

**TRUST ADMINISTRATION QUESTIONNAIRE**

Thank you for considering Estate Planning & Elder Law Services, P.C. to assist you with the administration of your loved one's estate and/or trust. To maximize the effectiveness and efficiency of our first meeting together, we ask that you provide as much of the information sought in this form as possible. Your accuracy and completeness in responding will help us to best represent you in this matter. Please bring this information with you to our initial appointment. Throughout this form we refer to the person who has passed away as the "Decedent" and you as our "Client."

**A. PERSONAL & GENERAL INFORMATION**

**Client's Information**

**Decedent's Information**

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

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

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

U.S. Citizen? \_\_\_ Yes \_\_\_ No

U.S. Citizen? \_\_\_ Yes \_\_\_ No

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

Date of death: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Cause of death: \_\_\_\_\_

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

*Please bring certified copies of the death certificate*

Work E-mail: \_\_\_\_\_

Work Fax: \_\_\_\_\_

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

**Communicating with you:** Check the box above for your preferred mode of communication.

**Client's Residence Information**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Decedent's Residence Information (at time of death)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**B. HOW DID YOU HEAR ABOUT US?**

Seminar/Community Ed. \_\_\_\_\_ (location)     Postcard

- Referred by: \_\_\_\_\_  Yellow pages
- Search Engine:  Google  MSN  Yahoo!  Other \_\_\_\_\_

**C. DECEDENT'S CHILDREN & MARRIAGE(S) (please indicate if children were adopted)**

Children's Names, Addresses & Phone Nos.	Date of Birth	From Previous Marriage (Husband)	From Previous Marriage (Wife)	# of Children (i.e., your grandchildren)

Date of current marriage (with spouse at time of death): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Was decedent or decedent's spouse ever been married before? \_\_\_ Yes \_\_\_ No

If "yes", please provide name(s) of former spouse(s) and date(s) of divorce(s) and/or death(s):

\_\_\_\_\_

Does the decedent have any children from a previous marriage? \_\_\_ Yes \_\_\_ No  
(If yes, include name(s) above, and check the "From Previous Marriage" box)

Are any of the above children disabled? \_\_\_ Yes \_\_\_ No  
(If yes, please describe the disability and the child(ren) effected by such disability)

\_\_\_\_\_

Are any of the children receiving SSI or government benefits? \_\_\_ Yes \_\_\_ No  
(If yes, please list the benefits and child(ren) receiving them)

\_\_\_\_\_

\_\_\_\_\_

Are any of the above children deceased? \_\_\_ Yes \_\_\_ No  
(If yes, please list the name(s) of the deceased child(ren) and the name(s) of their living child(ren), if any)

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

**D. DECEDENT'S EXTENDED FAMILY & TRUST BENEFICIARIES**

**Decedent's Parents**

Father: Name \_\_\_\_\_ DOB \_\_\_\_\_ Date of Death \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: Name \_\_\_\_\_ DOB \_\_\_\_\_ Date of Death \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Decedent's Siblings** (attach separate sheet if more than four siblings)

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Death \_\_\_\_\_ # of Children \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Death \_\_\_\_\_ # of Children \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Death \_\_\_\_\_ # of Children \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Death \_\_\_\_\_ # of Children \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Trust Beneficiaries** (attach separate sheet if more than four beneficiaries)

\_\_\_\_\_  
Name Age Date of Death # of Children

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Name Age Date of Death # of Children

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Name Age Date of Death # of Children

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Name Age Date of Death # of Children

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**E. FINANCIAL SUMMARY** (Provide statements, titles, deeds, etc. for all assets)

**1. Assets**

	<u>Decedent</u>	<u>Spouse</u>	<u>Joint</u>
Checking Accounts	\$ _____	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____	\$ _____
Real Estate (residence)	\$ _____	\$ _____	\$ _____
Real Estate (other)	\$ _____	\$ _____	\$ _____
Real Estate (other)	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____

Money Market Accounts	\$_____	\$_____	\$_____
Stocks - (Not Held by Broker)	\$_____	\$_____	\$_____
Stocks - (Held by Broker)	\$_____	\$_____	\$_____
Bonds - (Not Held by Broker)	\$_____	\$_____	\$_____
Bonds - (Held by Broker)	\$_____	\$_____	\$_____
Mutual Funds	\$_____	\$_____	\$_____
Notes and Mortgages Receivable	\$_____	\$_____	\$_____
Business Interests	\$_____	\$_____	\$_____
Expected Inheritances	\$_____	\$_____	\$_____
Automobiles	\$_____	\$_____	\$_____
Jewelry & Collections	\$_____	\$_____	\$_____
Non-IRA Qualified Retirement Plans	\$_____	\$_____	\$_____
IRAs	\$_____	\$_____	\$_____
Life Insurance	\$_____	\$_____	\$_____
Annuities	\$_____	\$_____	\$_____
Other Assets	\$_____	\$_____	\$_____
<b>TOTALS</b>	\$_____	\$_____	\$_____

**2. Liabilities**

	<u>Decedent</u>	<u>Spouse</u>	<u>Joint</u>
Loans Real Estate (i.e., mortgages)	\$_____	\$_____	\$_____
Other Loans (e.g., home equity, etc.)	\$_____	\$_____	\$_____
Credit Card Debt	\$_____	\$_____	\$_____
Other Miscellaneous Debt	\$_____	\$_____	\$_____
<b>TOTALS</b>	\$_____	\$_____	\$_____

**F. DECEDENT'S ESTATE PLANNING INFORMATION**

Which, if any, estate planning document does the decedent have in place?

Will(s)    Trust(s)    Medical Power(s) of Attorney    Financial Power(s) of Attorney

**ATTACH COPIES OF THESE DOCUMENTS OR BRING THEM WITH YOU**

Does the decedent have a Safe Deposit Box?

\_\_\_ Yes      \_\_\_ No      With whom? \_\_\_\_\_

Did the decedent make any gifts within the three years before passing?

\_\_\_ Yes      \_\_\_ No

**G. DOCUMENT CHECKLIST (Please bring these documents to the initial meeting.)**

- Recent account statements for all assets
- Recent statements for all life insurance policies
- Deed(s), land contracts, mortgages and tax statements for all real estate
- Documents evidencing any business interests (i.e. - corporations, LLCs, etc.)
- Motor vehicle titles
- Estate planning documents (i.e. - wills, trusts, powers of attorney, etc)
- Letters of Authority (For court appointed guardians and/or conservators)
- Proof of liabilities, creditors, debts, and outstanding bills
- Proof of income and deductions
- Private health insurance coverage policies and recent statement
- Proof of identification, including drivers license, SS card and birth certificate
- Several certified copies of decedent's death certificate

**H. CERTIFICATION**

The information contained in this form is accurate and complete to the best of our knowledge, information, and belief, and we understand that the law firm will rely upon this information. We understand that if the information contained herein is inaccurate or incomplete, the services provided by the law firm may not be appropriate.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date