

PO Box 1788 | Fayetteville AR 72702 5519 Hackett St. Suite 300 | Springdale AR 72762 T 479 443 2705 | F 479 443 2718

## Trust/Estate Intake Sheet

## **ENTITY INFORMATION** Entity Name: Address: City\_\_\_\_\_ State\_\_\_\_Zip\_\_\_\_ FEIN: \_\_\_\_\_\_ Date Created: \_\_\_\_\_ TRUSTEE/EXECUTOR INFORMATION Full Legal Name\_\_\_\_\_ Address\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_Zip\_\_\_\_ Date of Birth\_\_\_\_\_SS#\_\_\_\_ Phone\_\_\_\_\_ E-mail\_\_\_\_ **BENEFICIARY #1** City\_\_\_\_\_ State\_\_\_\_Zip\_\_\_\_ Date of Birth\_\_\_\_\_SS#\_\_\_

Phone\_\_\_\_\_ E-mail\_\_\_\_

## **BENEFICIARY #2**

Full Legal Name				
Address				
City				
Date of Birth	SS#			
Phone	E-mail			
BENEFICIARY #3				
Full Legal Name				
Address				
City	State	Zip		
Date of Birth	SS#			
Phone	E-mail			
BENEFICIARY #4				
Full Legal Name				
Address				
City	State	Zip		
Date of Birth	SS#			
Phone	E-mail		<u></u>	
DECEDENT INFORMATION	ON (when applicable)	<u>.                                    </u>		
Full Legal Name				
Date of Birth	SS#			
Date of Death				