

Information Form - Spouse/Partner one

Please complete all the requested information. If a question does not apply to your situation, please type "n/a". **Move through the form with the "Tab" key.**

Please refer to your Guide "planning Your Estate" for any questions. If you have other questions not answered by the Guide, please call me at 310-209-8080.

When you have completed all pages, click **SAVE FORM button** then the **print button** first for your records. Then e-mail the saved form to me. Please follow these steps: 1. Save your work by click on the menu File/Save as and then select the location and/or name for your form. 2. Go to your regular e-mail program and attach the saved file and send it to

philip@estatelawyer.onmicrosoft.com

If you wish to send the printed form by fax, the number is 310-208-8582.

If by mail my address is: Philip J. Hoskins, 10940 Wilshire Blvd., Suite 1400, Los Angeles, CA 90024

We are: Click to select one

And want to be referred to in documents as: Click to select one or type your own

Use names as on driver's license

Your first name Middle name or initial Last name

Suffix (Jr., etc) List any other names used

Street address City

State ZIP County

Your citizenship if other than U.S. Birth date

Home telephone Work telephone Cell phone

Name of former spouse if divorced less than 5 years.

How did marriage end? In what year?

Names and sex, and age of children

Names of any deceased child

First I am going to ask you some questions regarding your revocable trust. Usually, I will name your trust using your full name, as in "Jane Helen Smith", but you can use any other name you wish.

Name your trust if other than "Your Name Revocable Trust"

You will be the first trustee of your trust. You need to select who will have the responsibility of managing your trust, paying bills, filing a final tax return and making distributions. This should be someone who you can trust and is capable of carrying out these duties.

Name(s) of **first** successor trustee or cotrustees

- If you named co-trustees, and one dies, does the survivor serve alone? or
- Does **second person** named below take his/her place?

Name of **second** successor trustee or cotrustees

Name of **third** successor trustee or cotrustees

Next, a question regarding how the trust is to be administered after your death:

- Trust assets must always produce income
- Not all trust assets must be income producing

During your lifetime but while you are incapacitated, you can give the person named in your Durable Power of Attorney the power to amend your trust. Remember, if the person named first in that document dies, the successor would have such power as well.

Check Box if agents in Durable Power of Attorney may **amend, revoke or make changes to your revocable trust**

On the next two pages you will indicate how your estate is to be distributed after your death. If you wish to make a gift of a specific item or of an amount of cash before the distribution of the rest of your estate is made, complete the questions on the next page. If you have no such gifts, you can skip the next page and go directly to the following page.

**Information about gifts of specific items or money to
be made before the distribution of the rest of your
estate as indicated on the next page**

Gifts of specific **items** (such as an account, an heirloom, or particular stocks)

To whom Item

If they die before you, to whom should this go? If no one, leave blank

To whom Item

If they die before you, to whom should this go? If no one, leave blank

To whom Item

If they die before you, to whom should this go? If no one, leave blank

More on last page

Gifts of **pets**

To whom Name or describe

If with money, amount If they die before you, to whom should this go? If no one, leave blank

Check Box if you are giving money and want it held in trust for the life of your pet(s)

Gifts of **Cash**. I will assume that if the person named dies before you, the gift lapses.
If not, indicate to whom it goes if they don't survive.

To whom Amount

To whom Amount

To whom Amount

To whom Amount

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To whom Amount

More specific gifts are listed on the last page

Go to next page to select how to distribute the rest of your estate

Now, to whom do you want the remainder of your estate, after payment of debts, taxes and the gifts listed on the previous page distributed? You can name one person or several

Name of beneficiary	<input type="text"/>	Relationship to you	<input type="text"/>	Percentage	<input type="text"/>
Name of beneficiary	<input type="text"/>	Relationship to you	<input type="text"/>	Percentage	<input type="text"/>
Name of beneficiary	<input type="text"/>	Relationship to you	<input type="text"/>	Percentage	<input type="text"/>
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If you want to make gifts to more than 8 people, please provide the same information as requested above in the comments section below.

If a person you have named above dies before you, who should get the gift instead? Select one:

If you named only one person above, and if they die before you, to whom would the remainder of your estate be given?

Name of beneficiary	<input type="text"/>	Relationship to you	<input type="text"/>	Percentage	<input type="text"/>
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If any beneficiary is or could be a minor at the time of your death, you may wish to hold their distribution in trust until they reach a certain age. You can stage their distribution so all goes at one time, say age 25, or in two stages, say one half at 25 and one half at 35.

Age at which all is distributed or, if in 2 portions:

Age for first half distribution Age of second half distribution

Your notes or comments re Trust

Will Information

If you have given me information for your trust, I will use it to prepare your will. If not, this will be the way your estate will be distributed. However, if you have minor children, please indicate below who you wish to be their guardian(s).

Check Box only if you are **NOT** using a revocable trust.

You should complete the trust questions on the three previous pages and the information will be used to create your Will

If you have minor children, who should be **Guardian**?

- If you named a **couple** and one dies, does survivor serve as Guardian alone?
- Or does a **different person or couple** (named below) serve?

Alternate **Guardian**

- If my estate is Probated, I **do not** want my executor to be required to post a **bond, or**
- I **do want** my Executor to be required to post a **bond**

Advance Health Directive - Person 1

If you choose to name a Health Agent, you may, but do not have to, name alternate(s) in case your first choice is unable or unwilling to serve. It is best if the person named is nearby and available in case of emergency.

Name of your **Health** agent

Agent's **street address, city and ZIP**

Agent's phone number

Name of your **Alternate** agent

Agent's **street address, city and ZIP**

Alternate Agent's phone

Name for **second alternate agent**

Agent's **street address, city and ZIP**

Alternate Agent's phone

Name for **THIRD alternate agent**

Agent's **street address, city and ZIP**

Alternate Agent's phone

Name for **FOURTH alternate agent**

Agent's **street address, city and ZIP**

Alternate Agent's phone

Health care instructions to my agent:

Choose one of the following:

Choice Not To Prolong Life

- I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, **OR**

Choice To Prolong Life

- I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

The following provision will be added unless you UNCHECK

- I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death.

Check Box to insert this language:

- "I wish to live in my home for as long as that is reasonably possible without endangering my physical or mental health and safety and to receive whatever assistance from household employees or personal care givers may be necessary to permit me to do so; provided, however, that in the event my agent determines that appropriate household employees or personal care givers are not available without putting my financial position or physical or mental health or safety at risk, then I wish to live in the least restrictive and most home-like setting deemed appropriate by my agent. I further request that I live as near as possible to my primary residence in order that I may visit with friends and neighbors to the degree my agent believes that I will benefit from such relationships. I wish to return home as soon as reasonably possible after any hospitalization or transfer to convalescent care. If my agent determines that I am no longer able to live in my home, I wish that my agent consider alternatives to convalescent care which will permit me as much privacy and autonomy as possible, including such options as placing me in an assisted living facility or board and care facility."*

Other instructions

- My agent may donate any of my needed body parts, tissues or organs, **OR**
 My agent may **NOT** donate my body parts, tissues or organs

My gift is for the following purposes (uncheck any of the following you do not want)

- Transplant Therapy Research Education

Do you want to name your **primary physician**?
If so, provide **name, address and telephone**

Do you want to name your **alternate physician**?
If so, provide **name, address and telephone**

**Durable Power of Attorney
Financial Matters
Person 1**

Name of your **Financial** agent

Agent's **street address, city and ZIP**

Name of your **second or alternate** agent

Agent's **street address, city and ZIP**

Check Box if they serve **together** and must act **together**

Name of your third agent

Agent's **street address, city and ZIP**

If the first two agents serve together, does the third replace one of the first two if unable to serve?

Check Box if agent may name **self as beneficiary of insurance policy**

Check Box if agent may **make gifts to spouse, child, or dependent**

On this page you will be given a menu of powers that could be granted to your agent. In most situations I recommend selecting all the powers but if you have questions let me know. Please consult the Guide "Planning Your Estate" for more information concerning these and other powers.

Check Box to grant power:

- The power to take legal action to compel third parties to recognize the validity of this instrument, and the power to sue for damages, both punitive and actual, in the case of a refusal by a third party to honor this power.

Check Box to grant power:

The power to create for me one or more revocable trusts (referred to as a "grantor trust") of which I am an income beneficiary and with such person or persons as my agent shall select as the trustee or co-trustees (including my agent or any corporate trustee having at the time of its appointment assets beneficially owned by others under its management with a value in excess of \$100,000,000), without bond or other security, and with such other terms and provisions as my agent shall deem appropriate, including, but not limited to, provisions to minimize or eliminate any death or transfer taxes which may be imposed on my estate, any grantor trust, any beneficiary of my estate or any beneficiary of any grantor trust, and to grant to the trustee or co-trustees of any grantor trust any one or more of the powers granted to a trustee under the governing law of the trust; provided, however, such trust agreement shall provide that I retain the power to revoke any such grantor trust, in whole or in part at any time, or that I have a general power of appointment over the assets of such grantor trust; and further provided that at my death the assets of any such grantor trust shall pass in a manner which is consistent with any existing estate plan which I may have previously instituted, including dispositions of my property by will, trust,

- beneficiary designation, or otherwise, and including the apportionment of taxes and other expenses, or if there is no person named in such grantor trust to whom such assets shall pass, then such assets shall be delivered to the personal representative of my estate. It is not my intention in granting the power enumerated in this paragraph to allow my agent to change in any way the persons who will be receiving the property of my estate or the overall scheme of my estate plan; rather, I am attempting to facilitate my agent's ability to save taxes or otherwise reduce the costs of administering my estate. If I have already established a grantor trust, or if my agent creates a grantor trust for me, this paragraph shall include the power to alter, amend or modify such grantor trust in a manner which is consistent with the provisions contained herein; and in addition, any such grantor trust created by me or by my agent may be revoked by my agent as long as such revocation results in a disposition of my estate which is consistent with my existing estate plan. Further, my agent shall have the power to transfer all or part of the interest I may own in any real property, stocks, bonds, accounts with financial institutions, insurance, and other property to the trustee of such grantor trust

Check Box to grant power:

The power to make, execute and deliver oil, gas and mineral leases upon all lands and mineral interests owned or claimed by me, wheresoever located, to such persons and upon such terms and conditions as my agent may deem advisable. Such oil, gas and mineral leases may be for such duration and contain such warranties of title, pooling and unitization provisions, and other special clauses as my agent may agree to upon my behalf. This power shall include the right to negotiate and contract for the sale of any such oil, gas and mineral lease or leases. I also give my agent the power and authority to execute pooling or unitization agreements affecting any oil, gas or other mineral rights or interests owned or claimed by me, whether mineral fee interests, royalty interests or leasehold interests, so as to pool and combine any such interest or interests with the interests of others in the same or other lands, such agreements to be upon such terms and conditions and to contain such authorizations as my agent may deem advisable.

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Check Box to grant power:

The power to appoint or substitute one or more agents to serve as my agent under this power of attorney; provided, however, such power shall be exercisable only by the then-serving agent (or if more than one agent is serving, by all such agents acting unanimously), and any such appointment or substitution shall override other provisions contained herein which may attempt to name one or more successor agents. Any such appointment or substitution may be revoked by me or my agent at any time and for any reason, and such appointment or substitution shall not terminate upon the death, disability, incapacity or resignation of my agent. Any such appointment or substitution shall be evidenced by acknowledged written instrument.

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Check Box to grant power:

The power to represent me, and to appoint an agent or agents to represent me, before the Internal Revenue Service or any State or other taxing authority by completing, signing, and submitting IRS Form 2848 or any other governmental form.

-

Check Box to grant power:

In addition to the powers enumerated above, I hereby give and grant unto my said agent full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming whatsoever my said agent shall and may do by virtue hereof; provided, however, and notwithstanding the foregoing, if I have deleted a particular power or several powers on page one of this power of attorney, then my agent shall not have such power or powers by virtue of the power and authority conferred by this sentence.

-

Check Box to grant power:

The power to pay a reasonable fee from my estate to my agent as compensation for services rendered under this power of attorney in an amount which does not exceed the customary and prevailing charges for services of a similar character at the time and place such services are performed.

-

Use this page for additional information or comments

Trust Information

Health Directive

Power of Attorney

Other comments

Congratulations! You are done with this part. I suggest you save the file (Save button below) and print your answers for your files and then send this by email or regular mail.

Information Form - Spouse/Partner two

Please complete all the requested information. If a question does not apply to your situation, please type "n/a". **Move through the form with the "Tab" key.**

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If by mail my address is: Philip J. Hoskins, 10940 Wilshire Blvd., Suite 1400, Los Angeles, CA 90024

Use names as on driver's license

Your first name Middle name or initial Last name

Suffix (Jr., etc) List any other names used

Street address City

State ZIP County

Your citizenship if other than U.S. Birth date

Home telephone Work telephone Cell phone

Name of former spouse if divorced less than 5 years.

How did marriage end? In what year?

Names and sex, and age of children

Names of any deceased child

First I am going to ask you some questions regarding your revocable trust. Usually, I will name your trust using your full name, as in "Jane Helen Smith", but you can use any other name you wish.

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You will be the first trustee of your trust. You need to select who will have the responsibility of managing your trust, paying bills, filing a final tax return and making distributions. This should be someone who you can trust and is capable of carrying out these duties.

Name(s) of **first** successor trustee or cotrustees

- If you named co-trustees, and one dies, does the survivor serve alone? or
- Does **second person** named below take his/her place?

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Next, a question regarding how the trust is to be administered after your death:

- Trust assets must always produce income
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More on last page

Gifts of **pets**

To whom Name or describe

If with money, amount If they die before you, to whom should this go? If no one, leave blank

Check Box if you are giving money and want it held in trust for the life of your pet(s)

Gifts of **Cash**. I will assume that if the person named dies before you, the gift lapses.
If not, indicate to whom it goes if they don't survive.

To whom Amount

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To whom Amount

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More specific gifts are listed on the last page

Go to next page to select how to distribute the rest of your estate

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Your notes or comments re Trust

Will Information

If you have given me information for your trust, I will use it to prepare your will. If not, this will be the way your estate will be distributed. However, if you have minor children, please indicate below who you wish to be their guardian(s).

Check Box only if you are **NOT** using a revocable trust.

You should complete the trust questions on the three previous pages and the information will be used to create your Will

If you have minor children, who should be **Guardian**?

- If you named a **couple** and one dies, does survivor serve as Guardian alone?
- Or does a **different person or couple** (named below) serve?

Alternate **Guardian**

- If my estate is Probated, I **do not** want my executor to be required to post a **bond, or**
- I **do want** my Executor to be required to post a **bond**

Advance Health Directive - Person 2

If you choose to name a Health Agent, you may, but do not have to, name alternate(s) in case your first choice is unable or unwilling to serve. It is best if the person named is nearby and available in case of emergency.

Name of your **Health** agent

Agent's **street address, city and ZIP**

Agent's phone number

Name of your **Alternate** agent

Agent's **street address, city and ZIP**

Alternate Agent's phone

Name for **second alternate agent**

Agent's **street address, city and ZIP**

Alternate Agent's phone

Name for **THIRD alternate agent**

Agent's **street address, city and ZIP**

Alternate Agent's phone

Name for **FOURTH alternate agent**

Agent's **street address, city and ZIP**

Alternate Agent's phone

Health care instructions to my agent:

Choose one of the following:

Choice Not To Prolong Life

- I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, **OR**

Choice To Prolong Life

- I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

The following provision will be added unless you UNCHECK

- I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death.

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- "I wish to live in my home for as long as that is reasonably possible without endangering my physical or mental health and safety and to receive whatever assistance from household employees or personal care givers may be necessary to permit me to do so; provided, however, that in the event my agent determines that appropriate household employees or personal care givers are not available without putting my financial position or physical or mental health or safety at risk, then I wish to live in the least restrictive and most home-like setting deemed appropriate by my agent. I further request that I live as near as possible to my primary residence in order that I may visit with friends and neighbors to the degree my agent believes that I will benefit from such relationships. I wish to return home as soon as reasonably possible after any hospitalization or transfer to convalescent care. If my agent determines that I am no longer able to live in my home, I wish that my agent consider alternatives to convalescent care which will permit me as much privacy and autonomy as possible, including such options as placing me in an assisted living facility or board and care facility."*

Other instructions

- My agent may donate any of my needed body parts, tissues or organs, **OR**
 My agent may **NOT** donate my body parts, tissues or organs

My gift is for the following purposes (uncheck any of the following you do not want)

- Transplant Therapy Research Education

Do you want to name your **primary physician**?
If so, provide **name, address and telephone**

Do you want to name your **alternate physician**?
If so, provide **name, address and telephone**

**Durable Power of Attorney
Financial Matters
Person 2**

Name of your **Financial** agent

Agent's **street address, city and ZIP**

Name of your **second or alternate** agent

Agent's **street address, city and ZIP**

Check Box if they serve **together** and must act **together**

Name of your third agent

Agent's **street address, city and ZIP**

If the first two agents serve together, does the third replace one of the first two if unable to serve?

Check Box if agent may name **self as beneficiary of insurance policy**

Check Box if agent may **make gifts to spouse, child, or dependent**

On this page you will be given a menu of powers that could be granted to your agent. In most situations I recommend selecting all the powers but if you have questions let me know. Please consult the Guide "Planning Your Estate" for more information concerning these and other powers.

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- The power to take legal action to compel third parties to recognize the validity of this instrument, and the power to sue for damages, both punitive and actual, in the case of a refusal by a third party to honor this power.

Check Box to grant power:

The power to create for me one or more revocable trusts (referred to as a "grantor trust") of which I am an income beneficiary and with such person or persons as my agent shall select as the trustee or co-trustees (including my agent or any corporate trustee having at the time of its appointment assets beneficially owned by others under its management with a value in excess of \$100,000,000), without bond or other security, and with such other terms and provisions as my agent shall deem appropriate, including, but not limited to, provisions to minimize or eliminate any death or transfer taxes which may be imposed on my estate, any grantor trust, any beneficiary of my estate or any beneficiary of any grantor trust, and to grant to the trustee or co-trustees of any grantor trust any one or more of the powers granted to a trustee under the governing law of the trust; provided, however, such trust agreement shall provide that I retain the power to revoke any such grantor trust, in whole or in part at any time, or that I have a general power of appointment over the assets of such grantor trust; and further provided that at my death the assets of any such grantor trust shall pass in a manner which is consistent with any existing estate plan which I may have previously instituted, including dispositions of my property by will, trust,

- beneficiary designation, or otherwise, and including the apportionment of taxes and other expenses, or if there is no person named in such grantor trust to whom such assets shall pass, then such assets shall be delivered to the personal representative of my estate. It is not my intention in granting the power enumerated in this paragraph to allow my agent to change in any way the persons who will be receiving the property of my estate or the overall scheme of my estate plan; rather, I am attempting to facilitate my agent's ability to save taxes or otherwise reduce the costs of administering my estate. If I have already established a grantor trust, or if my agent creates a grantor trust for me, this paragraph shall include the power to alter, amend or modify such grantor trust in a manner which is consistent with the provisions contained herein; and in addition, any such grantor trust created by me or by my agent may be revoked by my agent as long as such revocation results in a disposition of my estate which is consistent with my existing estate plan. Further, my agent shall have the power to transfer all or part of the interest I may own in any real property, stocks, bonds, accounts with financial institutions, insurance, and other property to the trustee of such grantor trust

Check Box to grant power:

The power to make, execute and deliver oil, gas and mineral leases upon all lands and mineral interests owned or claimed by me, wheresoever located, to such persons and upon such terms and conditions as my agent may deem advisable. Such oil, gas and mineral leases may be for such duration and contain such warranties of title, pooling and unitization provisions, and other special clauses as my agent may agree to upon my behalf. This power shall include the right to negotiate and contract for the sale of any such oil, gas and mineral lease or leases. I also give my agent the power and authority to execute pooling or unitization agreements affecting any oil, gas or other mineral rights or interests owned or claimed by me, whether mineral fee interests, royalty interests or leasehold interests, so as to pool and combine any such interest or interests with the interests of others in the same or other lands, such agreements to be upon such terms and conditions and to contain such authorizations as my agent may deem advisable.

-

Check Box to grant power:

The power to appoint or substitute one or more agents to serve as my agent under this power of attorney; provided, however, such power shall be exercisable only by the then-serving agent (or if more than one agent is serving, by all such agents acting unanimously), and any such appointment or substitution shall override other provisions contained herein which may attempt to name one or more successor agents. Any such appointment or substitution may be revoked by me or my agent at any time and for any reason, and such appointment or substitution shall not terminate upon the death, disability, incapacity or resignation of my agent. Any such appointment or substitution shall be evidenced by acknowledged written instrument.

-

Check Box to grant power:

The power to represent me, and to appoint an agent or agents to represent me, before the Internal Revenue Service or any State or other taxing authority by completing, signing, and submitting IRS Form 2848 or any other governmental form.

-

Check Box to grant power:

In addition to the powers enumerated above, I hereby give and grant unto my said agent full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming whatsoever my said agent shall and may do by virtue hereof; provided, however, and notwithstanding the foregoing, if I have deleted a particular power or several powers on page one of this power of attorney, then my agent shall not have such power or powers by virtue of the power and authority conferred by this sentence.

-

Check Box to grant power:

The power to pay a reasonable fee from my estate to my agent as compensation for services rendered under this power of attorney in an amount which does not exceed the customary and prevailing charges for services of a similar character at the time and place such services are performed.

-

Use this page for additional information or comments

Trust Information

Health Directive

Power of Attorney

Other comments

Congratulations! You are done with this part. I suggest you save the file (Save button below) and print your answers for your files and then send this by email or regular mail.

Asset transfer list

Use this form to list your assets that may need to be transferred to your revocable trust. Remember to list all your accounts. Ordinarily, you will be doing most of the work in transferring the items, but you may want my assistance with some. For each real estate property I will need a copy of the existing deed and an Assessor's parcel number. That number may be on the existing deed but if it is not, it can be found on the property tax statement. Generally, bank accounts and safe deposit boxes must be transferred by you in person. Please go to end of form when done.
If an asset is the separate property of one of you, please mark it with "*name" indicating which of you is the separate property owner.

Stock brokerage accounts (not including 401k, IRA or other retirement accounts which cannot be transferred without penalty)

Name of brokerage firm

Exact name on account Account number

Address of firm

Name of brokerage firm

Exact name on account Account number

Address of firm

Name of brokerage firm

Exact name on account Account number

Address of firm

Name of brokerage firm

Exact name on account Account number

Address of firm

Name of brokerage firm

Exact name on account Account number

Address of firm

Name of brokerage firm

Exact name on account Account number

Address of firm

Life insurance policies

If you have a life insurance policy please provide the requested information. This would include whole life policies that have a cash value, and term policies.

Name of Insurer

Who is policy holder?

Policy number

Who is insured?

Who is beneficiary?

Name of Insurer

Who is policy holder?

Policy number

Who is insured?

Who is beneficiary?

Shares in corporations and partnership interests other than brokerage accounts

If you own shares of stock in a corporation that are not held by a broker, or if you are a partner and the share certificates or partnership interest is not held by a brokerage firm, you will need to contact the holder of the interests directly to transfer your interest to you trust.

Please provide the requested information.

Name of company or partnership

Exact name of your share or interest

Number of shares or % interest

Address of company

Name of company or partnership

Exact name of your share or interest

Number of shares or % interest

Address of company

Real property owned IN CALIFORNIA

If you own real property located within the state of California, we need to create a deed to transfer it to your trust. To do this, I need the property's legal description and assessor's parcel number.

It is best for you to send to me a copy of the existing deed and property tax statement which contain that information. If you want instead you can provide the information below.

Please note: I cannot prepare a transfer deed for property located in any other state.

Street address of property	<input type="text"/>
Assessor' parcel number	<input type="text"/>
Exact legal description	<input type="text"/>
Exact way title is now held	<input type="text"/>
Street address of property	<input type="text"/>
Assessor' parcel number	<input type="text"/>
Exact legal description	<input type="text"/>
Exact way title is now held	<input type="text"/>
Street address of property	<input type="text"/>
Assessor' parcel number	<input type="text"/>
Exact legal description	<input type="text"/>
Exact way title is now held	<input type="text"/>
Street address of property	<input type="text"/>
Assessor' parcel number	<input type="text"/>
Exact legal description	<input type="text"/>
Exact way title is now held	<input type="text"/>

Now, please click the Save button then print this information by clicking the print button.

Now, please e-mail this to me by clicking the e-mail submit button only if using Microsoft Outlook. If you use a web based e-mail client (such as AOL, Yahoo mail, etc) instead the "Send by E-mail" button on forms may not work properly. Please follow these steps: 1. Save your work by click on theSave button and then select the location and/or name for your form. 2. Go to your regular web e-mail account and attach the saved file and send it to phlaw@sbcglobal.net