



Civil | Eviction | Probate | Family Law | Real Estate

TRUST INTAKE

Will this be a "Family Trust"? Yes No
****If yes, please include your spouse's information.

Will this be a **Revocable** or **Irrevocable** Living Trust?
**** A Revocable Living Trust CAN be amended and updated; while an Irrevocable Living Trust CANNOT.

What would you like to name the Trust?: _____
****(Ex: Ramon A. Rodriguez Revocable Living Trust; or Rodriguez Family Trust; or any name you choose):

Grantor's Information

Date of Birth: _____
Full Name: _____
Full Address: _____
Driver's License Number: _____
Social Security Number: _____

Grantor's Spouse Information

Date of Birth: _____
Full Name: _____
Full Address: _____
Driver's License Number: _____
Social Security Number: _____

Beneficiary Information

Beneficiary #1:
Date of Birth: _____
Full Name: _____
Full Address: _____
Driver's License Number: _____
Social Security Number: _____

Are there any "Special Gifts" that you would like to grant to this Beneficiary upon your death? If yes, please explain the item, it's value, it's location, and any further information that you find important:



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Beneficiary #2:

Date of Birth: _____

Full Name: _____

Full Address: _____

Driver's License Number: _____

Social Security Number: _____

Are there any "Special Gifts" that you would like to grant to this Beneficiary upon your death? If yes, please explain the item, it's value, it's location, and any further information that you find important:

Beneficiary #3:

Date of Birth: _____

Full Name: _____

Full Address: _____

Driver's License Number: _____

Social Security Number: _____

Are there any "Special Gifts" that you would like to grant to this Beneficiary upon your death? If yes, please explain the item, it's value, it's location, and any further information that you find important:

Beneficiary #4:

Date of Birth: _____

Full Name: _____

Full Address: _____

Driver's License Number: _____

Social Security Number: _____

Are there any "Special Gifts" that you would like to grant to this Beneficiary upon your death? If yes, please explain the item, it's value, it's location, and any further information that you find important:



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Trustee Information

This is the person that will have authority over your assets upon your death. You will give this person directions of disbursement of your assets upon your death. It is this person’s Fiduciary Duty to carry out your wishes as guided by your Trust and Will. You may have more than one person assigned. Please make note on the last page of any additional persons.

Date of Birth: _____

Full Name: _____

Full Address: _____

Driver’s License Number: _____

Social Security Number: _____

POA Agent Information

This is the person that will have authority over your finances upon your incapacity, but before your death. This person CAN also have authority over your medical decisions upon your incapacity. You may have more than one person assigned. Please make note on the last page of any additional persons.

Date of Birth: _____

Full Name: _____

Full Address: _____

Driver’s License Number: _____

Social Security Number: _____

Healthcare Agent Information

This person will have specific authority to ONLY your last wishes. You may have more than one person assigned. Please make note on the last page of any additional persons.

Date of Birth: _____

Full Name: _____

Full Address: _____

Driver’s License Number: _____

Social Security Number: _____



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ASSETS OF ESTATE

Please include ALL property, even property that has been listed as a “Special Gift” to a Beneficiary. Any Item that was NOT listed as a Special Gift, will be sold and split evenly between the Beneficiaries, unless explicitly requested otherwise.

REAL PROPERTY:

1) Address: _____

Estimated Value: \$ _____

Your wishes for this property: _____

2) Address: _____

Estimated Value: \$ _____

Your wishes for this property: _____

PERSONAL PROPERTY

1) Item: _____ Estimated Value: _____

Location of Item: _____

2) Item: _____ Estimated Value: _____

Location of Item: _____

3) Item: _____ Estimated Value: _____

Location of Item: _____

4) Item: _____ Estimated Value: _____

Location of Item: _____

5) Item: _____ Estimated Value: _____

Location of Item: _____



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Is there ANY other information that is not asked in this intake that you would like to add to the Trust? Or are there any additional Agents?

I, the undersigned, declare the following:

It has been disclosed to the Customer that Inland Valley Doc Prep is owned and operated by document preparers that are prohibited by law from giving legal advice. The Customer acknowledges that the Preparer is prohibited by law from giving legal advice and shall hold Preparer harmless of the outcome of court rulings, hearings, and any motions filed against the Customer. The Customer understands that he or she is responsible for his or her legal decisions and declarations made by Preparer which is incorporated in the documents prepared by this Preparer. The Customer also acknowledges that Inland Valley Doc Prep does not represent Customer and that Customer must appear for himself/herself in all Court proceedings and hearings. The Client must take responsibility for Customer’s actions and arguments. Inland Valley Doc Prep is responsible for meeting the proper statutes in relations to preparation of Customer’s paperwork and pleadings, including formatting the documents properly.

By checking this box and signing below, I agree with the above declaration.

Date: _____

Please Print Your Name

Please Sign