

# CORNERSTONE LEGAL PLLC

P.O. Box 9, Dimondale, MI 48821 • 517-708-2222

Katrina@CornerstoneLegalPLLC.com • www.CornerstoneLegalPLLC.com

## Personal Information – Decedent Trustmaker

Name:	
Address, City, State, ZIP, County:	
Date of Birth:	SSN:
Date of Death:	

## Personal Information - Client

Name:	
Address, City, State, ZIP:	
Home Phone:	Cell Phone:
Email:	

## Surviving Spouse – Decedent Trustmaker

Name:	
Address, City, State, ZIP:	
Home Phone:	Date of Marriage:



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## Trust Information

Date:	Amendment Date:
Successor Trustee Name:	Do you have the original?

## Beneficiary Information

Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Name:	Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:



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## Asset Information

Asset Description:	Asset Description:
Asset Type:	Asset Type:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Asset Type:	Asset Type:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):



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## Asset Information Cont.

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Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):
Asset Description:	Asset Description:
Asset Type:	Asset Type:
Value:	Value:
Account Number (if applicable):	Account Number (if applicable):
Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):



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Owner(s):	Owner(s):
Beneficiary (if applicable):	Beneficiary (if applicable):



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