



LAND TRUST APPLICATION

ATTORNEY or AGENT

DATE OF TRUST: _____

NAME: _____ TRUST NO. ASSIGNED: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

REFERRED BY: _____

The following trust information was furnished by the attorney/agent listed above: Yes No

TRUST PROPERTY ADDRESS: _____

PIN: _____

IMPROVEMENTS: SFR APT. BLDG. CONDO. COMMERCIAL OTHER

APPROX. VALUE: \$ _____ Acceptance Fee \$ _____ Annual Fee \$ _____

BENEFICIARIES: Please complete and attach copies of Drivers' Licenses (Front and Back)

Name: _____ Work _____

Address: _____ Phone: Home _____

Email _____ Cell _____

S.S. # _____

Driver's License # _____ Expiration Date _____ Issue Date _____

Name: _____ Work _____

Address: _____ Phone: Home _____

Email _____ Cell _____

S.S. # _____

Driver's License # _____ Expiration Date _____ Issue Date _____

Add additional beneficiaries on separate application form.

CONTINGENT BENEFICIARIES _____

POWER OF DIRECTION: _____

BILLS & DOCUMENTS SHOULD BE SENT TO: _____

Date _____

Signature _____

Date _____

Signature _____