

ALLEBEST & ASSOCIATES

REQUIRED DATA to create a "QUALIFIED PERSONAL RESIDENCE TRUST"

Accountant: _____ Phone: (____) _____
Appraiser: _____ FMV Property 1: \$ _____ FMV Property 2: \$ _____

Number of QPRT years: Husband: _____ Wife: _____
Discount Creator: _____ QPRT amt: \$ _____ Gifted Remainder amt: \$ _____

A. NAME

CITIZEN

HUSBAND _____ USA _____
(First) (Middle Int.) (Last) (Birthdate) (SS#)
and
WIFE _____ USA _____
(First) (Middle Int.) (Last) (Birthdate) (SS#)

Marital Status: Married; Single; Divorced; Widowed

B. ADDRESS/PHONE

HOME ADDRESS _____
(Street Address) (County)

(City) (State) (Zip)

HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

C. CHILDREN None

	Birthdate	This Marriage	H's Prior Marriage	W's Prior Marriage
1. _____	M/F _____ USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	M/F _____ USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	M/F _____ USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	M/F _____ USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deceased Children, if any _____ Age at death _____

QPRT NAMES:

Husband's QPRT

Wife's QPRT:

#1 QPRT name: _____
#2 QPRT name: _____

QPRT TRUSTEES:

Husband's QPRT

Wife's QPRT:

Initial Trustee: _____
Successor Trustee(s): _____

 Acting Alone 1st 2 All together Acting Alone 1st 2 All together

REMAINDER TRUST TRUSTEES:

Remainder Trust

Trust Creator(s): _____
Initial Trustee(s): _____
Successor Trustee(s): _____

 Acting Alone 1st 2 All together

QPRT PROPERTY:

Husband's QPRT

Wife's QPRT:

#1 -Street Address: _____
#2- Street Address: _____

REQUIRED DATA to create a "FAMILY LIMITED PARTNERSHIP"

Accountant: _____ Phone: () _____

EXACT FLP NAME WANTED: _____

2nd name choice: _____

State of Formation: [] Calif [] Nev [] Other: _____

County of Formation: _____

[] ORGANIZE ON SPECIFIC DATE: _____ END DATE: _____

TAXATION: [] as a Partnership [] other _____

REQUEST FOR TAX ID # (Form SS-4)

Principal Officer: Name: _____ SS#: _____

Business/Principal Activity: _____

No. of Employees: _____ Acct. Yr. End: _____

Resulting Tax ID#: _____

FLP Address: _____

PHONE: () _____

FAX: () _____

RESIDENT AGENT:

AGENT NAME: _____

AGENT ADDRESS: _____

[] same as LP address [] other: _____

PHONE: () _____

FAX: () _____

GENERAL PARTNERS:

GENERAL PARTNER #1: _____ %

Address: [] same as LP address [] other: _____

GENERAL PARTNER #2: _____ %

Address: [] same as LP address [] other: _____

of Gen Partner signatures required for filing Sec of State documents: _____

LIMITED PARTNERS:

	CONSIDERATION PD	PERCENTAGE INTEREST
(1) _____	_____	_____ %
(2) _____	_____	_____ %
(3) _____	_____	_____ %
(4) _____	_____	_____ %
(5) _____	_____	_____ %

MANAGEMENT:

_____ % of Limited Partners to remove a General Partner

_____ % of Limited Partners to elect a new General Partner

BUY/SELL:

First Refusal: _____

Price: \$ _____

Terms: Down: \$ _____ Months: _____ Interest Rate: _____ %

ANNUAL MEETING: Date of Annual Meeting: _____

REQUIRED DATA to create an "IRREVOCABLE TRUST"

I. PERSONAL AND FAMILY DATA

NOTE: Please PRINT Carefully

A. NAME (as you want it on the documents)

HUSBAND _____ **USA** _____
First Middle Initial Last citizen Birthdate SS#
and
WIFE _____ **USA** _____
First Middle Initial Last citizen Birthdate SS#

Marital Status: Married Single Divorced Widowed

B. ADDRESS/PHONE

Home Address _____
Street Address County

City State Zip

Home Phone (____) _____ **Cell Phone** (____) _____ **Co Phone** (____) _____

C. CHILDREN None

		Birthdate	This Marriage	H's Prior Marriage	W's Prior Marriage
1.	_____ M/F	_____ USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____ M/F	_____ USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____ M/F	_____ USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____ M/F	_____ USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deceased Children, if any _____ Age at death _____

II. DETAILS OF THE TRUST

A. EXACT TRUST NAME WANTED:

2nd name choice: _____

State of Formation: Calif Nev Other: _____

County of Formation: _____

B. CREATOR(s) of the Trust

1. _____ Relationship _____
2. _____ Relationship _____

C. TRUSTEE(s) of the Trust

1. _____ Relationship _____
2. _____ Relationship _____
a. Alternate: _____ Relationship _____
b. Alternate: _____ Relationship _____
c. Alternate: _____ Relationship _____
d. Alternate: _____ Relationship _____

D. ASSETS(s) of the Trust

#1 -Street Address: _____
#2- Street Address: _____
#2- Other: _____

E. BENEFICIARY(ies) of the Trust

1. _____ Relationship _____
2. _____ Relationship _____

And if deceased, then:

- Equally to their LIVING CHILDREN ONLY; or Follow their BLOOD LINE
- Other (eg. to their Spouse, to charity,

etc.): _____

III. TRUST PROVISIONS

- FULL CARE TILL AGE _____
- HOUSING _____
- OTHER _____
- HEALTH & LIFE INSURANCE
- FULL CARE IF/WHILE DISABLED
- EMERGENCY
- COLLEGE ASSISTANCE FOR _____ YRS undergraduate study _____ YRS graduate study
- FULL CARE WHILE IN SCHOOL, or
- ONLY: Tuition, Books, Lodging, Meals, Transportation, Allowance.

Other: _____

- DOWN PMT for house \$ _____ at age _____
- WEDDING \$ _____ at age _____
- NET INCOME AFTER AGE _____
- OTHER _____
- FINAL DISTRIBUTION OF THEIR SHARE:
 - ALL AT AGE _____; or
 - 1/2 AT AGE _____, and 1/2 AT AGE _____; or
 - 1/3 AT AGE _____, 1/3 AT AGE _____, and 1/3 AT AGE _____; or
 - OTHER: _____

REQUIRED DATA to create a "PRE/POST NUPTIAL AGREEMENT"

A. FOR CLIENT

NOTE: Please PRINT Carefully.

I. PERSONAL AND FAMILY DATA CITIZENSHIP:[USA]_____ other: _____

NAME FOR AGM: _____
(First) (Middle Int.) (Last) (Birthdate)

Number of prior marriages: _____ and how ended (eg. death, divorce): _____

DEPENDENTS: [] None

Children	#:		Birthdate	1st Marriage	2nd Marriage
1.	_____	M/F	_____ USA	[]	[]
2.	_____	M/F	_____ USA	[]	[]
3.	_____	M/F	_____ USA	[]	[]
4.	_____	M/F	_____ USA	[]	[]

Deceased Children, if any	Age at death
1. _____	_____
2. _____	_____

Dependents Other Than Children	Relationship	Monthly expense
Duration		
1. _____	_____	\$ _____ yr
2. _____	_____	\$ _____ yr

ADDRESS/PHONE

HOME ADDRESS

(Street Address) (County)

(City) (State) (Zip)

HOME(____) _____ WORK(____) _____ CELL(____) _____

II. FINANCIAL & BUSINESS DATA (Complete Attached Schedules:)

(Provide complete list and best estimate of values, for all assets & liabilities) **Include all real property, business interests, stocks, bonds, cash in banks, CD's, money market accounts, notes receivable, retirement plans, life insurance, annuities, anticipated inheritances, autos, boats, furniture, jewelry, etc.)**

B. FOR INTENDED SPOUSE

NOTE: Please PRINT Carefully.

I. PERSONAL AND FAMILY DATA CITIZENSHIP:[USA]_____ other: _____

NAME FOR AGM: _____

(First) (Middle Int.)) (Birthdate)

Number of prior marriages: _____ and how ended (eg. death, divorce): _____

DEPENDENTS: [] None

Children	#:		Birthdate	1st Marriage	2nd Marriage
1.	_____	M/F	_____ USA	[]	[]
2.	_____	M/F	_____ USA	[]	[]
3.	_____	M/F	_____ USA	[]	[]
4.	_____	M/F	_____ USA	[]	[]

Deceased Children, if any	Age at death
1. _____	_____
2. _____	_____

Dependents Other Than Children	Relationship	Monthly expense
1. _____	_____	\$ _____ yr
2. _____	_____	\$ _____ yr

ADDRESS/PHONE

HOME ADDRESS

(Street Address) (County)

(City) (State) (Zip)

HOME(_____)_____ WORK(_____)_____ CELL(_____)_____

II. FINANCIAL & BUSINESS DATA (Complete Attached Schedules:)

(Provide complete list and best estimate of values, for all assets & liabilities) **Include all real property, business interests, stocks, bonds, cash in banks, CD's, money market accounts, notes receivable, retirement plans, life insurance, annuities, anticipated inheritances, autos, boats, furniture, jewelry, etc.)**

III. DIVISION OF ASSETS

A. EXISTING ASSETS & LIABILITIES

- [] What is brought to marriage, stays separate property to owner.
Including:
 - [] All Scheduled Assets
 - [] Retirement plans
 - [] Life insurance
 - [] Business Ownership
 - [] _____

[]
Other: _____

B. FUTURE EARNINGS

AS TO **HUSBAND**:

- [] All of Husband's earnings during the marriage:
 - [] are to be community,
 - [] are to remain separate property of Husband.
- [] Business Interests (stock, etc.) earned during marriage:
 - [] are to be community,
 - [] are to remain separate property of earning party.
- [] Contributions to retirement plans made during the marriage:
 - [] are to be community,
 - [] are to remain separate property of earning party.

AS TO **WIFE**:

- [] All of Husband's earnings during the marriage:
 - [] are to be community,
 - [] are to remain separate property of Husband.
- [] Business Interests (stock, etc.) earned during marriage:
 - [] are to be community,
 - [] are to remain separate property of earning party.
- [] Contributions to retirement plans made during the marriage:
 - [] are to be community,
 - [] are to remain separate property of earning party.

C. IN THE EVENT OF DIVORCE

- [] ALIMONY:
 - [] NEITHER PARTY TO PAY ALAMONY TO THE OTHER.
 - [] HUSBAND TO PAY WIFE: _____
 - [] OTHER: _____

- [] CHILD SUPPORT
 - [] Not Applicable
 - [] To be paid as required by future court order.

EXHIBIT "A"
SEPARATE PROPERTY OF
HUSBAND

Assets	Specific Detail (Acct #, Parcel, or VIN#)	Value	Debt
Real Estate:			
Entities:			
Stock of			
Bank Accounts:			
Bank of America Acct			
Retirement Accounts:			
Vehicles:			
Furniture & Furnishings:			
furniture & furnishings			
Clothing:			
clothing		unknown	none

EXHIBIT "B"
SEPARATE PROPERTY OF
WIFE

Assets	Specific Detail (Acct #, Parcel, or VIN#)	Value	Debt
Real Estate:			
Entities:			
Stock of			
Bank Accounts:			
Bank of America Acct			
Retirement Accounts:			
Vehicles:			
Furniture & Furnishings:			
furniture & furnishings			
Clothing:			
clothing		unknown	none