

LAND TRUST FORMATION INTAKE SHEET

Client Name: _____ Client Phone: _____
Client Homestead Address: _____
Client Email: _____
Social Security Number: _____

PROPERTY

(Please include Property Address/County, Owner of Record, if different from client, and Owner(s) marital status.)

County	Address	Owner	Married? Y/N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

For additional properties, please list on separate page.

BENEFICIARIES OF THE TRUST - INFORMATION AND PERCENTAGES

Beneficiary(ies)	Address	SS Number	Trust %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trustee Client wishes to name: _____
Address of Trustee if other than TRSTE, LLC: _____
_____.

(If an existing trust and trustee exist, please give details:)

Name of existing trust: _____

Trustee of existing trust: _____ Address: _____

Date of formation of existing trust: _____

Date needed: _____

FOR OFFICE USE ONLY (PIN): Property 1: _____; 2: _____;
3: _____; 4: _____; 5: _____; 6: _____