



Ownership Schedule
Trusts and Beneficiaries Form

Name of Trust: _____

Property Address: _____

Grantor/Trustor, Trustee, Beneficiary Information

<p>First & Last Name: _____</p> <p>Home Telephone: _____</p> <p>Home Address: _____</p> <p>Street: _____</p> <p>City, State, and Zip Code _____</p>	<p>Relationship to Trust: (Select One)</p> <ul style="list-style-type: none">▪ Grantor/ Trustor _____▪ Trustee _____ <p>Beneficiary:</p> <ul style="list-style-type: none">▪ Current _____▪ Future _____▪ Contingent _____
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I HEREBY CERTIFY THAT THE ABOVE IS A COMPLETE LIST OF ALL GRANTORS/ TRUSTORS, TRUSTEES OR BENEFICIARIES AND THE INFORMATION INDICATED IS TRUE AND CORRECT.

SIGNATURE: _____

TITLE: _____

DATE: _____