

# **Initial Trust Administration Questionnaire**

## **I. Decedent**

Decedent's Name:

Social Security Number:

Date of Death:

Time of Death:

Decedent's address:

County of Residence:

Age at death:

Date of birth:

Information on decedent's spouse (name, DOB, DOD):

## **II. Trust Information**

Name of Trust:

Date of Execution:

Date of Amendment(s):

Name and Address of Trustee:

Name and Address of Successor Trustees:

## **III. Trust Beneficiaries**

### *Beneficiary 1*

Name:

Address:

Phone:

Relationship to decedent:

*Beneficiary 2*

Name:

Address:

Phone:

Relationship to decedent:

*Beneficiary 3*

Name:

Address:

Phone:

Relationship to decedent:

*Beneficiary 4*

Name:

Address:

Phone:

Relationship to decedent:

**IV. Trust Assets.** Please provide balances and account ownership information (in trust, jointly owned, TOD, etc)

Bank Accounts:

Real Estate:

Investment Accounts:

Life Insurance:

Retirement Assets (401K, IRA, Roth):

Business Interests:

Personal Property:

Vehicles: