

**3a – ADDITIONAL TRUST PETITION INDIVIDUAL BENEFICIARY
CONTACT WORKSHEET**
[8-2022 Revision]

Person's Full Legal Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Minor If Minor, date of birth below	<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Surviving Domestic Partner <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Stepbrother <input type="checkbox"/> Stepsister <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin		
	<input type="checkbox"/> Other (Please state)		
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If not U.S. Citizen, citizen of		
Street Address			
City, State and Zip Code			
Best Contact Telephone			
Best Personal Contact Email			

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