



TRUST INFORMATION FORM

Property Address: _____

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO OUR OFFICE AT YOUR EARLIEST CONVENIENCE. ALL INFORMATION IS KEPT CONFIDENTIAL.

Please return to us via fax at 407-982-2587 OR via e-mail to closings@legalcounselpa.com

TRUST INFORMATION:

1. **Name of Trust:** _____
2. **Date of Trust:** _____
3. **Name of Trustee(s):** _____
4. **Name of Beneficiary:** _____
5. **Do you have a copy of the Trust?** YES (please provide to Legal Counsel, PA) NO
6. **Has the Trust been amended?** YES (please provide copies of any amendments) NO
7. **Does the Trust have an EIN (taxpayer ID number)?** YES: _____ NO
8. **Do you have a bank account in the Trust's name?** YES NO

*Please note that closing proceeds must be made payable to the Trust. Legal Counsel, PA cannot wire funds to an account not belonging to the Trust or issue a check to any individual or entity other than the Trust.