

Provide All Information
Requested- Leave No Blanks

Living Trust Data Form

Allow 30 to 45 Days for Trust
Preparation

If additional space is needed to provide more detail, please use a separate sheet of paper. Please be precise and legible!

Date of Application: _____ I am a U.S. Citizen (yes or no) _____ Spouse is a U.S. Citizen? _____

Husbands Name: _____ DOB: _____ SS#: _____

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

Wifes Name: _____ DOB: _____ SS#: _____

Marital Status: _____ County of Residence: _____

Successor Trustee(s) (Steps in at both you and your spouses death)

Choice #1 Full Legal Name: _____

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

County: _____ Phone: _____ Relationship: _____

Choice #2 Full Legal Name: _____

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

County: _____ Phone: _____ Relationship: _____

Successor Trustee(s) are to serve: (circle one)
Jointly (requires 2 signatures) or *In Succession*

Total Number of Children: _____

<p align="center">Guardian of Minor Children</p> <p>First Guardian Name: _____ Address: _____ City: _____ State: _____ Zip: _____</p>

<p align="center">Please Provide The Names of All Your Children Regardless Of Age</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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DISTRIBUTION OF ASSETS TO THE BENEFICIARIES

#1 _____ \$ Amount or % _____ #4 _____ \$Amount or % _____

#2 _____ \$ Amount or % _____ #5 _____ \$Amount or % _____

#3 _____ \$ Amount or % _____ Age for heirs to receive inheritance: At Death or age _____

Conservator Alternate:(after spouse) _____

Health Care Power of Attorney Alternate:(after spouse) _____

Asset Power of Attorney Alternate: (after spouse) _____

Applicant Authorization To Create Trust

I have agreed to purchase Revocable Living Trust documents from Heritage Living Trust/Heritage Estate Services. I do understand that Heritage Living Trust is a document preparation and publishing company only. I understand that Heritage Living Trust/Heritage Estate Services is not a law firm and has not rendered any legal advice regarding my purchase of Living Trust documents. I understand and authorize _____ to provide a copy of all information taken from me to Heritage Estate Services/Heritage Living Trust for the sole purpose of creating my Living Trust documents. I understand that Heritage Living Trust/Heritage Estate Services does not engage in the sale of insurance-related products, securities, or other investments and I have not been asked by Heritage Living Trust/Heritage Estate Services 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 to my/our trust, separate and additional legal fees may be charged by the attorney I select. I hereby authorize Heritage Living Trust/Heritage Estate Services, 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/Heritage Estate Services, and _____, shall keep private and confidential all data provided by me on this application. Such information shall not be released to any third party without my expressed written permission and authorization.

Disclosure and Compliance

I/We have agreed to purchase Revocable Living Trust documents through Heritage Living Trust/Heritage Estate Services and _____.
I/We understand that any required changes or revisions of the Living Trust will be done by Heritage Living Trust at NO CHARGE.
I/We understand that we have 3 business days (72 hours) from the signing of this data form to CANCEL this agreement. I/We understand that no refunds will be made after 72 hours from the time we sign this application.
I/We have read and understand this Living Trust Data Form.
I/We understand that any additional costs, Notary Fees, Deed transfer(s), or filing fees are my/our responsibility.
I/We understand that only the information provided by me/us to Heritage Living Trust/Heritage Estate Services and _____ will be used in the preparation of all documents, and I/we hereby attest to the accuracy of the information provided on this data form.
I/We understand that it is my/our sole responsibility to properly sign all documents and transfer all of my/our assets and property into my/our Living Trust, and if I/we fail to make the transfers into my/our Trust, my/our property may be subject to Probate.

Receipt

I/WE UNDERSTAND THAT THE HERITAGE REPRESENTATIVE IS NOT AN ATTORNEY. IT IS FURTHER UNDERSTOOD THAT EVERY EFFORT IS MADE TO ENSURE THE ACCURACY OF THESE TRUST DOCUMENTS BASED UPON THE INFORMATION THAT I/WE HAVE PROVIDED TO HERITAGE LIVING TRUST AND _____. IF I/WE ELECT TO HAVE A LOCAL ATTORNEY REVIEW OUR TRUST DOCUMENTS, HERITAGE LIVING TRUST WILL MAKE ANY AND ALL CHANGES REQUIRED BY THAT ATTORNEY. THESE CHANGES MUST BE REQUESTED IN WRITING AND SENT TO HERITAGE LIVING TRUST AT P.O. BOX 66972, SCOTTS VALLEY, CALIFORNIA 95067. I/WE UNDERSTAND THE CHANGES WILL BE DONE AT NO CHARGE BY HERITAGE LIVING TRUST. I/WE UNDERSTAND THAT HERITAGE LIVING TRUST/HERITAGE ESTATE SERVICES IS NOT A LAW FIRM; IT IS A LEGAL DOCUMENT PUBLISHING AND MARKETING COMPANY. HERITAGE LIVING TRUST/HERITAGE ESTATE SERVICES AND _____ EM-PHASIZE THE IMPORTANCE OF CONSULTING EXPERIENCED AND QUALIFIED LEGAL, ACCOUNTING, ESTATE PLANNING ADVISORS, AND FINANCIAL CONSULTANTS TO ASSURE THE BEST RESULTS FROM YOUR LIVING TRUST DOCUMENTS.

I AUTHORIZE _____ TO USE THIS DATA TO PROVIDE INFORMATION AND REMINDERS REGARDING THE FUNDING OF MY LIVING TRUST AND PROVIDE, FROM TIME TO TIME, FUTURE ESTATE AND FINANCIAL PLANNING OFFERS AND SUGGESTIONS. I UNDERSTAND THAT I AM NOT OBLIGATED IN ANY WAY TO PURCHASE ANY FUTURE FINANCIAL OR INSURANCE PRODUCTS OR SERVICES. PLEASE MAKE CHECKS PAYABLE TO "HERITAGE".

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

X _____ X _____
Applicant Signature Date Applicant Spouse Signature Date
X _____ X _____
Professional Associate's Name Associates Phone



Heritage Estate Services
P.O. Box 1748
La Mirada, CA 90637