PLEASE WRITE LEGIBLY AND COMPLETE ALL THE REQUIRED INFORMATION. WE CANNOT COMPLETE THE TRUST WITHOUT ALL THE INFORMATION REQUESTED IN THIS QUESTIONNAIRE

1. **CLIENT:** The legal name of the person creating this trust and who will be possessing NFA registered firearms:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Best Telephone number to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of any crime? \_\_\_\_\_ No \_\_\_\_\_ Yes

Have you ever been dishonorably discharged from the military? \_\_\_\_\_ No \_\_\_\_\_ Yes

If you answered Yes to any of the above please give appropriate details below. We will discuss whether the above prohibit you from possessing NFA Title II firearms:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **CO-OWNER / TRUSTEE(S) –** these are the persons entitled to have possession of all firearms owned by the Trust as soon as the Trust is created.

**You will be named the Primary Trustee of your NFA Gun Trust**. You can name co-trustees who will also be able to possess NFA items and act as trustees, but they will have to go through the SAME BACKGROUND SCREENING AS YOU. **Like you, a co-trustee should not have a federal firearm disability.**

Co-Trustee (if any)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Over 18? Y / N

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Over 18? Y / N

**AFTER YOUR DEATH – Who oversees the Gun Trust if you do not have a Co-Trustee presently allowed to co-own the weapons? This can be same as the recipient of the weapons, or it can be someone different if the recipients are minors.**

These individuals should not have been convicted of a felony, federal misdemeanor or state misdemeanor with a potential penalty of more than one (1) year in jail or is otherwise prevented from possessing a firearm.

1. **First Successor Trustee (Normally a relative)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_

**B. Second Successor Trustee**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_

1. **BENEFICIARIES –** these are the people entitled to receive the weapons should you die or become incapacitated.

Generally, the beneficiaries are a spouse and then children. Unless otherwise noted, all property in the trust will be inherited by the first listed beneficiary still living. This may be altered as necessary. You may also designate equal or unequal shares between two or more beneficiaries.

**A. Beneficiary One** --- CHECK HERE \_\_\_\_\_\_\_\_\_ if same as a person listed above & write name & date of birth only below:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**B. Beneficiary Two**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**C. Beneficiary Three**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

By submitting this form with payment you understand and agree that the flat fee is earned on receipt, will not be held in a trust account, and is subject to refund if services are not provided. You may terminate the lawyer-client relationship at any time prior to completion of services. Thank you for choosing my services.