



THE LAW OFFICE OF KEVIN C. MAXWELL

ATTORNEY
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GENERAL E-MAIL
MAXLAWORLANDO@GMAIL.COM

Trust Information Questionnaire

Please fill out completely and fax to 407-480-2179 or Email to

MAXLAWORLANDO@GMAIL.COM

Settlor(You): _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____ D.O.B. _____

Social Security number: _____

Driver License# _____ State _____

Spouse: _____

Date of birth: _____

Social Security number: _____

Children: (Please fill in address if different from Settlor, MUST LIST ALL CHILDREN)

Name: _____

D.O.B.: _____ S.S. #: _____

Address: _____

Name: _____

D.O.B.: _____ S.S. #: _____

Address: _____

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www.facebook.com/maxlaworlando



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Name: _____

D.O.B.: _____ S.S. #: _____

Address: _____

Name: _____

D.O.B.: _____ S.S. #: _____

Address: _____

Name: _____

D.O.B. _____ S.S. # _____

Address: _____

Alternate Trustee (first) / REQUIRED

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Relationship: _____

Alternate Trustee (second)/ REQUIRED

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Relationship: _____



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Alternate Trustee (third)/Optional

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Relationship: _____

Health care Surrogate-Person who decides you can no longer make decisions for yourself

Name: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Relationship: _____

ARE YOU OR HAVE YOU BEEN A CONVICTED FELON IN ANY STATE?

YES _____ NO _____

Other issues you wish to address in the trust:

