

# Beyer Pongratz & Rosen

## Trust Document Information Form

1 Full Name: \_\_\_\_\_

2. Spouse/Partner Full Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Residence Address (if Different from Mailing Address): \_\_\_\_\_

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5. Home Telephone Number: \_\_\_\_\_

6. Work Telephone Number: \_\_\_\_\_

7. Fax Telephone Number: \_\_\_\_\_

8. Cell/Other Telephone Number: \_\_\_\_\_

9. Email: \_\_\_\_\_

10. County of Residence: \_\_\_\_\_

11. List of all Living Children and Date of Birth: \_\_\_\_\_

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12. List of Children Deceased, Date of Birth and Date of Death: \_\_\_\_\_

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13. Choice of First Successor Trustee Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

14. Choice of Second Successor Trustee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

15. Executor of Will Name(if Different Choice from Successor Trustee) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

16. Alternate Executor of Will (If Different Choice from Successor Trustee)\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

17. Your Social Security Number: \_\_\_\_\_

18. Spouse/Partner Social Security Number: \_\_\_\_\_

19. Nomination of Guardian of Children (If applicable):

Name Of Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

20. Name of Alternate Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

21. Remainder Beneficiaries (Other than Children) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Do you wish to Disinherit any Heir or Possible Heir (ex. an ex spouse)? Who are they and how are they related to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. How do you wish your Estate to be distributed after the death of the Surviving Spouse/Partner? (You may attach additional pages if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Do you want Minor Beneficiaries to receive distribution at any specific age?  
YES or NO \_\_\_\_\_ AGE \_\_\_\_\_ (21, 25, or 30 is most common)

### Checklist for Additional Information Needed to Fund the Trust

- A list of ALL Business Interests including the full name of company, full mailing address
- A list of ALL Stock and/or Investment Accounts including account numbers, full name of company and a full mailing address
- A list of ALL Life Insurance policies, policy numbers, insurance company name and address
- A list of ALL Bank Accounts (Checking, Savings, CD's, Money Market Funds, Other) along with bank names and address for each
- A list of ALL Retirement accounts (IRA's, 401k's, Deferred Comp.) along with institution name and mailing address for each
- A list of all Promissory Notes of any monies that are owed to you and the addresses of parties involved
- Copies of deeds of all the real property owned by you or your spouse/partner. We need the exact address and Assessor's Parcel Number (APN) of each of the properties attached to each deed. If you can not find all the deeds we are able to order deeds through a title company with information such as the address or APN. However, there may be charge anywhere from \$10.00 and up. We will always let you know if the deed will cost any money to order before we proceed
- A list of Corporations, Partnerships, or Limited Liability Companies that you or your spouse/partner are involved with along with the full names, addresses, and percentage of stock owned
- Copies of other Trusts (Special Needs, Life insurance, Irrevocable, Children's)

**The Following will be Regarding YOUR Powers of Attorney**

**(Financial)**

1. First Choice Power of Attorney Conservator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Second Choice Power of Attorney Conservator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Third Choice of Power of Attorney Conservator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**(Health)**

1. First Choice Power of Attorney Conservator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Second Choice Power of Attorney Conservator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Third Choice of Power of Attorney Conservator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**The Following will be Regarding YOUR SPOUSE/PARTNER Powers of Attorney**

**(Financial)**

1. First Choice Power of Attorney Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Second Choice Power of Attorney Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Third Choice of Power of Attorney Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**(Health)**

1. First Choice Power of Attorney Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Second Choice Power of Attorney Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Third Choice of Power of Attorney Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_