

STAPLETON ELDER LAW: DESIGN WORKSHEET

PLEASE PRINT YOUR FULL LEGAL NAME (AS THEY WILL APPEAR IN YOUR LEGAL DOCUMENTS).

LAST: _____ FIRST: _____ MIDDLE: _____ MAIDEN: _____

LAST: _____ FIRST: _____ MIDDLE: _____ MAIDEN: _____

TRUSTEE & BENEFICIARY INFORMATION: PLEASE PRINT AND USE FULL LEGAL NAMES

LAST NAME:	FIRST:	MIDDLE:
RELATIONSHIP:	DATE OF BIRTH:	SOCIAL SECURITY #:
PHONE:	EMAIL:	
STREET ADDRESS:	CITY/STATE/ZIP:	

LAST NAME:	FIRST:	MIDDLE:
RELATIONSHIP:	DATE OF BIRTH:	SOCIAL SECURITY #:
PHONE:	EMAIL:	
STREET ADDRESS:	CITY/STATE/ZIP:	

LAST NAME:	FIRST:	MIDDLE:
RELATIONSHIP:	DATE OF BIRTH:	SOCIAL SECURITY #:
PHONE:	EMAIL:	
STREET ADDRESS:	CITY/STATE/ZIP:	

LAST NAME:	FIRST:	MIDDLE:
RELATIONSHIP:	DATE OF BIRTH:	SOCIAL SECURITY #:
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STREET ADDRESS:	CITY/STATE/ZIP:	

LAST NAME:	FIRST:	MIDDLE:
RELATIONSHIP:	DATE OF BIRTH:	SOCIAL SECURITY #:
PHONE:	EMAIL:	
STREET ADDRESS:	CITY/STATE/ZIP:	

IF YOU HAVE ADDITIONAL TRUSTEES AND/OR BENEFICIARIES, PLEASE ATTACH TO THIS WORKSHEET.

YOUR ASSETS MUST BE TRANSFERRED INTO YOUR TRUST OR IT IS COMPLETELY INEFFECTIVE.

Please itemize all of your accounts and provide copies of recent statements (with mailing addresses).

NOTE: The gray fields are for firm use only. Please do not write in these areas.

FOR DEEDS	NUMBER OF DEEDS:	# VA:	# OUT VA:	CITY/STATE(S):
CLIENT PROVIDE CURRENT OWNER DEEDS?				ORDER DEEDS?
GRANTOR(S):			WIDOWED?	DOD:
DEATH CERTS / 1 PER OUT OF STATE DEED [ATTY: _____]				
GRANTEE(S)/NAME OF TRUST:				
DATE OF TRUST:		TRUSTEES:		
NOTES:				

▪ **BANK ACCOUNTS** (CHECKING, SAVINGS, MONEY MARKET, CDS)

ACCOUNT HOLDER(S)	BANK/INSTITUTION	ACCOUNT TYPE	ACCOUNT #
<input type="checkbox"/> R/C SS <input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> R/C SS <input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> R/C SS <input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> R/C SS <input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> R/C SS <input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> R/C SS <input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> R/C SS <input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:

▪ **NON-RETIREMENT INVESTMENT ACCOUNTS** (STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS)

ACCOUNT HOLDER(S)	BANK/INSTITUTION	ACCOUNT TYPE	ACCOUNT #
<input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:
<input type="checkbox"/> N/A	<input type="checkbox"/> APT <input type="checkbox"/> RL	<input type="checkbox"/> Beneficiary Prim:	Sec:

Comments:

Attorney/Staff Notes:

▪ **LIFE INSURANCE**

ACCOUNT HOLDER(S)	BANK/INSTITUTION	ACCOUNT TYPE	ACCOUNT #
<input type="checkbox"/> N/A <input type="checkbox"/> TERM <input type="checkbox"/> WL/UL/CV <input type="checkbox"/> APT <input type="checkbox"/> RLT <input type="checkbox"/> Beneficiary Prim: Sec:			
Notes:			
<input type="checkbox"/> N/A <input type="checkbox"/> TERM <input type="checkbox"/> WL/UL/CV <input type="checkbox"/> APT <input type="checkbox"/> RLT <input type="checkbox"/> Beneficiary Prim: Sec:			
Notes:			
<input type="checkbox"/> N/A <input type="checkbox"/> TERM <input type="checkbox"/> WL/UL/CV <input type="checkbox"/> APT <input type="checkbox"/> RLT <input type="checkbox"/> Beneficiary Prim: Sec:			
Notes:			
<input type="checkbox"/> N/A <input type="checkbox"/> TERM <input type="checkbox"/> WL/UL/CV <input type="checkbox"/> APT <input type="checkbox"/> RLT <input type="checkbox"/> Beneficiary Prim: Sec:			
Notes:			
<input type="checkbox"/> N/A <input type="checkbox"/> TERM <input type="checkbox"/> WL/UL/CV <input type="checkbox"/> APT <input type="checkbox"/> RLT <input type="checkbox"/> Beneficiary Prim: Sec:			
Notes:			
<input type="checkbox"/> N/A <input type="checkbox"/> TERM <input type="checkbox"/> WL/UL/CV <input type="checkbox"/> APT <input type="checkbox"/> RLT <input type="checkbox"/> Beneficiary Prim: Sec:			
Notes:			

Comments:

Attorney/Staff Notes: