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Client Name: _____

How did you hear about us? _____

PLEASE ANSWER ALL QUESTIONS. ALL INFORMATION IS STRICTLY CONFIDENTIAL

YOUR PERSONAL INFORMATION	
Full Legal Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name used on Legal Documents:	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Life Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Alien Resident OR Nonresident
Street Address / P.O. Box:	
City/State/Zip/COUNTY:	
Phone:	Email:
SPOUSE/DOMESTIC PARTNER INFORMATION	
Full Legal Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name used on Legal Documents:	
Date of Marriage/Partnership:	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Alien ident

OUR SILVER EDITION GUN TRUST CAN BE USED FOR SINGLE OR MARRIED GUN OWNERS AND OFFERS OUR MOST POPULAR CUSTOMIZATION OPTIONS. PLEASE IDENTIFY YOUR SPECIFIC GOALS AND CONCERNS SO THAT YOUR TRUST MAY BE DESIGNED TO ADDRESS THEM.

NAME OF TRUST: _____ TRUST

Many clients add words such as Gun, Firearm(s), or Armory in the title. (This is recommended but not required.)

You cannot change your gun trust name after the trust has been established. Certain builds require you to engrave your gun trust name on the item. Long names may be difficult to engrave.

- CHECK ONLY ONE:
- Creation of New Trust
 - Restatement of Existing Trust (please provide a copy of the Existing Trust)

DATE TO BE SIGNED: _____ (Leave blank if unknown)

CHILDREN'S INFORMATION

Child's Name	M/F	Birthdate	H-(Husband's) W-(Wife's) J-(Joint)

SUCCESSOR TRUSTEE INFORMATION

In the event of your death or incapacity, who would you want to take over managing your trust assets (much like an executor of a Will)?

1.	then
2.	then
3.	

Additional successors will be appointed by reference to your other estate planning documents, or if not, by your State law.

DISTRIBUTIONS DURING LIFE

IF MARRIED

CHECK ONLY ONE!

- Spouse has NO access to my firearms. Spouse will NOT be Cotrustee. Client is the only initial Trustee.
- Spouse HAS access to my firearms. Spouse will be Cotrustee. Spouse should be an initial or additional Cotrustee
- BOTH of us have access and consider them "our" firearms. We want to have a Joint Trust naming both of us as Grantors. We understand that this will make us both Responsible Persons for purposes of ATF Rule 41F for future NFA transfers.

DISTRIBUTIONS AT DEATH

#1: SPECIFIC GIFTS OF ONE OR MORE FIREARMS

A blank “tangible personal property memorandum” will be provided for you to complete and update at any time. With it you may identify specific firearms or accessories **owned by this trust** that your Trustee would distribute to named individuals at your death.

#2: IF MARRIED (CHECK ONLY ONE!)

- Trust should continue ONLY for my spouse’s benefit (spouse becomes full owner.)
- _____% continues in trust for spouse’s benefit with balance under #3 below.
- DO NOT CREATE A SPOUSE TRUST.** Distribute trust property to Remainder Beneficiaries below. My spouse may or may not receive a share.

#3: REMAINDER BENEFICIARY WORKSHEET – MUST BE COMPLETED.

Remainder beneficiaries receive all assets that are left over after satisfaction of specific gifts. If all Remainder beneficiaries are deceased, then trust assets are distributed by your estate plan.

NOTE: IN THE ‘Y OR N’ COLUMN OF THE TABLE BELOW, IF A BENEFICIARY DIES BEFORE YOU “Y” MEANS SHARE GOES TO OTHER NAMED BENEFICIARIES, AND “N” MEANS SHARE GOES TO THE DECEASED BENEFICIARY’S DESCENDANTS, IF ANY.

Name	Relationship	LAPSE? Y or N	Share
			%
			%
			%
			%
			%

MUST TOTAL 100%

#4: REMOTE CONTINGENT BENEFICIARY WORKSHEET

If there are no Remainder Beneficiaries able or willing to accept trust property, your estate plan (Will or Trust) or, if you do not have one, your state law of intestacy will control.

PAYMENT INFORMATION

What type of payment do you plan on using? VISA MasterCard Check
(If you are attending a group event, please pay by credit card only)

Name on Card:			
Billing Address:			
Billing City, State & Zip:			
Card Number:			
Expiration Date:		CVV Code (3 digits on back):	

YOUR CREDIT CARD WILL BE CHARGED FOR ANY POSTAGE FEES INCURRED.

<p><u>FOR OFFICE USE ONLY</u></p> <p>FEE TO BE CHARGED: \$ _____</p> <p><input type="checkbox"/> NEW MATTER</p> <p><input type="checkbox"/> BRONZE UPGRADE</p> <p><input type="checkbox"/> RESTATEMENT OF A PRIOR TRUST)</p> <p>COORDINATING INSTRUCTIONS / DETAILS</p> <ul style="list-style-type: none">▪ _____▪ _____▪ _____▪ _____
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