

**ESTATE AND TRUST LAW, PROFESSIONAL LAW CORPORATION**

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**TRUST ADMINISTRATION WORKSHEET**

Thank you for taking the time to complete this questionnaire. Much of the law firm's time can be spent discovering sufficient information to complete the volumes of legal and tax forms required to handle administration of a Trust estate. This questionnaire, admittedly lengthy, is designed to elicit all information needed. Your thorough completion may save substantial legal fees and costs by saving us from repeatedly contacting you or others for further information, or from researching public records to obtain the documents required.

**THE FOLLOWING QUESTIONS PERTAIN TO ESTABLISHMENT OF THE TRUST**

Name of Trust \_\_\_\_\_

Date Trust was executed \_\_\_\_\_

Name(s) of Trust Settlor(s), as they appear in the Trust \_\_\_\_\_

Names of Original Trustee(s), as the name(s) appear in the Trust \_\_\_\_\_

**THE FOLLOWING QUESTIONS PERTAIN TO THE CURRENT TRUSTEE(S)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if Different \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if Different \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**THE FOLLOWING QUESTIONS PERTAIN TO THE SETTLOR PERSONALLY**

Settlor's name as it appears in the Trust \_\_\_\_\_

All other names by which Settlor was ever known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Death, if applicable \_\_\_\_\_

U. S. citizen? (Y/N) \_\_\_\_ If not, what nationality? \_\_\_\_\_ If not, is/was the Settlor

a registered, resident Alien? (Asked for tax purposes only). (Y/N) \_\_\_\_\_

Residency in California established in \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

**THE FOLLOWING QUESTIONS PERTAIN TO THE CO-SETTLOR PERSONALLY**

Co-Settlor's name as it appears in the Trust \_\_\_\_\_

All other names by which Settlor was ever known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Death, if applicable \_\_\_\_\_

U. S. citizen? (Y/N) \_\_\_\_ If not, what nationality? \_\_\_\_\_ If not, is/was the Settlor a registered, resident Alien? (Asked for tax purposes only). (Y/N) \_\_\_\_\_

Residency in California established in \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

**OTHER ADVISORS**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if Different \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if Different \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

**ADDITIONAL ESTATE PLANNING DOCUMENTS**

Do you know of any Trust(s), Will(s), Codicil(s), notes, or correspondence reflecting the Settlor's testamentary intent, which are not already in our possession? (Y/N) \_\_\_\_ If so, please attach them.

Do you have any reason to question the validity of any Trust, Will or Codicil, or whether it accurately reflects the Settlor's intentions? \_\_\_\_\_

Do you know of anyone else who might question the validity of any Trust, Will or Codicil? (Y/N)\_\_\_\_\_. If yes, name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

If represented by an attorney, Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Briefly explain dispute \_\_\_\_\_

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

Do the Settlor(s) have, or have access to, a safe deposit box? (Y/N) \_\_\_\_\_

If yes, list the box(es) number(s), name of institution and address, and all names jointly held with Settlor(s):

Name of institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Box number \_\_\_\_\_ Joint name(s) \_\_\_\_\_

Name of institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Box number \_\_\_\_\_ Joint name(s) \_\_\_\_\_

**Family** - Please check all that apply:

Spouse. Name \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place: \_\_\_\_\_ U. S. Citizen? (Y/N) \_\_\_\_\_

Were there any pre- or post-nuptial agreements concerning the ownership of property between the spouses? (Y/N)\_\_\_\_ If yes, please attach copies; if not available, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ No spouse, as follows:

\_\_\_\_\_ Never married

Name of former spouse \_\_\_\_\_

Marriage terminated by Divorce (year) \_\_\_\_\_ Death (Date of Death) \_\_\_\_\_

Name of former spouse \_\_\_\_\_

Marriage terminated by Divorce (year) \_\_\_\_\_ Death (Date of Death) \_\_\_\_\_

\_\_\_\_\_ Children. \_\_\_\_\_ No Children (go to next page)

List all children [note if a stepchild or adopted]:

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

\_\_\_ Issue (children) of pre-deceased child(ren):

Deceased child's name: \_\_\_\_\_

List all names [note if a stepchild or adopted]:

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

If the Settlor has no living spouse or children, check the first two boxes that apply and list the names and addresses below:

\_\_\_ Parent(s)

\_\_\_ Issue (children) of deceased parents (full- or half brothers or sisters)

\_\_\_ Grandparent(s)

\_\_\_ Issue (children) of grandparent(s)

\_\_\_ Issue of a predeceased spouse?

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Please go through the Settlor's Will, Codicil, and any Trust documents. Are there any persons or entities (e.g., charities, banks) which are listed in these documents (whether as beneficiaries, executors, or trustees) whose names and addresses are not set forth above? (Y/N) \_\_\_\_\_

List all names [note if deceased]; if a charity or business entity, please provide the name and address of a contact person:

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (fax) \_\_\_\_\_

**THE FOLLOWING QUESTIONS PERTAIN TO THE SETTLOR'S ASSETS**

Please list here all assets owned by the Settlor personally or jointly with another. List below under "III, RETIREMENT PLANS" assets owned as an IRA, KEOGH, or other.

**Cash**

How much cash is in the house, purse, wallet, pocket, or other? \$ \_\_\_\_\_

List any foreign currency in Settlor's possession: \_\_\_\_\_

Check if any monies are due the Settlor, but unpaid, for:

- \_\_\_\_ Paycheck
- \_\_\_\_ Insurance claim refund
- \_\_\_\_ Medicare/Medi-Cal refunds
- \_\_\_\_ Checks payable but not cashed
- \_\_\_\_ Tax refund
- \_\_\_\_ Insurance premium refund
- \_\_\_\_ Utility refund

If applicable, describe the item and provide amount and contact information of payor:  
 Name \_\_\_\_\_ Amount \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Amount \_\_\_\_\_  
 Address \_\_\_\_\_

**Tangible Personal Property**

Please attach a copy of the "pink slips" (Certificates of Ownership) for all vehicles (automobiles, trucks, trailers, boats, airplanes) in which the Settlor has an ownership interest. Please list:

<u>Item</u>	<u>ID # (If No Pink Slip)</u>	<u>Joint Owner(s)</u>	<u>Approximate Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<u>Item</u>	<u>ID # (If No Pink Slip)</u>	<u>Joint Owner(s)</u>	<u>Approximate Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Approximate value of all jewelry owned by Settlor \$ \_\_\_\_\_  
 Please attach any appraisals done within the last five years.

Approximate value of furs or other specialized items of clothing owned by Settlor: \$ \_\_\_\_\_. Please attach any appraisals done within the last five years.

Does the Settlor own any articles of artistic, literary, or collectible value (other than jewelry or clothing) in excess of \$3,000? (Y/N) \_\_\_\_\_

If so, please attach any appraisals done within the last five years:

<u>Describe Item / Collection</u>	<u>Approx. Value</u>	<u>Year Last Appraised</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

In your best estimate, would the total remaining personal effects (excluding those listed above), and all furniture and furnishings, be valued greater than \$5,000? (Y/N) \_\_\_\_\_

If yes, please attach any appraisals done within five years.

If no, please estimate that if all these were sold at a neighborhood garage sale [a working definition of "fair market value" for this purpose], what would be the amount received for the total? \$ \_\_\_\_\_

Does the Settlor own any club memberships, franchises, copyrights, patents, or trademarks? (Y/N) If so, please attach any documentation, and describe below with an estimate of value:

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

**Closely held business interests.**

Describe any interest Settlor has or had in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., sole proprietorship, partnership, limited liability company, "c" corporation, "s" corporation, etc.), whether Settlor is or was active in its operations, and your estimate of its value. If it is a corporation, please indicate whether an "S election" is in force:

Name of business \_\_\_\_\_ Form of organization \_\_\_\_\_

Type of business (eg: manufacturing, service, etc) \_\_\_\_\_

Address and phone number \_\_\_\_\_

Which spouse is/was active in the business?

Husband \_\_\_ In what capacity? \_\_\_\_\_ Wife \_\_\_ In what capacity? \_\_\_\_\_

Current fair market value of the business \_\_\_\_\_

Estimated fair market value if Husband deceased or disabled \_\_\_\_\_

Estimated fair market value if Wife deceased or disabled \_\_\_\_\_

*Please bring all relevant documents, including partnership agreements, articles of incorporation, by-laws, buy-sell agreements, etc., to your initial interview.*

**Real Estate**

1. Personal residence.

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

Description (e.g., single family, condo, or similar description): \_\_\_\_\_

How did Settlor hold title? \_\_\_\_\_ FMV: \_\_\_\_\_

Mortgage Balance, if any \_\_\_\_\_ Equity \_\_\_\_\_ Mortgage life insurance? \_\_\_\_\_

Date of occupancy \_\_\_\_\_ or intended occupancy \_\_\_\_\_

2. Other personal residences or vacation homes:

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

How did Settlor hold title? \_\_\_\_\_ FMV: \_\_\_\_\_

Mortgage balance, if any \_\_\_\_\_ Equity \_\_\_\_\_ Mortgage life insurance? \_\_\_\_\_

Date of occupancy \_\_\_\_\_ or intended occupancy \_\_\_\_\_

3. Other investment real property:

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

How did Settlor hold title? \_\_\_\_\_ FMV: \_\_\_\_\_

Mortgage balance, if any \_\_\_\_\_ Equity \_\_\_\_\_ Mortgage life insurance? \_\_\_\_\_

Date of occupancy \_\_\_\_\_ or intended occupancy \_\_\_\_\_

4. Other investment real property:

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

How did Settlor hold title? \_\_\_\_\_ FMV: \_\_\_\_\_

Mortgage balance, if any \_\_\_\_\_ Equity \_\_\_\_\_ Mortgage life insurance? \_\_\_\_\_

Date of occupancy \_\_\_\_\_ or intended occupancy \_\_\_\_\_

*Please bring any and all documents relating to the above referenced real property, including, but not limited to, grant deeds, mortgage statements, second trust deeds, limited partnership agreements, promissory notes, and/or mortgage insurance policies.*

**Cash, cash deposits, and cash equivalents.** Who owns item:

(a) Checking accounts:

Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance

(b) Money Market accounts:

Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance

(c) Ordinary savings accounts:

Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance

(d) Certificates of deposit:

Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance

(e) Investment Accounts:

Name of Brokerage firm	Broker	Account number	Balance
Name of Brokerage firm	Broker	Account number	Balance
Name of Brokerage firm	Broker	Account number	Balance

(f) Short-term U.S. obligations (T-bills):

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*Please bring statements of accounts, passbooks, and certificates of deposit to initial interview.*



**Other Investment assets which are NOT held in Brokerage Accounts**

(a) Publicly traded stocks and corporate bonds.

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Entity	Number of shares	Value
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Name, address and phone number of Agent for Transfer

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Entity	Number of shares	Value
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Name, address and phone number of Agent for Transfer

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Entity	Number of shares	Value
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Name, address and phone number of Agent for Transfer

(b) Municipal bonds.

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Entity	Number of shares	Value
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Name, address and phone number of Agent for Transfer

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Entity	Number of shares	Value
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Name, address and phone number of Agent for Transfer

(c) Long-term U.S. Treasury Notes and Bonds

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Denomination	Number	Expiration Date	Value
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Denomination	Number	Expiration Date	Value
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(d) Limited partnership interests.

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Name	Value
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Name, address and phone number of Agent

(e) Other investments. Please describe the general nature and value of other investment interests, such as Promissory Notes held by the Settlor(s).

Investment \_\_\_\_\_ Type \_\_\_\_\_ Value \_\_\_\_\_

*Please bring bonds, stock certificates, and other investment documents.*

**Pension & profit-sharing plans, ESOPs, SEPs, etc.**

(a) Pension plans.

Name, address and phone number of Employer: \_\_\_\_\_

Type of Plan \_\_\_\_\_ Date vested: \_\_\_\_\_ Value \_\_\_\_\_

Name, address and phone number of administrator \_\_\_\_\_

Name, address and phone number of Employer: \_\_\_\_\_

Type of Plan \_\_\_\_\_ Date vested: \_\_\_\_\_ Value \_\_\_\_\_

Name, address and phone number of administrator \_\_\_\_\_

(b) Profit-sharing plans.

Name, address and phone number of Employer: \_\_\_\_\_

Employee \_\_\_\_\_ Type of Plan \_\_\_\_\_ Date vested: \_\_\_\_\_ Value \_\_\_\_\_

Name, address and phone number of administrator \_\_\_\_\_

Name, address and phone number of Employer: \_\_\_\_\_

Employee \_\_\_\_\_ Type of Plan \_\_\_\_\_ Date vested: \_\_\_\_\_ Value \_\_\_\_\_

Name, address and phone number of administrator \_\_\_\_\_

(c) Individual Retirement Accounts (IRAs).

Name of financial institution	Branch	Account number	Balance
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Name of financial institution	Branch	Account number	Balance
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Name of financial institution	Branch	Account number	Balance
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(d) Other tax-qualified employee benefit plan interests. Please provide pertinent information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Please bring current statements and other materials to your initial interview.*

**Annuities.**

Annuity company \_\_\_\_\_ Contract number \_\_\_\_\_ Current cash value \_\_\_\_\_  
Owner of policy \_\_\_\_\_ Primary Beneficiary(ies) \_\_\_\_\_  
Contingent beneficiary(ies) \_\_\_\_\_

Annuity company \_\_\_\_\_ Contract number \_\_\_\_\_ Current cash value \_\_\_\_\_  
Owner of policy \_\_\_\_\_ Primary Beneficiary(ies) \_\_\_\_\_  
Contingent beneficiary(ies) \_\_\_\_\_

Annuity company \_\_\_\_\_ Contract number \_\_\_\_\_ Current cash value \_\_\_\_\_  
Owner of policy \_\_\_\_\_ Primary Beneficiary(ies) \_\_\_\_\_  
Contingent beneficiary(ies) \_\_\_\_\_

**Life Insurance on Settlor's life.**

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_ Face amount \_\_\_\_\_  
Owner of policy \_\_\_\_\_ Primary Beneficiary(ies) \_\_\_\_\_  
Contingent beneficiary(ies) \_\_\_\_\_ Type of policy: Ordinary \_\_\_ Term/Group \_\_\_  
Current cash value \_\_\_\_\_ Loans \_\_\_\_\_ Accidental death benefits, if any: \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_ Face amount \_\_\_\_\_  
Owner of policy \_\_\_\_\_ Primary Beneficiary(ies) \_\_\_\_\_  
Contingent beneficiary(ies) \_\_\_\_\_ Type of policy: Ordinary \_\_\_ Term/Group \_\_\_  
Current cash value \_\_\_\_\_ Loans \_\_\_\_\_ Accidental death benefits, if any: \_\_\_\_\_

**Life insurance on Settlor's SPOUSE's life.**

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_ Face amount \_\_\_\_\_  
Owner of policy \_\_\_\_\_ Primary Beneficiary(ies) \_\_\_\_\_  
Contingent beneficiary(ies) \_\_\_\_\_ Type of policy: Ordinary \_\_\_ Term/Group \_\_\_  
Current cash value \_\_\_\_\_ Loans \_\_\_\_\_ Accidental death benefits, if any: \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_ Face amount \_\_\_\_\_  
Owner of policy \_\_\_\_\_ Primary Beneficiary(ies) \_\_\_\_\_  
Contingent beneficiary(ies) \_\_\_\_\_ Type of policy: Ordinary \_\_\_ Term/Group \_\_\_  
Current cash value \_\_\_\_\_ Loans \_\_\_\_\_ Accidental death benefits, if any: \_\_\_\_\_

**Life insurance owned by Settlor on the life of another.**

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_ Face amount \_\_\_\_\_  
Owner of policy \_\_\_\_\_ Primary Beneficiary(ies) \_\_\_\_\_  
Contingent beneficiary(ies) \_\_\_\_\_ Type of policy: Ordinary \_\_\_ Term/Group \_\_\_  
Current cash value \_\_\_\_\_ Loans \_\_\_\_\_ Accidental death benefits, if any: \_\_\_\_\_

*Please bring policies and other relevant correspondence with you to your initial consultation.*

**Powers of Appointment**

Does the Settlor have any power of appointment? (Y/N) \_\_\_\_\_

If so, please attach a copy of the document granting the power of appointment and describe the power given: \_\_\_\_\_

**Trusts** Please list each trust and attach copies of each trust agreement and current financial statements

**Tax Information**

1. Please attach copies of Settlor's Federal and State personal income tax returns for the last five years. If copies are not available, please provide the name, address, and telephone number of each person who prepared such income tax returns:

2. What is the estimated amount of Settlor's annual income from assets other than real Property? \$ \_\_\_\_\_

3. Have Federal Gift Tax Returns ever been filed? (Y/N) \_\_\_\_\_

If so, please attach copies of all returns filed. If copies are not available, please provide:

Gift Year	Amount	Property Given	Recipient Name/Address.	IRS Office Where Filed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Did the Settlor ever make gifts (over \$5,000) for which no gift tax returns were filed? (Y/N) \_\_\_\_\_ If so, please provide:

Gift Year	Amount	Property Given	Donor Name/Address.	Relationship to Settlor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any of these gifts were revocable, or were gifts made which took effect only upon death, or were gifts made in which the Settlor retained a life estate, please so note:

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

**Other Assets**

If the Settlor owns, or has an interest or expectation in, any other assets not listed anywhere above, please describe:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Asset Ownership Disputes**

For all the assets listed above, whether for the Settlor personally or for any retirement or other plan, are there any assets of which you might expect another to claim ownership -- other than assets owned in joint tenancy or community property? (Y/N) \_\_\_\_\_

For all the assets listed above, whether for the Settlor personally or for any retirement or other plan, are there any assets which you believe the Settlor owned or in which Settlor had an ownership interest, and in which you expect another may contest or dispute such ownership? (Y/N) \_\_\_\_\_

If either are true, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SETTLOR'S LIABILITIES +**

**Contracts Pending**

Has the Settlor entered into a contract which the Settlor still needs to perform (e.g., a contract to sell real property for which escrow had not yet closed, a subscription agreement, or oral agreement to sell an automobile)? (Y/N) \_\_\_\_\_

If so, please describe, giving the names and addresses of all relevant parties, as well as the agreed-upon consideration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mortgages, Notes, Trust Deeds**

Please list below any Notes the Settlor owes, and attach copies of each Note, mortgage agreement, trust deed, UCC financing statement, or other security instrument. Any mortgages encumbering property owned by the Settlor will normally be listed above where the real property is listed as an asset. However, if not listed there, please list below.

<u>Date of Note</u>	<u>Maker (Debtor)</u>	<u>Principal</u>	<u>Now Due</u>	<u>Int. %</u>	<u>Terms</u>	<u>Secured?</u>
_____	_____	\$ _____	_____	_____%	_____	_____
_____	_____	\$ _____	_____	_____%	_____	_____
_____	_____	\$ _____	_____	_____%	_____	_____

For all charge accounts, utility bills, tax bills, and other bills due but unpaid please provide copies of each bill. For any copy not available, please provide the following:

Company Name & Address	Acct. #	Principal Balance	Payment Due
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Has the Settlor made a formal pledge, or written or oral promise, to a charitable, religious, or non-profit organization for donations(s) which has not been fulfilled? (Y/N) \_\_\_\_\_  
If so, please list the amount of the pledge or promise, the date made, the name and address of the organization, whether there are any writings (e.g., letters, notes) reflecting the promise (and attach copies), and whether you feel a contribution should still be made:

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

Does the Settlor owe anyone a debt or loan which was not written in a formal Note? (Y/N) \_\_\_\_\_  
If yes, please list the amount of the loan, the name and address of the debtor, the agreement with the debtor concerning repayment, and whether there are any writings (e.g., letters) reflecting the loan: \_\_\_\_\_

\_\_\_\_\_

If any of the above debts, bills, and liabilities were jointly owed by another person (including a spouse), please list the item and the name of the person jointly liable and that person's percentage share: \_\_\_\_\_

\_\_\_\_\_

If you have any other reason not already listed above to believe that any of the debts, bills, and liabilities should not be paid in full, please explain: \_\_\_\_\_

\_\_\_\_\_

Is the Settlor a guarantor or co-signor on any loan or debt of another? (Y/N) \_\_\_\_\_  
If so, please explain and attach copies of loan or guarantee documents: \_\_\_\_\_

\_\_\_\_\_

### **ADDITIONAL INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained herein is true and correct to the best of my knowledge and belief of all relevant facts and circumstances.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

## **DOCUMENTS TO BE FURNISHED BY CLIENT**

**Please bring any of the following documents that apply to you to your initial interview:**

1. Deed(s) showing legal description to the Settlor(s)' home and/or other real property owned by the Settlor(s);
2. Recent statement or cover sheet from bank(s), savings and loans and savings certificates held by the Settlor(s);
3. Corporate stock certificates and/or bonds;
4. Recent statement(s) from investment broker(s);
5. Copy of any pension or retirement programs, or employment related investment programs in which Settlor(s) may be involved;
6. Life insurance policies with statements of loans against same;
7. Partnership agreements for any partnerships in which Settlor(s) may be involved;
8. Corporate documents, by-laws, etc., for any corporation in which Settlor(s) may be involved as an officer;
9. Copy of current trust, will(s), durable powers of attorney, living will(s);
10. Copy of any Marital property or Pre-Nuptial agreements signed by Settlor(s);
11. Copy of any other relevant agreements or any other information that will help establish net worth and income.

**All of your documents will be returned to you at the conclusion of your initial interview.**