

CALIFORNIA 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 California Revocable Living Trust. Spiegel & Utrera, P.C. will contact you to review your details and to provide answers to all your business formation needs.

CONTACT INFORMATION Full Name:	
	Your fax number()
Email address:	
Your address:	
Please CHECK the box for the type of Living Trust you	
	al Revocable Living Trust \$ 99.95
	vocable Living Trust \$169.95
Marital F	Exemption A/B Revocable Living Trust \$199.95
INITIAL TRUST DETAILS	
Name of your Trust:	, contact information and social security numbers of the parties that you would like
when we contact you please be sure to have the names, to be included in the Trust.	, contact information and social security numbers of the parties that you would like
Please CHECK the box for any Additional Services that	at you would like to order or be addressed when consulting with Spiegel & Utrera, P.C.:
Spiegel & Utrera, P.C. General Couns	
Indemnification Agreement	General Durable Power of Attorney
Personal Power for Trust	Anatomical Gift Declaration
Incapacity Protection Provisions in Asset Segregation Provisions in the	
Creditor Protection in the Trust	Memorandum of Trust
Living Will	Verified Certificate of Trust
Donation of Organ Declaration	"HIPAA" - Health Insurance Portability and
Primary Physician Designation	Accountability Act Release Authority
Power of Attorney for Healthcare	(HIPAA Consent Document)
Remember to visit www.A	Amerilawyer.com/LivingTrusts for a complete list of services.
SPEED OF SERVICE Please CHECK the box for the Speed of Service in which NO RUSH - Please provide me with your regular IN A HURRY - Please provide me with your FORT DAY - Please provide me with Next Day	lar 2-3 week service. Fast Service (3 business days)
SHIPPING DETAILS	
	nds and may be shipped to you via Regular (2-3 day) Service, via Overnight Delivery or
PAYMENT OPTIONS After we review your order, how will you be paying for processed until you are contacted by Spiegel & Utrera	r this service? Please provide payment information. Please note NO charges will be a, P.C.
Credit Card: VISA MasterCard	American Express Discover PayPal Western Union
Credit Card Number:	
Expiration Date:	Card ID Number:
Name on Credit Card:	
Billing Address on Credit Card:	
Authorized Signature:	