

ILLINOIS REVOCABLE LIVING TRUST FAX ORDER FORM

Instructions: Please complete and fax this sheet Toll Free: 1 (800) 520 – 7800 to begin the process of forming your Illinois Revocable Living Trust. Spiegel & Utrera, P.A. will contact you to review your details and to provide answers to all your business formation needs.

Full Name:		l				
Your daytime phone number: () Your fax number()						
Email address:						
Your address:						
Please CHECK	the box for th	e type of Living Trus	st you are ordering:			
		Join	vidual Revocable Living Tr t Revocable Living Trust S ital Exemption A/B Revoca	\$169.95	2100 05	
INITIAL TRUS	Γrust:			C		
When we conta to be included		be sure to have the na	mes, contact information a	nd social security n	umbers of the pa	rties that you would like
Please CHECK P.A.:	the box for a	ny Additional Service	es that you would like to or	der or be addressed	d when consultin	g with Spiegel & Utrera,
SPEED OF SE	Indemnific Personal P Incapacity Asset Segi Creditor Pi Living Wil Declaration Standby G Anatomica	n for Mental Health T uardian Declaration I Gift Declaration	is in the Trust n the Trust	Spec Gene Pour Pour Men Veri: "HIF Acco (HIP	Over Last Will & Corandum of Trustied Certificate of PAA" - Health Ir Dountability Act	rer of Attorney er of Attorney Guardian Provisions & Testament st f Trust nsurance Portability and t Release Authority cument)
Please CHECK NO R' IN A I	the box for th USH - Please p HURRY - Plea	provide me with your	which you would like to regular 2-3 week service. our Fast Service (3 busines at Day Service	•		
	n Packages w	eigh approximately 2 of our office location	pounds and may be shippe s.	d to you via Regul	ar (2-3 day) Servic	e, via Overnight Delivery or
	w your order, l	now will you be payir acted by Spiegel & U	ng for this service? Please p	provide payment in	formation. Please	note NO charges will be
Credit Card: _	VISA _	MasterCard _	American Express	Discover	PayPal	Western Union
Credit Card Nu	mber:					
Expiration Date:			Card ID Number:			
Name on Credi	t Card:					
Billing Address	s on Credit Ca	rd:				
Authorized Sig	nature:					