

FIRST LEGACY CORPORATION CLIENT FACTFINDER

TRUST NAME: _____

The name you choose will be the legal name for your Trust. Your property and some financial accounts will be held in this name. You may use whatever name you prefer. Most clients use one of the following formats: *The Jones Family Trust* or *The John and Mary Jones Living Trust*.

CLIENT PERSONAL INFORMATION

Client #1 Name: (How do you sign your name?)		Client #2 Name: (How do you sign your name?)	
Address:		Home Phone:	
City:	State:	Zip:	County:
State & County where you will be signing your documents:		Work Phone:	
Mailing address if different than residence:		Mobile Phone:	
		Best time to call: _____	
		email address:	

Client #1

Client #2

Year of Birth	Year of Birth
U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Previously Divorced <input type="checkbox"/> Divorce or seperation pending	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Previously Divorced <input type="checkbox"/> Divorce or seperation pending

CHILDREN

Please identify all children, living and deceased. Using the "Parent Codes" below, identify whether the children were Natural Born or Adopted.

Full Name	Year of Birth	Parent Code Circle all that Apply	Distribution of Estate by %
		B C1 C2 AC1 AC2 DC DN	
		B C1 C2 AC1 AC2 DC DN	
		B C1 C2 AC1 AC2 DC DN	
		B C1 C2 AC1 AC2 DC DN	
		B C1 C2 AC1 AC2 DC DN	
		B C1 C2 AC1 AC2 DC DN	
		B C1 C2 AC1 AC2 DC DN	

Parent Codes: **B** = Natural Child of Both Clients ♦ **C1** = Natural Child of Client #1 ♦ **C2** = Natural Child of Client #2 ♦ **AC1** = Adopted by Client #1
AC2 = Adopted by Client #2 ♦ **DC** = Deceased with Children ♦ **DN** = Deceased with No Children

Are any of your Children or Named Beneficiaries Handicapped or receiving SSI benefits? ☐ Yes ☐ No

ADDITIONAL BENEFICIARIES (Please list Full Name & relationship)	Percentage of Estate
Beneficiaries share will be held in Trust for Health, Education, and Welfare until the age of 25 unless otherwise specified here:	

CONTINGENT BENEFICIARIES

In the event a named Beneficiary predeceases the distribution of his/her share of my/our Estate, I/We want that individual's share distributed as follows:

- " Equally among other surviving Beneficiaries
- " Equally among the children of the deceased Beneficiary. If none, then back to other primary beneficiaries
- " 100% to the Spouse of the deceased Beneficiary
- " Other: _____

In order to help determine the type of Trust necessary to provide you the most advantageous Tax Savings Provisions, please indicate the approximate value of your Estate (Include: Real Estate, Savings, Investments, Personal Property, Life Insurance and Collectibles)

- ☐ Less than \$500,000 ☐ Between \$500,000 and \$2,000,000 ☐ Greater than \$2,000,000

GIFTS PRIOR TO DISTRIBUTION: After you die but before the distribution of your estate in percentages stated on previous page, please list any special gifts you wish to make to Individuals, Churches, or Charities. Please use this section for gifts of a) Real Estate, b) Cash, or c) Items Valued at Greater than \$10,000.

Name of Individual or Org.	Gift Description	Relationship
1.		
2.		
3.		
4.		
5.		

ORIGINAL TRUSTEE

Generally you and your spouse (*if married*) serve as the Original Trustee(s). If so, check both the **Client to Serve** and **Spouse to Serve** boxes. If you do not wish to manage your trust, select the box for *Individual Named Below* and provide the individual's name in the space provided.

☐ **Client to serve as an Original Trustee** and /or ☐ **Spouse to serve as an Original Trustee**

☐ **Individual(s) Named Below: (*If other than the original client and/or spouse*)**

Name: _____ Relationship: _____

Name: _____ Relationship: _____

SUCCESSOR TRUSTEE(S)

EXECUTOR(S)

These are the people who will manage your assets/property if you and your spouse are both incapacitated or after you both die. Select an individual or individuals in whom you have great trust.

A Pour-Over Will is provided as part of your Trust Portfolio. Generally list the same individuals named as Successor Trustee. EXCEPT, usually name your spouse as 1st Executor (if married)

SUCCESSOR TRUSTEE NOMINATION	EXECUTOR(S) FOR POUR-OVER WILL	
	Executor for Client #1	Executor for Client #2
1.	1. Client #2, or _____	1. Client #1, or _____
2.	2.	2.
3.	3.	3.

☐ The Successor Trustees are to serve in order listed

☐ The Successor Trustees are to serve together

☐ Client # 1 & # 2 to serve as Sole Primary Executor

☐ Alternate Executors to serve in order listed

☐ Alternate Executors to serve together

DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT

In the event you become incapacitated, the person (s) you nominate as *Power of Attorney* or "Attorney in Fact" act on your behalf in managing your assets which have not been put into your Trust. Spouses are generally named as: *Primary Agent*.

Power of Attorney – Client #1	Power of Attorney – Client #2
1. <input type="checkbox"/> Client #2 or <input type="checkbox"/> _____	1. <input type="checkbox"/> Client #1 or <input type="checkbox"/> _____
2.	2.
3.	3.

☐ The alternate agents nominated are to serve in order listed
 ☐ The alternate agents nominated are to serve in order listed
☐ The alternate agents nominated are to serve together
 ☐ The alternate agents nominated are to serve together

DURABLE POWER OF ATTORNEY AND ADVANCED HEALTH CARE

The person or persons you nominate as Power of Attorney or "Attorney in Fact" can act on your behalf in making Health Care Decisions for you if you are incapacitated. Generally if married, your spouse is named as your primary Agent.

Power of Attorney – Client #1 (to serve in order only)	Power of Attorney – Client #2 (to serve in order only)
1. <input type="checkbox"/> Client #2 or <input type="checkbox"/> _____	1. <input type="checkbox"/> Client #1 or <input type="checkbox"/> _____
2.	2.
3.	3.

GUARDIAN FOR MINOR OR HANDICAPPED CHILDREN: If you are the parent or legal guardian of a minor child or other individual, list your choice for Guardian should both you and your spouse die or become incapacitated.

Name of Child/Individual	Guardian Appointee	First Alternate

REAL ESTATE AND OTHER DEED TRANSFERS

I/We understand the importance of transferring our assets, including Real Estate, into my/our Living Trust. I/We accept full responsibility for transferring financial assets to my/our Living Trust. I/We further agree to provide a list of Real Estate and copies of the **latest recorded** grant deeds/quitclaim deeds and the corresponding property tax bills for proper transference into my/our Living Trust. I/We accept any and all tax and/or civil liability that may be incurred as a result of omitting these assets/properties from the protection of this Living Trust.

Total number of real estate deeds to be transferred and recorded: _____

* AmeriEstate does not process Timeshare or Hawaii Deeds

Other Assignments: Deeds of Trust, Ownership of Closely Held Corporations, Business Interests or Affidavit of Death of Spouse or Joint Tenant

Property Addresses -	County	Parcel #
1)		
2)		
3)		
4)		
5)		
6)		
If more room is needed for additional properties, please indicate and attach separate page. As a service to our clients, AmeriEstate may obtain copies of deeds for \$25 each		

SEPARATE PROPERTY INFORMATION:

Is there any separate property (*Real Estate, Bank Accounts, Stocks, etc.*) that you wish to **REMAIN** separate when funded into your trust, that will not become community or marital co-owned property ?

☐ NO

☐ YES If Yes, who is to retain certain separate property Assets? ☐ Client #1 ☐ Client #2
(*Specifics will be discussed with you by the Attorney*)

If you checked YES above, please include a brief description of specific separate property below:

<i>Description of Separate Property (ie.. specific account or property)</i>	<i>Whose separate property is it? (ie.. Client #1's or Client # 2's)</i>	<i>How was the separate property Originally acquired?</i>

ADDITIONAL INFORMATION / QUESTIONS FOR ATTORNEY:

Is this a rush? yes/no One week rush \$ 300 extra ☐ Two week rush \$ 200 extra ☐

I/We have read the information on this application and confirm that it is true and correct.

Client #1 Signature

Date

Client #2 Signature

Date

For Office Use Only

Date Submitted: _____

Representative: _____ Payment Method: ☒ Check ☒ Credit Card