

Living Trust Information - Signing Date: _____

Name of Trust _____

Married / Date _____ Widowed / Date _____ Divorced Single

Your name _____ Date of Birth _____
*print full name: first, middle, last

Your "signature name" _____ SSN _____
*print name the way you sign important papers

Spouse's name _____ Date of Birth _____
*print full name: first, middle, last

Spouse's "signature name" _____ SSN _____
*print name the way you sign important papers

Physical address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

His Cell _____ His Work _____ His Email _____

Her Cell _____ Her Work _____ Her Email _____

Children's Full Names	Sex	H	W	Joint	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Initial Trustee(s) _____

2nd _____ 3rd _____

Health Care Proxy _____

2nd _____ 3rd _____

Spouse's Health Care Proxy _____

2nd _____ 3rd _____

Notes: