

# Revocable Living Trust Application



**SECURITY**  
LEGAL SERVICES

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Attorney at Law  
Security Legal Services  
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**Document Signing Information**

Documents to be executed in (City, County & State):	Date Documents will be executed, if known:
Notary Name, if known (as on Notary Stamp):	
Attorney Name & Telephone:	

**Trust Type & Name**

<input type="checkbox"/> Single <input type="checkbox"/> Small Estate (No Split) <input type="checkbox"/> Disclaimer (Optional AB Split) <input type="checkbox"/> Exemption (Mandatory AB Split) <input type="checkbox"/> QTIP (Mandatory ABC Split)	
Is this a restatement of a <u>prior</u> Trust?   No <input type="checkbox"/> *Yes <input type="checkbox"/> Date of Original Trust _____ (Provide copy of Trust)	
Trust Name	"THE _____ TRUST"

**Client's Residence/Mailing Address**

Residence Address (Street, City, State & Zip)	Residence County
Mailing Address (if different)	Home Phone

**Client 1**

Name on Driver's License / Usual signature name:	US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
"AKA" / Maiden / Former name(s):		
Date of Birth:	State of Birth:	SSN (optional): XXX-XX-_____

**Marriage / Registration Information / Relationship**

<input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partners <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other Relation: _____		
<b>If applicable</b>	City and State of Marriage/Registration:	Date of Marriage/Registration:
<b>If applicable</b>	Former Spouse/Partner's name:	Date of Death or Dissolution:

**Client 2**

Name on Driver's License / Usual signature name:	US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
"AKA" / Maiden / Former name(s):		
Date of Birth:	State of Birth:	SSN (optional): XXX-XX-_____

**All Parties: All Children, living or deceased**

**All Successor Trustees & Other Agents**

**All Beneficiaries / All Gift Recipients**

**All Disinherited**

1

Name:						
Address:						
Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Date of Death:	Has Children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:			
Distribution of Trust (if any):	<input type="checkbox"/> Outright <input type="checkbox"/> At Age(s): _____ <input type="checkbox"/> Special Needs Trust:		If not living, then to: <input type="checkbox"/> His / Her Children <input type="checkbox"/> To remaining beneficiaries <input type="checkbox"/> To other(s): _____		% of Estate:	
Distribution of Gift(s), if any:	<input type="checkbox"/> Outright <input type="checkbox"/> At Age(s): _____ <input type="checkbox"/> At Death of Client 1: <input type="checkbox"/> At Death of Client 2: <input type="checkbox"/> At Death of Surviving Client:		If not living, then to: <input type="checkbox"/> His / Her Children <input type="checkbox"/> To remaining beneficiaries <input type="checkbox"/> To other(s): _____		Gift(s):	

2

Name:						
Address:						
Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Date of Death:	Has Children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:			
Distribution of Trust (if any):	<input type="checkbox"/> Outright <input type="checkbox"/> At Age(s): _____ <input type="checkbox"/> Special Needs Trust:		If not living, then to: <input type="checkbox"/> His / Her Children <input type="checkbox"/> To remaining beneficiaries <input type="checkbox"/> To other(s): _____		% of Estate:	
Distribution of Gift(s), if any:	<input type="checkbox"/> Outright <input type="checkbox"/> At Age(s): _____ <input type="checkbox"/> At Death of Client 1: <input type="checkbox"/> At Death of Client 2: <input type="checkbox"/> At Death of Surviving Client:		If not living, then to: <input type="checkbox"/> His / Her Children <input type="checkbox"/> To remaining beneficiaries <input type="checkbox"/> To other(s): _____		Gift(s):	

3

Name:						
Address:						
Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Date of Death:	Has Children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:			
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4	Name:						
	Address:						
	Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Date of Death:	Has Children? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Non-Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:			
	Distribution of Trust (if any):	<input type="checkbox"/> Outright <input type="checkbox"/> At Age(s): _____ <input type="checkbox"/> Special Needs Trust:		If not living, then to: <input type="checkbox"/> His / Her Children <input type="checkbox"/> To remaining beneficiaries <input type="checkbox"/> To other(s): _____			% of Estate:
Distribution of Gift(s), if any:	<input type="checkbox"/> Outright <input type="checkbox"/> At Age(s): _____ <input type="checkbox"/> At Death of Client 1: <input type="checkbox"/> At Death of Client 2: <input type="checkbox"/> At Death of Surviving Client:		If not living, then to: <input type="checkbox"/> His / Her Children <input type="checkbox"/> To remaining beneficiaries <input type="checkbox"/> To other(s): _____			Gift(s):	

5	Name:						
	Address:						
	Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Date of Death:	Has Children? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Non-Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:			
	Distribution of Trust (if any):	<input type="checkbox"/> Outright <input type="checkbox"/> At Age(s): _____ <input type="checkbox"/> Special Needs Trust:		If not living, then to: <input type="checkbox"/> His / Her Children <input type="checkbox"/> To remaining beneficiaries <input type="checkbox"/> To other(s): _____			% of Estate:
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6	Name:						
	Address:						
	Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Living?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Date of Death:	Has Children? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Non-Child of:	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:			
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Distribution of Gift(s), if any:	<input type="checkbox"/> Outright <input type="checkbox"/> At Age(s): _____ <input type="checkbox"/> At Death of Client 1: <input type="checkbox"/> At Death of Client 2: <input type="checkbox"/> At Death of Surviving Client:		If not living, then to: <input type="checkbox"/> His / Her Children <input type="checkbox"/> To remaining beneficiaries <input type="checkbox"/> To other(s): _____			Gift(s):	

**Identify by Number above, all Contingent Beneficiaries**

Number \_\_\_\_\_ : % of Estate: \_\_\_\_\_  Outright  At Age(s): \_\_\_\_\_  Special Needs Trust:  
If not living, then to:  His / Her Children  To remaining beneficiaries  Other(s): \_\_\_\_\_

Number \_\_\_\_\_ : % of Estate: \_\_\_\_\_  Outright  At Age(s): \_\_\_\_\_  Special Needs Trust:  
If not living, then to:  His / Her Children  To remaining beneficiaries  Other(s): \_\_\_\_\_

Number \_\_\_\_\_ : % of Estate: \_\_\_\_\_  Outright  At Age(s): \_\_\_\_\_  Special Needs Trust:  
If not living, then to:  His / Her Children  To remaining beneficiaries  Other(s): \_\_\_\_\_

**Disinheritance**

**Identify by Number above, all natural heirs to be intentionally excluded (disinherited)**

Number \_\_\_\_\_, Number \_\_\_\_\_, Other: \_\_\_\_\_

**Initial Trustee(s)**

Client 1 and Client 2 jointly  Client 1 only  Client 2 only  Other: \_\_\_\_\_  
Surviving Client will serve as:  Sole Trustee  Jointly with Successor(s) named below

**Successor Trustee(s), Executors, Attorneys in Fact and Health Care Agents**

**Identify by Number above, all Agents**

**Successor Trustee(s):**

No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_  
To serve:  One at a time  Two at a time  All jointly, Last one serves  Alone  Appoints Alternate

**Executor(s):**

Client 1 and 2 for each other first, then: No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_  
To serve:  One at a time  Two at a time  All jointly, Last one serves  Alone  Appoints Alternate

**Attorney(s) in Fact:**

Client 1 and 2 for each other first, then : No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_  
To serve:  One at a time  Two at a time  All jointly, Last one serves  Alone  Appoints Alternate  
 Springing for all  Immediate for all  Immediate for 1<sup>st</sup> Agent, Springing for others

**Health Care Agent(s) for Client 1:**

Client 2 first, then: No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_  
To serve:  One at a time  Two at a time  All jointly, Last one serves  Alone  Appoints Alternate

**Health Care Agent(s) for Client 2:**

Client 1 first, then: No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_  
To serve:  One at a time  Two at a time  All jointly, Last one serves  Alone  Appoints Alternate

**Guardian of Minor Children**

**Identify by Number above, all Nominated Guardians**

No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_, No. \_\_\_\_\_ To serve:  One at a time  Two at a time

The following person(s) shall **NOT** be appointed:

**Miscellaneous Provisions**

Include College Incentive Clause for Minor Beneficiaries?  Yes  No  
Include 10% incentive at College graduation?  Yes  No  
Include Spendthrift Clause for Beneficiaries?  Yes  No

For Exemption or QTIP Trusts:

Shall Surviving Client have Power of Appointment over Exemption Trust?  Yes  No  
Shall Surviving Spouse have Power of Appointment over Marital Trust?  Yes  No

**Assets (All assets should be listed, whether or not a part of the Trust Estate)**

Cash = Checking, Savings, CD, Money Market    Securities: Mutual Funds, Brokerage  
 Insurance = Life, AD&D    Retirement = IRA, 401k, Pension    Timeshares    Business Interests

**1 Institution name and address:**

Account Type	Account / Policy /Member Number / Business EIN	Transfer Title to Trust?	Owned by:	Transfer to Trust as:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property

**2 Institution name and address:**

Account / Policy /Member Number / Business EIN	Transfer Title to Trust?	Owned by:	Transfer to Trust as:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property

**3 Institution name and address:**

Account / Policy /Member Number / Business EIN	Transfer Title to Trust?	Owned by:	Transfer to Trust as:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property

**4 Institution name and address:**

Account / Policy /Member Number / Business EIN	Transfer Title to Trust?	Owned by:	Transfer to Trust as:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property

**5 Institution name and address:**

Account / Policy /Member Number / Business EIN	Transfer Title to Trust?	Owned by:	Transfer to Trust as:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property

**6 Institution name and address:**

Account / Policy /Member Number / Business EIN	Transfer Title to Trust?	Owned by:	Transfer to Trust as:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only	<input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2 <input type="checkbox"/> Community Property

**Promissory Notes/Deeds of Trust (Asset)**

(PROVIDE COPY OF NOTE and/or DEED OF TRUST)

Borrower Name:		Amount:	Secured by Deed of Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>
Borrower's complete address:			<input type="checkbox"/> Client 1 & 2 <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only
Date of Loan:	APN (if applicable)		

**Real Property** PROVIDE COPY OF LAST RECORDED DEED(S) (\* ATS can pull most Deeds for \$25.00 each)

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**1** Address: \_\_\_\_\_  
 County: \_\_\_\_\_ APN: \_\_\_\_\_

Current Title: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2	Move to Trust as: <input type="checkbox"/> Community Property <input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2	<input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Family Farm <input type="checkbox"/> Lot/Land Undeveloped
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**2** Address: \_\_\_\_\_  
 County: \_\_\_\_\_ APN: \_\_\_\_\_

Current Title: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2	Move to Trust as: <input type="checkbox"/> Community Property <input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2	<input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Family Farm <input type="checkbox"/> Lot/Land Undeveloped
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**3** Address: \_\_\_\_\_  
 County: \_\_\_\_\_ APN: \_\_\_\_\_

Current Title: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2	Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2	<input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Family Farm <input type="checkbox"/> Lot/Land Undeveloped
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**4** Address: \_\_\_\_\_  
 County: \_\_\_\_\_ APN: \_\_\_\_\_

Current Title: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2	Move to Trust as: <input type="checkbox"/> Community <input type="checkbox"/> Separate of Client 1 <input type="checkbox"/> Separate of Client 2	<input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Family Farm <input type="checkbox"/> Lot/Land Undeveloped
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**Notes, Additional Information, Other Instructions, etc.**

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**Declaration of Trust**

I / we certify that the information contained in this Revocable Trust Application, consisting of 8 pages, indicates my/our intention to create a Revocable Trust as required by California Probate Code 15201, and indeed is a *Declaration of Trust*. All assets listed herein are hereby declared to be assets of the Trust Estate. All real property is listed herein is hereby conveyed to the Trustee of the Trust in conformance with California Probate Code 15200(b) and 15206(b). All personal property, whether or not listed herein, is hereby assigned to the Trustee of the Trust. The initial Trustee(s), appointed Successor Trustee(s), nominated Executor(s), appointed Attorney(s) in Fact, and designated Health Care Agents, and all heirs and Beneficiaries of the Trust are identified herein.

It is my/our intent that the Trust herein created will be further memorialized, bu in the event of my/our incapacity or death, I/we hereby authorized those who would serve as Successor Trustee(s) ...

Successor Trustee(s) is/are authorized, if necessary, to petition the court for approval of the transfer of real and/or personal property listed herein to the Trust per Probate Code 850(a)(3). I/We have made this Declaration and signed the same this day as dated below. If any portion of this Revocable Trust Application that I consider to be my Trust, is deemed to be invalid then the remainder shall still be in force and with full effect.

\_\_\_\_\_  
Client 1 Date

\_\_\_\_\_  
Client 2 Date