



law office of
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GUN TRUST WORKSHEET

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

PERSONAL INFORMATION

Name: _____
 US Citizen Naturalized Citizen Resident Alien
Marital Status: Single | Married | Divorced | Widowed | Remarried with Blended Family
DOB: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone 1: _____ Phone 2: _____
Email: _____ It is okay to communicate via Email
Occupation: _____ Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____

Status: Married Divorced Widowed Single Remarried with Blended Family
Date of Marriage: _____

Spouse's Name: _____
 US Citizen Naturalized Citizen Resident Alien
DOB: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone 1: _____ Phone 2: _____
Email: _____ It is okay to communicate via Email
Occupation: _____ Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____

PARENTS & CHILDREN OF CURRENT OR PRIOR MARRIAGE

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTS OF CHILDREN (IF NOT LISTED ABOVE)

Father's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

PARENTS OF SPOUSE

Spouse's Father's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse's Mother's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER RELATIVES

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

REFERRED BY

Referred to us by: _____ Business Name: _____

PURPOSE AND OBJECTIVES OF NFA TRUST

1. What is the intended purpose and main objective of creating an NFA Trust in your own words?

2. On your death, are there any people who should receive particular Title II firearm items? If so:

Name: _____ Item: _____

Name: _____ Item: _____

Name: _____ Item: _____

Name: _____ Item: _____

Name: _____ Item: _____

3. If you are married and both of you die prematurely leaving minor children, should your children receive property at:

_____ Age of majority (18); or _____ Held in trust and distributed at age _____

4. If Client #1 dies first and none of your children is living at the time of Client #2's death, do you want your estate to go to:

_____ Client #1's Family _____ Client #2's Family _____ Elsewhere (explain below)

CHOICE OF NFA CO-TRUSTEE AND/OR SUCCESSOR TRUSTEE

1. Do you desire to have someone act with you during your lifetime to manage the trust assets? If so, please provide:

Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

Do you have his/her permission to run a criminal background check on him/her to ensure that there are no felonies in his/her background? YES NO

2. Do you have someone in mind who can take over for you during your lifetime to manage the trust assets if you become incapacitated or incompetent, or who can take over upon your death? If so, please provide:

Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

Do you have his/her permission to run a criminal background check on him/her to ensure that there are no felonies in his/her background? YES NO

3. If your intended choice above is unwilling or unable to act, do you have an alternative in mind? If so, please provide:

Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

Do you have his/her permission to run a criminal background check on him/her to ensure that there are no felonies in his/her background? YES NO

BENEFICIARIES

1. Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

2. Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

3. Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

4. Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

5. Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

6. Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

7. Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

8. Name: _____ DOB: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ State: _____

BANK ACCOUNTS

Will this be a new account created for this purpose of solely purchasing firearms for the trust? YES NO

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Ownership Interest: JOINT or INDIVIDUAL

Amount currently in account: \$ _____ Last four digits of account #: _____

Do you have a safe deposit box located anywhere? YES NO

PERSONAL PROPERTY

Description of Personal Property: List Title I (hand guns, shotguns, rifles) & Title II firearms (machine guns, short-barreled shotguns, silencers (suppressors), destructive devices, and "any other weapons").

	Manufacture & Model	Serial Number:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____

23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____
31.	_____	_____
32.	_____	_____
33.	_____	_____
34.	_____	_____
35.	_____	_____
36.	_____	_____
37.	_____	_____
38.	_____	_____
39.	_____	_____
40.	_____	_____
41.	_____	_____
42.	_____	_____
43.	_____	_____
44.	_____	_____
45.	_____	_____

OTHER PERSONAL PROPERTY

Other personal property: includes miscellaneous items such as bags, accessories, shooting aids, ect.

Description (Please be Specific)

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____
12.	_____