

*Instructions:* Please complete this form as thoroughly as you can, attaching additional pages whenever necessary. It is important that you complete this form accurately and completely as my advice to you will be based on the information you provide. Any material misstatements or omissions may result in improper advice for your situation. The information that you supply on this form will be retained in my file. No information will be released to any person without your prior permission.

## A. Personal Information

Name

Social Security Number

Full (Previous) Name(s)

Principal Residence Address

City

State

Zip

County

Telephone Number

Cell Phone Number

Fax Number

E-mail Address

Birthdate

Age

Birthplace

Citizenship

U.S. Immigration Status

Employer's Name

Occupation

Position or Title

Work Address

City

State

Zip

Work Telephone

Work E-mail Address

Preferred Method(s) of  
Communication

Home Phone  
E-mail

Work Phone

Cell Phone

Are you married or registered?

Yes (Complete Part B)

No

If not, do you plan to marry or  
register in the near future?

Yes (Complete Part B)

No

**B. Spouse's or Partner's Information**

Name

Social Security Number

Full (Previous) Name(s)

Cell Phone

E-mail Address

Birthdate

Age

Birthplace

Citizenship

U.S. Immigration Status

Employer's Name

Occupation

Position or Title

Work Address

City

State

Zip

Work Telephone

Work E-mail Address

**C. Special Needs Trust**

List the name of the child or adult for whom you are creating the Special Needs Trust. Provide an explanation of the person's special needs and your reasons for creating the trust. Include your relationship to the special needs person, and the names of the child's biological and/or adoptive parents, if you are not the parent. If the special needs person is married or has a registered domestic partner, list the spouse's or partner's name. If the special needs person has children, list the names of those children, including deceased children.

Full Legal Name of Special Needs  
Child or Adult

Social Security Number

Full Previous Name(s)

Principal Residence Address (if  
different from your address)

City

State

Zip

County

Birthdate

Age

Birthplace

Citizenship

U.S. Immigration Status

Special Needs (including relevant  
behavioral, medical and physical  
diagnoses)

Your reasons for creating Special  
Needs Trust

Beneficiary is receiving SSI/Medicaid/other governmental  
benefits

Beneficiary will apply for, and is expecting to be entitled to,  
benefits

Protect inheritance that I am leaving to beneficiary

Protect inheritance that others will leave to beneficiary

Other

If other, please specify

Your relation to the special needs  
person

The special needs person's parents  
(if you are not the parent)

The special needs person's spouse or  
partner (if applicable)

The special needs person's children  
(if applicable)

#### **D. Trust Provisions**

Initial Trustee(s)

Successor Trustees (in order of preference)

Name 1

Relationship

Name 2

Relationship

Name 3

Relationship

*Tip: The trustee administers a trust. (You may be trustee first, but keep in mind that the trust property will be considered part of your taxable estate upon your death.) If you are listing co-trustees, consider how disagreements would be resolved (e.g., one trustee has veto power, a third party casts the deciding vote).*

Prohibited Trustees (persons who  
may not serve as the trustee)

Alternative Beneficiaries (if the trust is disqualified or the special needs person dies)

*Note: Alternative beneficiaries should be different than the persons named as trustees.*

Beneficiary 1

Primary or Secondary

Primary

Secondary

Percent of Trust

Relationship to you

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Beneficiary 2

Primary or Secondary

Primary

Secondary

Percent of Trust

Relationship to you

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Beneficiary 3

Primary or Secondary

Primary  
Secondary

Percent of Trust

Relationship to you

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Beneficiary 4

Primary or Secondary

Primary  
Secondary

Percent of Trust

Relationship to you

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Beneficiary 5

Primary or Secondary

Primary  
Secondary

Percent of Trust

Relationship to you

### Special Trust Provisions

You may prefer that beneficiaries receive their inheritance outright (i.e., immediately). However, to preserve assets and protect beneficiaries from creditors or spouses, you may wish to set up a continued trust, to be managed by your trustee or by a third party trustee. If you wish to set up a continued trust for one or alternate beneficiary(ies), please specify the terms of the trust and trustee, if other than the trustee of your trust.

Beneficiary/ies 1

Trust Terms

Trust Ends

Alternate Disposition

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Beneficiary/ies 2

Trust Terms

Trust Ends

Alternate Disposition

*Tip: You cannot leave more than \$2,000 to a child under age 18. You have 2 options. First, you may appoint a custodian for the child or permit your trustee to select a custodian. If you are leaving less than \$50,000 to a beneficiary, this is the more cost-effective alternative. A custodian may serve until the child's 18th to 25th birthday (25 years is the oldest age permitted for a custodianship in California). Second, you may create a trust for the child. You can choose the trustee and dictate the standard the trustee will use in making trust payments. You may grant the trustee discretion to determine the beneficiary's needs (health, education, maintenance and support) and pay trust income and/or trust principal to or on behalf of the beneficiary. You may broaden the trustee's discretion to include payments for a beneficiary's wants. You may require mandatory income payments after the beneficiary reaches a certain age, to reduce the income tax on any gains realized by assets inside the trust. You may request that the trustee make distributions upon certain life events (e.g., first car, graduation, wedding, purchasing a first home, starting a business) or pay a certain percent of the trust funds each month, year, or other period of time. The trust may continue indefinitely or end upon a certain event or the beneficiary reaching a certain age.*

If not listed above, provide the address and phone number of all persons listed above

Name 1

Relationship

Telephone Number

Address

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Name 2

Relationship

Telephone Number

Address

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Name 3

Relationship

Telephone Number

Address

---

Name 4

Relationship

Telephone Number

Address

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Name 5

Relationship

Telephone Number

Address

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Name 6

Relationship

Telephone Number

Address

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**E. How did you learn of The Law Office of Nicole A. Davidson?**

Referred by

Attended seminar at

Other