



New Land Trust Form

Trust #: _____

Date of Trust: _____

Beneficiary 1:

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Phone #: _____

Beneficiary 2:

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Phone #: _____

Type of Ownership: _____

Contingent Beneficiary 1:

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Phone #: _____

Contingent Beneficiary 2:

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Phone #: _____

Type of Contingent Ownership: _____

Power of Direction: _____

Any Deeds to Prepare? Yes No

If Yes to above, List Properties Below:

Property #	Property Address	Tax ID Number(s)
1		
2		
3		

Please provide copy of ID(s) with the form