TRUST WORKSHEET

I. Personal Information

Your Legal Name (first, middle, last):_____

Maiden Name (if applicable): _____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

Date of Birth:_____

Marital Status: Single/Married/Divorced/Widowed/or Domestic Partner:

Should we be aware of any impairments that affect your ability to read, and/or sign your documents? Yes or No:

If so, what is the nature of the impairment?

_____

Name of Trust:_____

II. Primary Beneficiary(ies)

a) Primary Beneficiary Number 1:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

Date of Birth:_____

Social Security Number:_____

Parish/County_____

Relationship to you:_____

b) Primary Beneficiary Number 2:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

George-Young Law, LLC
3324 Line Avenue
Shreveport, Louisiana 71104
(318) 517-1983

Date of Birth:_____

Social Security Number:_____

Parish/County_____

Relationship to you:_____

c) Primary Beneficiary Number 3:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

Date of Birth:_____

Social Security Number:_____

Parish/County_____

Relationship to you:_____

III. Secondary Beneficiary(ies)

a) Secondary Beneficiary Number 1:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

Date of Birth:_____

Social Security Number:_____

Parish/County_____

Relationship to you:_____

b) Secondary Beneficiary Number 2:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

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c) Secondary Beneficiary Number 3:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

Date of Birth:_____

Social Security Number:_____

Parish/County_____

Relationship to you:_____

IV. Trustee(s)

a) Trustee:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

Date of Birth:_____

Social Security Number:_____

Parish/County_____

Relationship to you:_____

b) Alternate Trustee:

First Name_____ Middle Name_____

Maiden Name_____ Last Name_____

Mailing Address:_____

_____

(City) (State) (Zip)

Email Address:_____

Telephone Number:_____

Date of Birth:_____

Social Security Number:_____

Parish/County_____

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Relationship to you:_____

V. Terms of Trust

When will the trust terminate as to the primary beneficiary(ies)?

_____

_____

When will the trust terminate as to secondary beneficiary(ies)?

_____

_____

Will property be placed in the trust now?

Yes or No:

If so, please describe the property to be placed in the trust:

_____

_____

_____

Will property be placed in the trust upon your death?

Yes or No:

If so, please describe the property to be placed in the trust:

_____

_____

_____

VI. Distribution to Beneficiary(ies)

Are there any certain amounts per month that you want the beneficiary(ies) to receive or do you want the beneficiary to receive payments at a certain age(s)?

_____

_____

_____

Are there any certain stipulations you wish to place on the beneficiary(ies) in order to receive payment (i.e. to obtain a college degree, be gainfully employed, etc.)?

_____

_____

_____

Are there any other conditions you want to place on the beneficiary(ies) receiving a payment?

_____

_____

_____

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Please use this space for questions or comments.

_____

_____

_____

_____

_____

Would you like a copy of your power of attorney draft to be emailed or mailed to you?

Emailed or Mailed:

How did you hear about us?_____

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