

SPECIAL NEEDS TRUST INFORMATION PACKET

(PLEASE COMPLETE THIS PACKET IN INK)

**To ensure that we will have enough time to understand the specifics of your situation,
*we must have this Information Packet returned to us at least three days prior to our meeting***

If you need assistance completing the information,
call our office (541-738-1800) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!



Focused on what is important to you.

555 NW 5th Street, Corvallis, OR 97330
P: 541-738-1800 | F: 541-738-1801
www.ReynoldsLaw.us

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Your Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business or Cell Phone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____

It is okay to communicate with me via my E-mail address.

Married: Date of Marriage _____ Divorced Widowed Single

Cohabiting: Domestic Partnership Registration Filed? _____

Spouse/Partner's Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birthdate _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business or Cell Phone _____



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Employer _____ Position _____

Business Address _____ City _____ State ____ Zip _____

E-mail Address _____

It is okay to communicate with me via E-mail

BENEFICIARY OF TRUST

(Use full legal name. Please provide information on all children, including parentage.)

Full Legal Name _____

Date of Birth: _____ Relationship to Trustor: _____

Gender: Male / Female / Non-Binary

Currently residing with: _____

Address (if not listed above): _____

Describe his/her disability: _____

Does s/he receive any government benefits? If so, please list them. _____

Is s/he employed? If so, where, for how long, for how many hours, and at what wage?



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ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME, INCLUDING ANY SPECIAL REASONS YOU ARE SEEKING TO DO A SPECIAL NEEDS TRUST, PARTICULAR FAMILY, OR OTHER SITUATIONS THAT YOU NEED TO PLAN FOR.

ASSETS YOU INTEND TO PLACE IN THE TRUST

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

ALTERNATE GUARDIAN:

If the beneficiary is currently in your care, list in order of preference that you would prefer the Court nominate to care for the beneficiary if you cannot.

Name, Address and Phone Number	Relationship	Gender
_____	_____	_____
_____	_____	_____



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FINANCIAL DECISION MAKERS

After your death or if you become incapacitated and cannot manage the trust, who do you want to do so on your behalf?

Name, Address and Phone Number

Relationship

RESIDENTIAL SITUATIONS

Are any of the following living situations unacceptable?

- Group Home
- Public Institution
- Public Care Facility
- Other: _____

SUPPORTED SOCIAL ACTIVITIES

Do you want to have the trust support specific social activities? Yes No

If so, which ones:

- Participating in Special Olympics
- Participating in sporting activities
- Attending sporting events
- Participating in cultural events
- Participating in religious activities
- Attending religious events
- Other: _____

Do you want a statement included that supports social activities that express support for mainstreaming?

Yes No



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MAINTAINING FAMILY CONTACT

Do you want to include a provision that allows funds to be used to maintain contact with family members?

Yes No

If so, please list approved family members (or description of relationship, such as siblings, cousins, or grandparents):

Do you want the trust to include a provision that allowed the trustee to purchase gifts to acknowledge events of family members for birthdays, holidays, weddings, etc. on behalf of the beneficiary?

Yes No

If so, please list approved family members (or description of relationship, such as siblings, cousins, or grandparents):

If you would like a limit on the per gift cost, please list that here: _____

TERMINATION OF TRUST

Do you want the trust to terminate if the beneficiary is not dependent on public benefits and has been gainfully employed for a period of time?

Yes No If so, for how long? _____

At the termination of the trust because of the beneficiary's death, how do you want the funds distributed?

To specific person or people: _____

To a class of people (such as siblings, parents, grandparents, etc.): _____

To a charity or other organization: _____



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