st along with	this applic	cation. Date of Ori	ginal Trust _			
Trust Name → "THE	<u> </u>								TRUST"	
Section 2: Sing	le Client/l	Husband's In	formation							
Name as you sign leg	al documents	:			Other nar	me(s) in which you	own assets	S		
Address (Number & Street):					City:			State:	Zip (req'd):	
Residence County:				Home pho	ne:			Employed?:	Yes No	
Date of Birth: Birth State or Country:				Work phor	ie:		ι	USA Citizen?: Yes No		
Notes:				SSN (optional): Title: Mr. No No Other						
Section 3: Marr	iage Infor	mation								
Marital Status: Ma	rried, Nev	ver Married, 🔲 Wi	idowed, Divo	orced						
If currently marrie		here were you mar	ried (City, State,	Country):?			Marriage	Date:		
If widowed or divo		ormer Spouse's nar	me (<u>only</u> if you w	u want it listed in the Trust): Date			Date of de	te of death or dissolution of marriage:		
Section 4: Wife	's Informa	ation								
Name as you sign leg	al documents	:			Other nar	ne(s) in which you	own assets	S:		
Address (if different th	nan Client abo	ive):			City:			State:	Zip (req'd):	
Residence County:			Home phone:			Employed?:	Yes No			
Date of Birth: Birth State or Country:		Work phone:		ι	Retired?: JSA Citizen? Gender:	Yes No Yes No M F				
Notes:			SSN (option	onal):			Γitle: Mr. Othe	Mrs. Miss er		
Client initials that	spelling an	d personal info	rmation is cor	rect:	C	lient/Husband		Wife)	

#	Full Name and full address	Parent (S/H/W)	Living (Y/N)	Sex (M/F)	Date of Birth (& Date of Death if deceased)	Married (Y/N)	Has Issue? (Y/N)	% of Estate (if any)*
	William James Smith, Jr. 100 Main Street, San Francisco, CA 94111	Н	Υ	М	10/21/1994	Y	Υ Υ	(II ally)
	John Smith	Н	N	М	1116/1954 (12/24/1970)	N	Υ	0
1								
2								
3								
4								
5								
Custo	mer affirms that they have included ALL children above	(initia	ıls).					
	on 6: Other Beneficiaries → List institutions and other non-children beneficiaries under this	truct Inc	dicata tl	oo rolo	tionship including	who is r	alated to	tho
	ciary, using S = Single or Both Settlor(s), H = Husband, W = Wife.	trust. Inc	ilcate ti	ic reia			siated to	, uile
#	Full Signature Name and full address				Relationship (S/H/W)			% of Estate
	Nancy McBride, 1000 Second Avenue, Los Angeles, CA 90	012		Husi	band's Cousin or	"H Cousi	n"	20
1								
2								
3								
4								

Sec	tion 7: Distribution							
Distri	bution will be: \square Equal to all Beneficiaries or \square As defined in the "% of Es	state" columns in Sections 5 and 6 a	bove.					
Timin	g of Distribution (select only one):							
	Outright at death of (surviving) Settlor(s) In full when beneficiary reaches this one (1) age →							
Includ	Distribution to the successor beneficiary, if any: Include College Incentive Clause: Include 10% of Trust share upon graduation: Distribution Notes: Same timing of distribution above, Yes, No Yes, No Distribution Notes:							
Sec	tion 8: Gifts (To be distributed prior to general distribution	on)						
1	To: Address: Gift Description:	Relationship:	If unable to receive, gift will: Lapse, go to Issue, or go to other Distribute at death of: Single Person or Both Settlors Husband					
	To:	Relationship:	If unable to receive, gift will:					
2	Address: Gift Description:		Lapse, go to Issue, or go to other Distribute at death of: Single Person or Both Settlors Husband Wife					
	То:	Relationship:	If unable to receive, gift will:					
3	Address: Gift Description:		Lapse, go to Issue, or go to other Distribute at death of: Single Person or Both Settlors Husband Wife					
Sec	tion 9: In Lieu Of Intestate Succession (Family Disas	ster Clause)						
Note	es → List contingent beneficiary(ies) who will receive distribution and Address:		beneficiaries are deceased.					
Sec	tion 10: Disinheritance							
	es → Persons <u>natural heirs</u> who will be intentionally exclude	d (disinherited) from distribut	ion of the Estate.					
Detai	l all Exclusions:							

Section	11: Initial Trustees (Attorney To Verify)					
Original Trustees of the Trust will be: Client (and Spouse if Married) Husband only Wife only Other (explain below) Surviving Spouse will serve as: Sole Trustee, Joint Trustee with Successor						
Explain special arrangements:						
Section	12: Successor Trustees (Attorney To Verify)					
Spouse	e chooses same agents as Client, Spouse chooses different agents than Client – USE SEPARATE (or s	upplemental) FORM FOR SPOUSE				
Agent	Agents Full Name (include full address if not previously provided)	Agents will serve:				
1st		In Succession, one at a time Jointly, two at a time				
2nd		If serving jointly and one can no longer serve, remaining will: serve alone select a Co-Trustee				
3rd		Other:				
4th						
Section	13: Pour-Over Will Executor					
Skip thi	s section if Agents are same order and selection as in Section 12 above					
Agent	Agents Full Name (include full address if not previously provided)	Agents will serve: In Succession, one at a time				
1st		Jointly, two at a time				
2nd		If serving jointly and one can no longer serve, survivor will serve:				
3rd		select a Co-Executor Other:				
4th						
Section	14: Durable Power Of Attorney for Property Management (Attorney To Ve	erify)				
Skip thi	s section if Agents are same order and selection as in Section 12 above					
Agent	Agents Full Name (include full address if not previously provided)	Agents will serve:				
1st		In Succession, one at a time Jointly, two at a time				
2nd		If serving jointly, survivor will serve: alone select a Co-Agent				
3rd		Other:				
4th						

Section	15: Client's Advance Health Care Agents (Complete for Client only)	
Skip th	is section if Agents are same order and selection as in Section 12 above	
Agent	Agents Full Name (include full address if not previously provided)	If married, first agent will be
104		Spouse,
1st		Other (Specify below)
0		Agents (after surviving spouse) will serve:
2nd		In Succession,
04		Jointly two at a time
3rd		If serving jointly, survivor will serve:
441-		─────────────────────────────────────
4th		Other:
Section	16: Spouse's Advance Health Care Agents (Complete for Spouse only	(v)
	is section if Agents are same order and selection as in Section 12 above	,,,
Agent	Agents Full Name (include full address if not previously provided)	If married, first agent will be
Agent	Agents I dil Name (include full address il flot previously provided)	Spouse,
1st		Other (Specify below)
		Agents (after surviving spouse) will serve:
2nd		In Succession,
		Jointly two at a time
3rd		If serving jointly, survivor will serve:
		alone
4th		select a Co-Agent Other:
	17: Guardian Of Minor Children	
	List individual names (i.e.: not "couples").	
Agent	Guardians Full Name and Address	Relationship
1st		
2nd		
3rd		
	NOT want the following negocy(e) to be appointed:	
i / we DC	NOT want the following person(s) to be appointed:	
Section	18: Miscellaneous (For Attorney Use Only)	
	Il spendthrift clause be stringent?: (Use only if one or more children has a serious spendthrift proble	
• Will	there be a Corporate Trustee?	Yes No
Will Corp	there be a Corporate Trustee?oorate plus Individual Trustee?	
WillCorpByp	there be a Corporate Trustee?	
Will Corp Byp QTI	there be a Corporate Trustee?	
WillCorpBypQTIClie	there be a Corporate Trustee?	Yes No Yes No Yes No No Yes No N/A Yes No N/A Mediate for Spouse and Springing for others
WillCorpBypQTIClie	there be a Corporate Trustee?	Yes No Yes No Yes No No Yes No N/A Yes No N/A Mediate for Spouse and Springing for others
WillCorpBypQTIClie	there be a Corporate Trustee?	Yes No Yes No Yes No No Yes No N/A Yes No N/A Mediate for Spouse and Springing for others
WillCorpBypQTIClie	there be a Corporate Trustee?	Yes No Yes No Yes No No Yes No N/A Yes No N/A Mediate for Spouse and Springing for others

Sec	tion 19: Cash Ass	ets		
	mon and acceptable Acco	ount Types:		Ownership codes:
Sa Cl	necking avings D (include maturity date) oney Market			 S = Single Person or Community Property H = Husband Sole and Separate Property W = Wife's Sole and Separate Property
Instit	ution (Name and address)):		
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
	Checking	S	\$1,000.00	12345678-0001
1				
2				
3				
4				
Instit	ution (Name and address)):		
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				
Instit	ution (Name and address)):		
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				
Instit	ution (Name and address)):		
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Member Number (incl. Maturity Date for CD's)
1				
2				
3				
4				

Section 20: Securities Assets Ownership codes: Common and acceptable Account Types: **Mutual Funds** = Single Person or Community Property **Brokerage** Corporate Stocks н = Husband Sole and Separate Property **Treasury Bills Corporate Bonds** Savings Bonds -Show Quantity and Denomination. Do not include W = Wife's Sole and Separate Property individual bond serial numbers Institution (Name and address): Ownership Account Type # Amount Account / Policy/Member Number (incl. Maturity Date for CD's) (see legend) (see legend) Stock Н \$2,100.00 12345678-0001 1 3 4 Institution (Name and address): Account Type Ownership # Account / Policy/Member Number (incl. Maturity Date for CD's) Amount (see legend) (see legend) 1 2 3 4 Institution (Name and address): Account Type Ownership # **Amount** Account / Policy/Member Number (incl. Maturity Date for CD's) (see legend) (see legend) 1 3 4 Institution (Name and address): Account Type Ownership # Amount Account / Policy/Member Number (incl. Maturity Date for CD's) (see legend) (see legend) 1 2 3 4

	uon 21. Retiremer		Ownership codes:		
	mon and acceptable Acco	* *			
IR.	A Qualifie eogh Employ	ed Plan ver Plan	Pension Plan Roth IRA		S = Single Person or Community Property H = Husband Sole and Separate Property
	1(k) Deferre	ed Comp	Insurance (incl. Face and Cash Values)		W = Wife's Sole and Separate Property
40	3(b)		()	, ,	
Institu	ution (Name and address)	:			
.,	Account Type	Ownership		A / D !! //A	
#	(see legend)	(see legend)	Amount	Account / Policy/Me	ember Number (incl. Maturity Date for CD's)
	IRA	W	\$2,500.00		12345678-0001
1					
2					
3					
4					
Institu	ution (Name and address)	:			
	(,				
	Account Type	Oumarahin			
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Me	ember Number (incl. Maturity Date for CD's)
1					
•					
2					
2					
3					
4					
Inatitu	ution (Name and address)				
insut	mon (Name and address)				
#	Account Type (see legend)	Ownership (see legend)	Amount	Account / Policy/Me	ember Number (incl. Maturity Date for CD's)
4	(see legeriu)	(See legeria)			
1					
2					
3					
4					
Institu	ution (Name and address)	:			
#	Account Type	Ownership	Amount	Account / Policy/Me	ember Number (incl. Maturity Date for CD's)
	(see legend)	(see legend)	Amount	/ tooodilt / Tolloy/Me	miles ramber (mer. Maturity Date for OD's)
1					
2					
3					
4					

Sec	tion 22: Annuities							
	Institution Name and Address:							
1			10					
•	Insured:		Contract #:			Current Value \$:		
	Institution Name and Address:							
2	Insured:		Contract #:			C	rent Value	Φ.
	msurea.		Contract #.					Φ.
		(A						
	tion 23: Notes/Deeds Of Trust → Money you loaned to others. (PLEA		and/or DEE	DC OF :	FDLICT)			
	ed By codes: S = Single Person or Com					nd S	Separate	
	Borrower Name and 0	Complete Address	Amou				Secured	Owned by
#	APN or TAX	ID/County	Payment 7	Terms	Date of Lo	an	by Deed (Y/N)	(S/H/W)
_								
1								
2								
_								
3								
Sec	tion 24: Business Interests							
	e → Include Partnerships, Sole Prop	orietorships, and Close Corporati	ons only					
1401	7 merade i artiferariipa, dole i rop	The toron post, and close corporati	Olis Olliy			, D		
#	Provide Tax ID, Add	ress and Business Description		(Partn	۱ ype ership, Corpor		isiness , Sole Prop	orietorship)
1								
-								
2								
3								
Sec	tion 25: Vehicles, Mobile Home		clude ONLY			d to	Trust)	
#	VIN or ID		Decal/License/	Descripti	on			
1								
2								
3								
Sec	tion 26: Miscellaneous Assets	(Only include assets of value, the	nat are to be	e transf	erred to Tru	ıst)		
#	aon 20. miodonanos do 7.000.0	Complete Descriptio			<u> </u>	,		
1								
I								
2								
_								
3								
4								

Sec	Section 27: Real Estate							
			ng deeds are REQUIRED, such as Grand Deeds, Cic NOT acceptable are: Deeds of Trust or Deed					
	Property 1 (Personal Residence) - Complete A	ddress (mark	actual deed as "# 1"):	Ownership:				
1			(Mark actual deed as "No. 1")	Community Separate of Client				
Coun	ty:	APN or TAX	ID:	Separate of Spouse				
Lot/B	lock# (or brief description):			Move to Trust as:				
	(6. 2 (6. 2)			Community				
Morto	gage Balance:		Approx Equity:	Separate of Client Separate of Spouse				
	Property 2 - Complete Address (mark actual de	eed as "# 2"):		Ownership:				
2		A DNI ou TAV	(Mark actual deed as "No. 2")	Community Separate of Client Separate of Spouse				
Coun	ny:	APN or TAX	טו:	Move to Trust as:				
Lot/B	llock# (or brief description):							
		ı		Community Separate of Client				
Morto	gage Balance:		Approx Equity:	Separate of Spouse				
	Property 3 - Complete Address (mark actual de	eed as "# 3"):		Ownership:				
3			(Mark actual deed as "No. 3")	Community Separate of Client				
Coun	luty:	APN or TAX	,	Separate of Spouse Move to Trust as:				
Lot/B	lock# (or brief description):			Community				
Morto	gage Balance:		Approx Equity:	Separate of Client Separate of Spouse				
	Property 4 - Complete Address (mark actual de	ed as "# 4"):		Ownership:				
4		LABAL TAY	(Mark actual deed as "No. 4")	Community Separate of Client Separate of Spouse				
Coun	ity:	APN or TAX	ID:	Move to Trust as:				
Lot/B	llock# (or brief description):							
				Community Separate of Client				
Ινιοπο	gage Balance:		Approx Equity:	Separate of Spouse				
	Property 5 - Complete Address (mark actual de	eed as "# 5"):		Ownership:				
5 Coun	htv:	APN or TAX	(Mark actual deed as "No. 4")	Community Separate of Client Separate of Spouse				
				Move to Trust as:				
	llock# (or brief description):			Community				
Morto	gage Balance:		Approx Equity:	Separate of Client Separate of Spouse				

Document Signing Information (Office Use Only)					
Documents to be executed in (City, County & State):					
Date Documents will be notarized, if known:	Print Date in Documents?: ☐ Yes ☐ No				
Notary Name, if known (as on Notary Stamp):	Print Notary Name in Documents?:				
Notary Name, ii known (as on Notary Stamp).					
Agent Name:	Phone:				
Attorney Name:	Phone:				
Coation 20: Notes					
Section 28: Notes					
Section 29: Attorney Instructions or Comments					
Section 29. Attorney instructions of Comments					

PRIMARY CONTACT INFORMATION

Best time to contact Single Settlor/Husband:	Weekdays		Weekends	🗆 АМ 🗆 РМ
Best time to contact Wife:	Weekdays		Weekends	🗆 АМ 🗆 РМ
Home Phone Number: (Work Phone (Single Settlor/Husband): (_) _) Page u will be gone:	er:	_ Ask for: _ Ask for: _ Ask for:	
	ATTORI	NEY SELECTION		
Our agent (person collecting this give us legal counsel regarding our estate our attorney in all matters pertaining to o discuss our estate plan and supporting do necessary to ensure the appropriate plan and represent me in legal matters; (3) I/we independent counsel for legal advice; I/W purpose is not to avoid income taxes; (5) provided; (6) I/we will not hold our agent understand the Trust must be funded to fit material in this form and certify that it is shown, and; (8) my/our agent has not receleaving that responsibility solely to our circumstants.	information) is Not plan and supporture estate plan and cuments with our for me/us. The are licensed to give have been advisured and a responsible for alfill its purposes complete and a commended any present in the purposes of the purpose of the purpos	OR JOT an attorney, I/we tring documents. I/W d supporting document agent and the attorney ve legal advice; (2) resed, and have had the gon our agent or these son the completeneomissions of data above, including probate a curate, and that spelling the second of the s	e have selected the direct our agent nts. I/We give our ney's paralegal resemply our agent is not exportunity, to see forms for legal ess and accuracy out my assets or ovoidance; (8) I/wing, addresses and	e following attorney to t to abide by the advice of ar attorney permission to sources to the extent of an Attorney and does seek my/our own advice (4) the Trust's of information I/we have desires for my estate; (7) I we have reviewed the d dates are correct as
Print Attorney Name Amount paid to Attorney: \$ documents and supervision of documents			egal advice, sel	ection of appropriate
Signature of Single Settlor/Husband	 Date	Signature of Wif	îe	 Date