

DELAWARE
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 Delaware Revocable Living Trust. Spiegel & Utrera, P.A. will contact you to review your details and to provide answers to all your business formation needs.

CONTACT INFORMATION

Full Name: _____

Your daytime phone number: (____) _____

Your fax number (____) _____

Email address: _____

Your address: _____

Please **CHECK** the box for the type of Living Trust you are ordering:

- Individual Revocable Living Trust \$ 99.95**
- Joint Revocable Living Trust \$169.95**
- Marital Exemption A/B Revocable Living Trust \$199.95**

INITIAL TRUST DETAILS

Name of your Trust: _____

When we contact you please be sure to have the names, contact information and social security numbers of the parties that you would like to be included in the Trust.

Please **CHECK** the box for any Additional Services that you would like to order or be addressed when consulting with Spiegel & Utrera, P.A.:

- | | |
|--|---|
| <input type="checkbox"/> Spiegel & Utrera, P.A. General Counsel Club | <input type="checkbox"/> Specific Durable Power of Attorney |
| <input type="checkbox"/> Indemnification Agreement | <input type="checkbox"/> General Durable Power of Attorney |
| <input type="checkbox"/> Personal Power for Trust | <input type="checkbox"/> Pour-Over Will with Guardian Provisions |
| <input type="checkbox"/> Incapacity Protection Provisions in the Trust | <input type="checkbox"/> Pour-Over Last Will & Testament |
| <input type="checkbox"/> Asset Segregation Provisions in the Trust | <input type="checkbox"/> Memorandum of Trust |
| <input type="checkbox"/> Creditor Protection in the Trust | <input type="checkbox"/> Verified Certificate of Trust |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> "HIPAA" - Health Insurance Portability and |
| <input type="checkbox"/> Anatomical Gift Declaration | Accountability Act Release Authority |
| <input type="checkbox"/> Power of Attorney for Healthcare | (HIPAA Consent Document) |

Remember to visit www.Amerilawyer.com/LivingTrusts for a complete list of services.

SPEED OF SERVICE

Please **CHECK** the box for the Speed of Service in which you would like to receive your order:

- NO RUSH** - Please provide me with your regular 2-3 week service.
- IN A HURRY** - Please provide me with your Fast Service (3 business days)
- NEXT DAY** - Please provide me with Next Day Service

SHIPPING DETAILS

Trust Collection Packages weigh approximately 2 pounds and may be shipped to you via Regular (2-3 day) Service, via Overnight Delivery or may be picked up at anyone of our office locations.

PAYMENT OPTIONS

After we review your order, how will you be paying for this service? Please provide payment information. **Please note NO charges will be processed until you are contacted by Spiegel & Utrera, P.A.**

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: _____

To place this order online please visit us at www.AmeriLawyer.com/LivingTrusts