

CONFIDENTIAL INFORMATION—CHARITABLE LEAD TRUST
THE RUSHFORTH FIRM, LTD.
 A NEVADA PROFESSIONAL LAW CORPORATION

A. TRUSTOR(S). (SPELL THE NAMES AS YOU WANT THEM IN THE DOCUMENTS)				
<i>HUSBAND / MALE</i>	<i>WIFE / FEMALE</i>	<i>MAILING ADDRESS</i>		
Name	Name			
Birth Date <input type="checkbox"/> -Noncitizen of US	Birth Date <input type="checkbox"/> -Noncitizen of US			
Social Sec. #	Social Sec. #			
Date of initial consultation on this matter	<i>Telephones:</i>	Home	Work	Fax

B. CHARITABLE BENEFICIARY(IES). (ATTACH ADDITIONAL SHEETS IF NECESSARY. USE THE OFFICIAL NAME.)			
NAME (SPECIFY CHAPTER, BRANCH, ETC.)	TAX ID NO.	ADDRESS AND PHONE	PERCENTAGE

C. REMAINDER BENEFICIARIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY. SPELL THE NAMES AS YOU WANT THEM IN THE DOCUMENTS)			
NAME (AND RELATIONSHIP, IF NOT CHILD)	SOC. SEC. # SEX	ADDRESS AND PHONE	RELATED TO: (Check One)
	M F		<input type="checkbox"/> -Husband; <input type="checkbox"/> -Wife; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -Husband; <input type="checkbox"/> -Wife; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -Husband; <input type="checkbox"/> -Wife; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -Husband; <input type="checkbox"/> -Wife; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -Husband; <input type="checkbox"/> -Wife; <input type="checkbox"/> -Both

D. FIDUCIARIES AND ALTERNATES. (IF EACH SPOUSE WANTS DIFFERENT FIDUCIARIES, ATTACH AN EXPLANATION.)			
CAPACITY	PRIORITY	NAME & TAX ID NO.	ADDRESS & TELEPHONE
TRUSTEE	Initial Trustee		
	1 st Successor		
	2 nd Successor		
	3 rd Successor		
SPECIAL TRUSTEE (Required only if Trustee is Trustor or other disqualified person)	Initial Special Trustee		
	1 st Successor		
	2 nd Successor		
	3 rd Successor		

E. ADDITIONAL INFORMATION.		
NAME OF TRUST:		
OTHER NAMES AND/OR INITIALS USED ON LEGAL DOCUMENTS:	Husband / Male	Wife / Female
REFERRED BY:		

OFFICE USE ONLY: (Responsible professional MUST complete all applicable choices.)
TRUST: Settlor: <input type="checkbox"/> -H; <input type="checkbox"/> -W; <input type="checkbox"/> -M. Taxation: <input type="checkbox"/> -Grantor, <input type="checkbox"/> -Non-grantor. <input type="checkbox"/> -Duplicate Originals. Type: <input type="checkbox"/> -CLUT, <input type="checkbox"/> -CLAT. Payout Rate: _____. Charitable trust term (# of years): _____.
TRUST DISTRIBUTION: Distribution: <input type="checkbox"/> -Per stirpes; <input type="checkbox"/> -Per capita; Other: _____. Age(s): _____ BenPOA: <input type="checkbox"/> -Life&Death; <input type="checkbox"/> -Death Only; <input type="checkbox"/> -None. <input type="checkbox"/> -SCorp. BenInc: <input type="checkbox"/> -Discr; <input type="checkbox"/> -Req; <input type="checkbox"/> -Mand. Attach notes regarding distribution upon completion of charitable term.
ISSUES DISCUSSED WITH CLIENT:
<input type="checkbox"/> Distributions of principal if income insufficient. <input type="checkbox"/> Trustee's bond.
<input type="checkbox"/> GST Exemption Allocation. <input type="checkbox"/> Gift tax and gift tax return (IRS Form 709).
<input type="checkbox"/> Need for Special Trustee with respect to hard-to-value assets. <input type="checkbox"/> Income tax returns (IRS Form 1041).
<input type="checkbox"/> Incidental trust expenses: insurance, property maintenance, repairs, etc. <input type="checkbox"/> Limitations of IRC §§ 4941, 4942, 4943, 4944, and 4945.
<input type="checkbox"/> Income tax charitable deduction or lack thereof.