

What my  
**family**  
should know



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TRUST COMPANY

*At D.A. Davidson Trust Company, we are dedicated to helping you achieve your goals—both in realizing your aspirations of today and in shaping your legacy for the future. Our knowledgeable staff of trust professionals pledge to carry out your wishes with long-lasting commitment, integrity, and caring.*

## Introduction

This booklet is designed to provide you with the means of recording vital information for the use of your family or personal representative.

When needed, it is important to have this information located in one place. By filling out this booklet, you can eliminate hardships and delays in the handling and settling of your financial affairs.

We suggest that you keep this booklet in a safe place and let your personal representative or the person closest to you know of its location. It would also be beneficial to review this booklet on a yearly basis.

For client information purposes only. D.A. Davidson Trust Company and D.A. Davidson & Co. do not provide tax or legal advice. Please consult with your tax and/or legal professional for guidance on your specific situation.

Please use page 21 to add any additional information.



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# What My Family Should Know

Full legal name: \_\_\_\_\_

Date of book completion: \_\_\_\_\_

Updated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of legal residence: \_\_\_\_\_

## Persons to Notify in an Emergency

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Personal Information and Citizenship

My date of birth is: \_\_\_\_\_

My city, county, state, and country of birth are: \_\_\_\_\_

\_\_\_\_\_

I have  do not have  a birth certificate.

Location of my birth certificate: \_\_\_\_\_

\_\_\_\_\_

I am a citizen of: \_\_\_\_\_

Citizenship by birth  naturalization  marriage

Location of citizenship papers: \_\_\_\_\_

\_\_\_\_\_

## Social Security

Social Security number: \_\_\_\_\_

Taxpayer identification number: \_\_\_\_\_

(Used on federal income tax returns, schedule c)

## Passport

Passport number/issue date: \_\_\_\_\_

City and state of issue: \_\_\_\_\_

Location of passport: \_\_\_\_\_

\_\_\_\_\_

# Marital Information

**Present marital status:**

- Single                       Married                       Domestic Partnership  
 Divorced                       Separated                       Widowed

I am married to: \_\_\_\_\_

Date, place of marriage: \_\_\_\_\_

Location of marriage certificate: \_\_\_\_\_

\_\_\_\_\_

Previously married to: \_\_\_\_\_

Date, place of prior marriage(s): \_\_\_\_\_

\_\_\_\_\_

Terminated by: Divorce  Annulment  Separation  Death

Date, place of termination: \_\_\_\_\_

\_\_\_\_\_

Location of termination papers: \_\_\_\_\_

\_\_\_\_\_

Other relationship details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Medical Information

Accident/health insurance companies and policy numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Eye specialist:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other specialists: \_\_\_\_\_

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

Other medical details: \_\_\_\_\_

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

**Pet Names:** \_\_\_\_\_

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

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# Family Records

Father's full name: \_\_\_\_\_

Place, date of birth: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Place, date of birth: \_\_\_\_\_

Children (names, addresses): \_\_\_\_\_

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Grandchildren (names, addresses): \_\_\_\_\_

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---

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---

---

Other close relatives: \_\_\_\_\_

---

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---

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# Military Service

I have [ ] have not [ ] served in the military.

Country served: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Branch: \_\_\_\_\_

Serial #/grade: \_\_\_\_\_

I have [ ] do not have [ ] a service-connected disability.

Claim #: \_\_\_\_\_

Military honors or decorations: \_\_\_\_\_

Location of discharge, disability, and honors papers: \_\_\_\_\_

\_\_\_\_\_

# Education

Schools attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diplomas, degrees, dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of diplomas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Religious, Fraternal, Professional Organizations and Affiliations

Names of organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership, financial benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group life and other insurance benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of membership cards/insignia/pins: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Current Personal Employment Business Information

I am employed by: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date employed: \_\_\_\_\_ Title: \_\_\_\_\_

Location of employment agreement/proof of benefits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My firm has [ ] has not [ ] contracted to purchase my interests in the event of my death. n/a [ ]

# Benefits in which I Participate

Pension/deferred compensation plan: \_\_\_\_\_

\_\_\_\_\_

Profit sharing/401(k) plan: \_\_\_\_\_

Stock option: \_\_\_\_\_

Others: \_\_\_\_\_

Location of documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Benefits from former employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Professional Advisors

**Financial Advisor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Executor/Personal Representative:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Trust Officer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Attorney:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Accountant:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Power of Attorney:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Health Care Power of Attorney:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Digital Assets

**Digital Wallet:** \_\_\_\_\_

Website: \_\_\_\_\_ Device location: \_\_\_\_\_

Password: \_\_\_\_\_ PIN: \_\_\_\_\_

**Cryptocurrency:** \_\_\_\_\_

Website: \_\_\_\_\_ Device location: \_\_\_\_\_

Password: \_\_\_\_\_ PIN: \_\_\_\_\_

**Online Documents/Files:** \_\_\_\_\_

Type: \_\_\_\_\_ Device location: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

**Social Networking (Facebook, Twitter, etc.):** \_\_\_\_\_

Name: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

Name: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

Name: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

**Cloud Storage:** \_\_\_\_\_

Name: \_\_\_\_\_ Recovery Phone #: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

**Online Media Accounts (Music, photos, etc.):** \_\_\_\_\_

Name: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

Name: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

**Other Digital Assets: (Airline Mileage Plan Affinity)** \_\_\_\_\_

Name: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

# Computer, Phone and Online Login Information

**Computer/laptop/tablet location:** \_\_\_\_\_

User ID: \_\_\_\_\_ Password: \_\_\_\_\_

Answer to security question: \_\_\_\_\_

**Computer/laptop/tablet location:** \_\_\_\_\_

User ID: \_\_\_\_\_ Password: \_\_\_\_\_

Answer to security question: \_\_\_\_\_

**Cell phone #:** \_\_\_\_\_ Password/Pin: \_\_\_\_\_

Carrier: \_\_\_\_\_ Account #: \_\_\_\_\_ Password: \_\_\_\_\_

Answer to security question: \_\_\_\_\_

**Email account:** \_\_\_\_\_

User ID: \_\_\_\_\_ Password: \_\_\_\_\_

Answer to security question: \_\_\_\_\_

**Email account:** \_\_\_\_\_

User ID: \_\_\_\_\_ Password: \_\_\_\_\_

Answer to security question: \_\_\_\_\_

**Website: (ex. Target, Walmart, Amazon)** \_\_\_\_\_

Account #: \_\_\_\_\_ User ID: \_\_\_\_\_ Password: \_\_\_\_\_

Answer to security question: \_\_\_\_\_

**Website:** \_\_\_\_\_

Account #: \_\_\_\_\_ User ID: \_\_\_\_\_ Password: \_\_\_\_\_

Answer to security question: \_\_\_\_\_

**Website:** \_\_\_\_\_

Account #: \_\_\_\_\_ User ID: \_\_\_\_\_ Password: \_\_\_\_\_

Answer to security question: \_\_\_\_\_

# Sources of Income and Liabilities

## Income (Check where applicable)

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Salary    | <input type="checkbox"/> Stocks/Bonds    | <input type="checkbox"/> Interest  |
| <input type="checkbox"/> Trust(s)  | <input type="checkbox"/> Social Security | <input type="checkbox"/> Mortgages |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Pension         | <input type="checkbox"/> Other     |

Location of documents: \_\_\_\_\_

## Accounts Receivable

I am owed money/other assets: Yes  No

Location of documents: \_\_\_\_\_

## Liabilities

I owe money or I am obligated financially for the following:

### Bank/loan(s):

Name of bank: \_\_\_\_\_ Account #: \_\_\_\_\_

### Mortgage(s):

Name of bank: \_\_\_\_\_ Account #: \_\_\_\_\_

### Home equity line of credit:

Name of bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Other: \_\_\_\_\_

Location of documents: \_\_\_\_\_

## Credit Card(s)

Type of card: \_\_\_\_\_ Issuing bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of card: \_\_\_\_\_ Issuing bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of card: \_\_\_\_\_ Issuing bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of card: \_\_\_\_\_ Issuing bank: \_\_\_\_\_ Account #: \_\_\_\_\_



# Record of Personal and Financial Information and Affairs

## Bank Accounts – checking and savings

1. **Name of bank:** \_\_\_\_\_ City \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_

Personal Banker: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

2. **Name of bank:** \_\_\_\_\_ City \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_

Personal Banker: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

3. **Name of bank:** \_\_\_\_\_ City \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_

Personal Banker: \_\_\_\_\_

User Name: \_\_\_\_\_ Password \_\_\_\_\_

## Safe Deposit Box – location of safe, strong box

Name of bank/type of box: \_\_\_\_\_

Location of key: \_\_\_\_\_

In whose name: \_\_\_\_\_

## Personal Safe – location, combination and contents

Location: \_\_\_\_\_

Combination: \_\_\_\_\_

Contents: \_\_\_\_\_

## Location of Other Hidden Assets (cash/jewelry)

Location: \_\_\_\_\_

Contents: \_\_\_\_\_

## Insurance Policies

I have the following life insurance policies:

1. **Company:** \_\_\_\_\_

Policy number: \_\_\_\_\_ Amount of benefit: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Beneficiary/contact info: \_\_\_\_\_

\_\_\_\_\_

2. **Company:** \_\_\_\_\_

Policy number: \_\_\_\_\_ Amount of benefit: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Beneficiary/contact info: \_\_\_\_\_

\_\_\_\_\_

3. **Company:** \_\_\_\_\_

Policy number: \_\_\_\_\_ Amount of benefit: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Beneficiary/contact info: \_\_\_\_\_

\_\_\_\_\_

I have the following other types of policies:

**Automobile insurance:** \_\_\_\_\_

Policy number: \_\_\_\_\_

**Homeowners insurance:** \_\_\_\_\_

Policy number: \_\_\_\_\_

**Other insurance:** \_\_\_\_\_

Policy number: \_\_\_\_\_

**Real Estate**

Owned (attach copy of tax statement with property description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of deeds, titles, other documents: \_\_\_\_\_

\_\_\_\_\_

**Securities**

**Individual account:**

Name of institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact name/phone: \_\_\_\_\_

**Joint account:**

Name of institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact name/phone: \_\_\_\_\_

**IRA:**

Name of institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact name/phone: \_\_\_\_\_

**401(k):**

Name of institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact name/phone: \_\_\_\_\_

Locations of other certificates and cost basis: \_\_\_\_\_

**Personal Property**

I have prepared an inventory of my valuable personal property: Yes [ ] No [ ]

Location of inventory: \_\_\_\_\_

Location of list of personal assets and suggested distribution, or attach: \_\_\_\_\_

\_\_\_\_\_

**Other Accounts (e.g. HSA, 529, Alternative Investments)**

\_\_\_\_\_

\_\_\_\_\_

# Last Will and Testament

I have [ ] have not [ ] made a will. Date of my last will and testament: \_\_\_\_\_

Executor/personal representative(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_

Attorney who drafted my will: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of my last will and testament: \_\_\_\_\_

(original and all copies)

I have [ ] have not [ ] made changes (codicils) to my will.

Date(s) of codicil(s): \_\_\_\_\_

Location of codicils: \_\_\_\_\_

Other details: \_\_\_\_\_

# Living Will/Health Care Directive

I have [ ] have not [ ] made a living will/health care directive. Date: \_\_\_\_\_

Attorney who drafted my living will/health care directive: \_\_\_\_\_

Address: \_\_\_\_\_

Location of my living will/health care directive: \_\_\_\_\_

I have [ ] have not [ ] informed my physician that I have a living will/health care directive.

Name of physician notified: \_\_\_\_\_

Other details: \_\_\_\_\_

# Trust Documents

I have [ ] have not [ ] created trusts in my lifetime.

Date(s) of my trust agreement(s): \_\_\_\_\_

Attorney who drafted my trust(s): \_\_\_\_\_

Address: \_\_\_\_\_

Location of my trust agreement(s): \_\_\_\_\_

\_\_\_\_\_

I have [ ] have not [ ] made amendments to my trust(s).

Date(s) of amendment(s): \_\_\_\_\_

Location of amendments: \_\_\_\_\_

Trustee: \_\_\_\_\_

Successor Trustee: \_\_\_\_\_

Other details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trust Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Location of Other Important Items

Automobile registrations/keys: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other vehicle (boat, ATV, snowmobile, etc.) registrations/keys: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Income tax records/returns: \_\_\_\_\_

Other records/documents: \_\_\_\_\_

# Funeral Service/Cremation Instructions and Information

I have [ ] have not [ ] made pre-arrangements for my funeral and burial/cremation.

I have [ ] have not [ ] made pre-payment for my funeral and burial/cremation.

**My preferences are:**

Choice of funeral home: \_\_\_\_\_

Place of service: \_\_\_\_\_

Church or place of worship: \_\_\_\_\_

Address: \_\_\_\_\_

Clergyman's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Participating organizations (fraternal/military): \_\_\_\_\_

\_\_\_\_\_

Pallbearers (names, addresses, phone numbers): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alternate pallbearers (names, addresses, phone numbers): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Readings/songs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organist name/phone: \_\_\_\_\_

Soloist name/phone: \_\_\_\_\_

Visitation: Yes [ ] No [ ] Casket: Open [ ] Closed [ ]

Clothing: \_\_\_\_\_

Flowers or memorials/donations in lieu of flowers: \_\_\_\_\_

Obituary: Yes [ ] No [ ] Photo: Yes [ ] No [ ]

Newspaper(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Casket: Metal [ ] Wood [ ] Other [ ]

Exterior color: \_\_\_\_\_ Interior color: \_\_\_\_\_

Name of cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

Lot in name of: \_\_\_\_\_

Location of lot: \_\_\_\_\_

Preference for marker inscription: \_\_\_\_\_  
\_\_\_\_\_

Cremation/disposition of ashes: \_\_\_\_\_

Other special instructions or information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







# Glossary

- Administration:** The administration of an estate is the court-supervised distribution of the assets held in the name of a deceased person alone at the time of death. The person or trust company who manages this distribution is called a Personal Representative or Administrator.
- Codicil:** A codicil is an amendment or a supplement to a will. After the codicil has been signed and properly completed in accordance with state law, it stands as a separate legal document which adds to, omits from, or otherwise alters the will.
- Last Will and Testament:** A will is the legal document that expresses a person's binding decisions concerning the disposition of the assets owned in his or her name alone at the time of death, and the appointment of the person who will manage the distribution of those assets as well as the person(s) who will act as the guardians for any minor children who survive without a legal parent to care for them.
- Living Will/ Health Care Directive:** A living will or health care directive is a legally binding document that sets out what actions should be taken for health care if the person is no longer able to, due to illness or incapacitation. Not all states have laws which recognize living wills, and there are different provisions among those states which have enacted such laws.
- Power of Attorney:** A power of attorney is a legal document in which a person authorizes someone else to act for him or her. A durable power of attorney is one that allows another person to act even if the person who signed the power of attorney becomes incapacitated. The durable power of attorney is a helpful document for designating another person to make health care and/or financial decisions in the event of mental or physical disability without the need for guardianship proceedings.
- Probate:** Probate is the court proceeding that determines whether a person's will (if any) is valid; formally appoints the executor (named in the will) or the administrator (when there is no will) to manage the assets owned in the deceased's name at the time of death; approves the payment of debts and taxes; identifies the heirs of the deceased; and ensures that the property owned by the deceased is distributed as directed in the will, or as state law requires if there is no will.
- Trust:** A trust is a legal document that can be created during a person's lifetime (called an inter vivos trust), or that can be included in a person's will (called a testamentary trust). A trust usually names a person or a financial institution to act as a trustee, to control and manage the property placed in the trust for the benefit of another person (called a beneficiary). The property that is placed in the trust is called the corpus of the trust.

## Contact Us

D.A. Davidson Trust Company maintains a number of trust locations across the Western U.S. for ease and convenience.

For more information regarding D.A. Davidson Trust Company, please refer to our website at [dadavidson.com](http://dadavidson.com) or call 1-800-634-5526

- Not FDIC Insured
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- May Lose Value



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