



APPLICATION FOR LAND TRUST

TRUST NO. _____

The following information is submitted in connection with the real estate described below of which the undersigned requests you to accept title, as Trustee, under the provisions of Land Trust Agreement to be entered into.

LEGAL DESCRIPTION (attach separate sheet)

Property Address: _____

Type of Property (check all that apply)

- Residential Townhome Condominium Strip Mall
- Commercial (Use _____) Apartment Building (No. of Units _____)
- Vacant (Residential) Vacant (Commercial) Mixed (Apartments & Retail)

Is Liquor Sold on the Premises? Yes No

If Yes, First American Bank., as trustee is to be added as an insured on the liquor liability insurance policy, it should read as follows: **“First American Bank, individually and as trustee, under Trust Agreement No. _____ and all beneficiaries and agents”**. Provide Trustee with copy of the liquor liability insurance policy with above language.

Approximate Value of Property (Including IMPROVEMENTS) \$ _____

Primary Beneficiaries

Name: _____

Address: _____

Phone: _____ Social Security #: _____

EIN: _____

Date of Birth: _____ D.L. #: _____

Name: _____

Address: _____

Phone: _____ Social Security #: _____

EIN: _____

Date of Birth: _____ D.L. #: _____

(Please use additional sheet if necessary)

PLEASE FORWARD 2 ID’S FOR THE PRIMARY BENEFICIARY(IES) AND ALL PERSONS HAVING THE POWER OF DIRECTION, IF OTHER THAN THE BENEFICIARY. (1st ID: Driver’s License, State ID or Passport. 2nd ID: Voter’s registration card, insurance card, car registration, or birth certificate.)

If the beneficiary is other than an individual, please provide the following:

- A Corporation.....Corporate Resolution
- Partnership.....Partnership Agreement
- Limited Liability Company.....Operating Agreement & Certificate
- Living/Personal Trust, Self-Declaration of Trust.....Copy of Underlying Trust

Person(s) having the Power of Direction (other than the beneficiary)

Name: _____

Address: _____

Phone: _____ Social Security #: _____

Name: _____

Address: _____

Phone: _____ Social Security #: _____

May the name(s) be furnished to a person making an oral inquiry? Yes No

If yes, Name(s): _____

Person(s) authorized to make oral inquiry Social Security #: _____ Relationship: _____

Mailing name and address (bills, correspondence, tax bills, legal notices, etc.)

Contingent beneficiary(ies) information (Print names)

Name: _____ Social Security #: _____

Address: _____

Name: _____ Social Security #: _____

Address: _____

Name: _____ Social Security #: _____

Address: _____

1. Are Senior Foreign Political Officials parties to the trust? Yes No

2. Do the beneficiaries reside in a foreign location? Yes No

If yes, where _____

3. Does the trust benefit foreign charities or non-governmental organizations? Yes No

If yes, where _____

Please advise Trustee immediately if a death occurs.

Deed in Trust will be recorded by: _____

Attorney (Please insert your information below or attach a business card)

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature of person completing application

Print Name

Please advise Trustee if you change attorney.