

Trust and Estate Administration Questionnaire

Your Name(s): _____ Date: _____

Address: _____

Billing Address (if different from above): _____

Phone: _____ Birth Date(s): _____

Last 4 digits of Social Security Number(s): _____

Email(s): _____

Preferred method of contact? email phone

Would you like to receive our electronic newsletters?

- Elder Law Newsletter
- Estate Planning Newsletter
- Special Needs Newsletter

Referred by:

- Attorney Name: _____
- Accountant Name: _____
- Financial Planner Name: _____
- Senior Program Program Name: _____
- Medical Provider Name: _____
- Friend/Family Name: _____
- Website
- Yellow Pages
- Radio/TV
- Other Please Explain: _____

INFORMATION ABOUT THE DECEDENT:

Full Name: _____

Address: _____

Date of Birth: _____ Last 4 digits of Social Security Number: _____

Date of Death: _____ Location of Death (City, County, State): _____

Year decedent became a resident of Oregon: _____

 Did the decedent have a Will? yes no Did the decedent have a Trust? yes no

 Have you ordered a death certificates? yes no

Name, address and telephone number of the decedent's CPA: _____

Did the decedent have a safe deposit box? If so, where? _____

Please bring to your appointment:

- Death certificate
- Will / Revocable Living Trust / other estate planning documents
- Copies of statements nearest in time to date of death (bank accounts, investment accounts, retirement accounts, etc.)
- Recent statements (bank accounts, investment accounts, retirement accounts, etc.)
- Most recent property tax statements

INFORMATION ABOUT THE BENEFICIARIES:

Please list all beneficiaries (anyone named in a will or trust) and heirs (next of kin).

Name	Address	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECEDENT'S ASSET INFORMATION:

The approximate value of the estate is: \$ _____

Please note: you do not need to include information about any asset for which you have provided a statement. (only list assets not otherwise addressed.)

Real Estate

Property Location	Ownership (jointly held?)	Mortgage Balance	Purchase Price	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank Accounts

Financial Institutions	Account No. (last 4 digits)	Account Type	Ownership (joint / payable on death)	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Property: please list any significant item of personal property such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc., below.

Item	Ownership	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Interests: please list any interest in a closely-held business entity.

Business Name and Type (Corp, Pship, LLP, LLC, etc.)	% of Ownership	Basis	Operating Agreements	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retirement Accounts: please list any annuities, 401(k)s, IRAs, profit sharing plans, Keogh plans, pension plans, or other deferred compensation arrangements.

Retirement Account / Plan	Owner	Beneficiary	Contingent Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investment Accounts (Non-Retirement)

Financial Institutions	Account No. (last 4 digits)	Account Type	Ownership (joint / payable on death)	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Securities (Non-Retirement): please list any investment accounts, bonds, mutual funds, stocks, or other securities and that have not already been included in the accounts listed above:

Company / Issuer	Quantity	Ownership (joint / payable on death)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance/Annuities:

Company	Owner / Insured	Beneficiary	Contingent Beneficiary	Death Benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____