

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

**Remember to visit [www.Amerilawyer.com/LivingTrusts](http://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](http://www.AmeriLawyer.com/LivingTrusts)