



TRUST INTAKE SHEET

NAME: _____

DATE: _____

1. Grantor/Settlor's Information:

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

E-Mail: _____

Social Security #: _____

Date of Birth: _____

2. Trustee's Information:

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

E-Mail: _____

Social Security #: _____

Date of Birth: _____

3. Alternate/Successor Trustee's Information

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

E-Mail: _____

Social Security #: _____

Date of Birth: _____

4. Name of the Trust

(Typically your name and the date that the document will become effective): _____

5. Who will be a beneficiary of the trust?

Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Named Beneficiary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heirs of Law	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Charity	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Grantor's Spouse (if applicable):

Full Name: _____

Street Address: _____
(if different than above)

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Business: _____

E-Mail: _____

Social Security #: _____

Date of Birth: _____

7. Children (if applicable):
(add attachment if more than (4) children)

Child #1:

Full Name: _____

Address: _____
(if different than above)

Date of Birth: ____/____/____

Social Security #: _____

Child #2:

Full Name: _____

Address: _____
(if different than above)

Date of Birth: ____/____/____

Social Security #: _____

Child #3:

Full Name: _____

Address: _____
(if different than above)

Date of Birth: ____/____/____

Social Security #: _____

Child #4:

Full Name: _____

Address: _____
(if different than above)

Date of Birth: ____/____/____

Social Security #: _____

8. Other Beneficiaries

Beneficiary #1

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Business: _____

E-Mail: _____

Social Security #: _____

Date of Birth: _____

Beneficiary #2

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Business: _____

E-Mail: _____

Social Security #: _____

Date of Birth: _____

Beneficiary #3

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Business: _____

E-Mail: _____

Social Security #: _____

Date of Birth: _____

Beneficiary #4

Full Name: _____

Street Address: _____

City: _____

State: _____
Zip Code: _____
Home Phone: _____
Cell Phone: _____
Business: _____
E-Mail: _____
Social Security #: _____
Date of Birth: _____

9. Property to be put into the Trust:

Property #1

- a) Property: _____
- b) Value of property: _____
- c) Location/Account Number: _____

Property #2

- a) Property: _____
- b) Value of property: _____
- c) Location/Account Number: _____

Property #3

- a) Property: _____
- b) Value of property: _____
- c) Location/Account Number: _____

10. Intentional Exclusions: *(names of person (s) or organizations that you intentionally want to exclude from receiving your assets under this Trust, if any.)*

Full name: _____

Street Address: _____

City: _____

State/Zip: _____

Home Phone Number: _____

Work Phone Number: _____