

HOME STATE BANK/NATIONAL ASSOCIATION LAND TRUST INFORMATION SHEET

*Information Sheet must be filled out in its entirety and accompany Trust Agreement. (see note below)
(Rev 7/07)*

Attorney setting up Trust _____

Address: _____

Phone: _____

Trust Number _____ Date of Trust _____ P.I.N. _____

Common Address of Property _____

❖ (check one)

Homestead Property – must be owner (beneficiary) occupied

Non-Homestead

(check one) Second home Farm Rental Vacant Commercial

Beneficiaries and Power of Direction:

Provide requested beneficiary information on second page. If individual having power of direction is not named beneficiary, then you must provide information for that individual as well.

❖ Interest Held: Solely Joint Tenancy with Right of Survivorship Tenants in Common Tenants by the Entirety

❖ If applicable, select one below and provide supporting documentation naming individuals authorized to sign on behalf of the entity.

Partnership Corporation Joint Venture Limited Liability Company

❖ Power of Direction: _____

❖ Future tax bills to be sent to: Beneficiary Trustee

❖ If Trust has multiple beneficiaries, correspondence, notices, billings, etc. should be sent to the following:

❖ Deed in Trust: Home State Bank to record Recorded Deed (or copy thereof) attached

NOTE:

- 1) Require copy of recorded deed at time of opening trust or as soon as available.
- 2) Require copy of driver's license for each primary beneficiary named and those having Power of Direction
- 3) Require completed IRS Form W-9 (verification of social security number)

BENEFICIARY/POWER OF DIRECTION INFORMATION

1. _____ (Name) _____ (SSN/EIN)

_____ (Street) _____ (City) _____ (State) _____ (ZIP)

_____ (Home Phone) _____ (Mobile Phone) _____ (Business Phone)

_____ (Date of Birth) U.S. Citizen? Yes No (If no, country of citizenship) _____

_____ (Occupation) _____ (Employer)

2. _____ (Name) _____ (SSN/EIN)

_____ (Street) _____ (City) _____ (State) _____ (ZIP)

_____ (Home Phone) _____ (Mobile Phone) _____ (Business Phone)

_____ (Date of Birth) U.S. Citizen? Yes No (If no, country of citizenship) _____

_____ (Occupation) _____ (Employer)

3. _____ (Name) _____ (SSN/EIN)

_____ (Street) _____ (City) _____ (State) _____ (ZIP)

_____ (Home Phone) _____ (Mobile Phone) _____ (Business Phone)

_____ (Date of Birth) U.S. Citizen? Yes No (If no, country of citizenship) _____

_____ (Occupation) _____ (Employer)

4. _____ (Name) _____ (SSN/EIN)

_____ (Street) _____ (City) _____ (State) _____ (ZIP)

_____ (Home Phone) _____ (Mobile Phone) _____ (Business Phone)

_____ (Date of Birth) U.S. Citizen? Yes No (If no, country of citizenship) _____

_____ (Occupation) _____ (Employer)