



- New Service
- Amendment

Order Form

Land Trust

Grantor

Full Legal Name _____
 of Entity, Individual or _____
 Revocable Living Trust: _____ (as Applicable)

Authorized Signers: _____

Grantor Address: _____

City: _____ State: _____
 County: _____ Zip Code: _____

Real Property

Assessor's Parcel #: _____

Property Address: _____

City: _____ State: _____
 County: _____ Zip Code: _____

Legal Description: The Legal description has been provided to us.

Name of Land Trust

Name: _____

Creation Date of Trust: _____ / _____ / 20____
 Day Month Year



Trustee
Pre-Determined

State Trustee Services, LLC
7848 West Sahara Avenue
Las Vegas, Nevada 89117-1944

Beneficial Interest Holder
(Entity, Individual or Trust)

Full Legal Name _____
of Entity, Individual or _____
Revocable Living Trust: _____ *(as Applicable)*
Authorized Signers: _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Telephone: (_____) _____ - _____

E-Mail: _____

Assignment of Beneficial Interest
(If Applicable)

Full Legal Name _____
of Entity, Individual or _____
Revocable Living Trust: _____ *(as Applicable)*
Authorized Signers: _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Tax ID Number: _____ *(SSN or EIN)*



Order Form

Land Trust

Client Declaration and Signature

I confirm that all information given in this Order Form is true, correct and complete to the best of my knowledge and belief. By signing below I confirm to have read, understand and agree to be bound by the APSA "Terms and Conditions" as found on AssetProtectionServices.com. I understand services shall not be initiated until such time as all supporting documents and full payment have been received and accepted by Asset Protection Services of America Trust.

____ / ____ / 20____
Day Month Year

Printed Name

Client Signature

Printed Name

Client Signature

Independent Agent

Who is your APSA independent agent?

Referral Source

Who referred you to us please?
