



SILVERMAN LAW OFFICES
estate & business attorneys

**TRUST ADMINISTRATION
INTAKE QUESTIONNAIRE**
(Confidential)

*Prior to the initial consultation, please send the completed questionnaire to
clientservices@silvermanlawpc.com*

ESTATE QUESTIONNAIRE

Full legal name of person completing questionnaire _____
First Middle Last

Relationship to decedent _____

Home address _____

City _____ County _____ State _____ Zip _____

Mailing address (if different from home address) _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

DECEDENT'S PERSONAL INFORMATION

Decedent's full legal name _____
First Middle Last

Also known as/nickname _____

City, state, and county of death _____

Date of birth ___/___/___ Date of death ___/___/___ Social Security number ____ - ____ - ____

U.S. Citizen? Yes No: citizenship _____

Permanent address at death _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

Employer _____ Occupation _____

Business address _____

City _____ County _____ State _____ Zip _____

Married (marriage date) ___/___/___ Divorced (divorce date) ___/___/___

Widowed Single Life partner

Was decedent in the military? Yes No

Branch and dates of service _____

Veteran's Administration ID number _____ Military ID number _____

DECEDENT'S SPOUSE INFORMATION

Spouse's full legal name _____
First Middle Last

Also known as/nickname _____

Date of birth ___/___/___ Date of death ___/___/___ Social Security number ____ - ____ - ____

U.S. Citizen? Yes No: citizenship _____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

Employer _____ Occupation _____

DECEDENT'S CHILDREN INFORMATION

Child 1 Full legal name _____
First Middle Last

Also known as/nickname _____

Date of birth ___/___/___ Date of death ___/___/___ Social Security number ____ - ____ - ____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____

Beneficiary? Yes No

Other information (disability, addiction, other) _____

Does Child 1 have children? (If yes, list names) _____

Child 2 Full legal name _____
First Middle Last

Also known as/nickname _____

Date of birth ___/___/___ Date of death ___/___/___ Social Security number ____ - ____ - ____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____

Beneficiary? Yes No

Other information (disability, addiction, other) _____

Does Child 2 have children? (If yes, list names) _____

Child 3 Full legal name _____
First Middle Last

Also known as/nickname _____

Date of birth ___/___/___ Date of death ___/___/___ Social Security number ____ - ____ - ____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____

Beneficiary? Yes No

Other information (disability, addiction, other) _____

Does Child 3 have children? (If yes, list names) _____

Child 4 Full legal name _____
First Middle Last

Also known as/nickname _____

Date of birth ___/___/___ Date of death ___/___/___ Social Security number ____ - ____ - ____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____

Beneficiary? Yes No

Other information (disability, addiction, other) _____

Does Child 4 have children? (If yes, list names) _____

Child 5 Full legal name _____
First Middle Last

Also known as/nickname _____

Date of birth ___/___/___ Date of death ___/___/___ Social Security number ____ - ____ - ____

Home address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone number _____

Beneficiary? Yes No

Other information (disability, addiction, other) _____

Does Child 5 have children? (If yes, list names) _____

**Attach additional sheets if necessary.*

DECEDENT'S ESTATE PLAN INFORMATION

Date and location of decedent's Last Will and Testament _____

Name, date, and location of decedent's Revocable Living Trust Agreement _____

Personal Representative information

Full legal name _____
First Middle Last

Relationship to decedent _____

Home address _____

City _____ County _____ State _____ Zip _____

Mailing address (if different from home address) _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

Employer _____ Occupation _____

Trustee information

Full legal name _____
First Middle Last

Relationship to decedent _____

Home address _____

City _____ County _____ State _____ Zip _____

Mailing address (if different from home address) _____

City _____ County _____ State _____ Zip _____

Email _____

Home number _____ Mobile number _____ Work number _____

Employer _____ Occupation _____

DECEDENT'S ADVISOR INFORMATION

Attorney's name _____ Phone number _____

Life insurance agent's name _____ Phone number _____

Accountant's name _____ Phone number _____

Financial advisor's name _____ Phone number _____

Banker's name _____ Phone number _____

IMPORTANT INFORMATION

Please select Yes, No, or Unknown for each question	Yes	No	Unknown
Was decedent subject to any guardianship or conservatorship before death?			
Did decedent ever live in any of the following states while married: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?			
Is decedent a named beneficiary in anyone's trust? If yes, please explain in the Additional Information section below.			
Did decedent and spouse sign a prenuptial or postnuptial agreement? If yes, please attach a copy.			
Was decedent making payments pursuant to a divorce or property settlement agreement at death? If yes, please attach a copy.			
Was decedent (or spouse) receiving social security, disability, or other governmental benefits?			
Is decedent widowed? If yes, and a federal estate tax return or state death tax return was filed, please attach a copy.			
Do any of decedent's children have special educational, medical, or physical needs?			
Does decedent's spouse, or do any of decedent's children, receive governmental support or benefits?			
Did decedent provide primary or other financial support to adult children or other dependents at death? If yes, please specify in the Additional Information section below.			
Was decedent party to any litigation at the time of death?			
Was decedent in control of decedent's financial affairs before death? If no, who was in control?			
Would anyone assert that decedent was subject to undue influence relating to decedent's financial or personal matters?			

Additional Information _____

PROPERTY INFORMATION

The following pages of this questionnaire guide you to list all property decedent owned, indicate how the property is titled, and provide the property value. You may list any additional property on a separate sheet of paper. Each category of property covers the following information:

Type

Describes the specific types of property in each section

Evidence of title

Indicates the type of document needed to provide evidence of title to the property

Owner

Specifies how decedent owned the property. It is extremely important that this be accurate. For each property, please indicate how the property is titled by using the abbreviations below. (Note: if you do not know how title is held, please use "?".)

Owner of Property	Abbreviation
Decedent only; no other person	D
Decedent jointly with right of survivorship with spouse	JT-S
Decedent jointly with right of survivorship with nonspouse	JT-NS
Decedent community property*	CP
Decedent as tenant in common with someone else	TIC
Revocable Trust	RLT
Irrevocable Trust	IRT
Unsure how property is owned	?

**Community property only applies if property was earned or acquired after marriage and before separation while living in one of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.*

INVESTMENT ACCOUNTS (BROKERAGE ACCOUNTS AND MUTUAL FUNDS)

Type

Money market (MM), brokerage (B), mutual fund (MF), cash management (CM), other

Evidence of title

Account statement or document signed to create account

Institution name	Account number and type	Owner	Date of death balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			TOTAL \$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

Type

Term, whole life, variable, universal, group life, accidental death and dismemberment, long-term care with death benefit, and annuity policies

Evidence of title

Account statement or document signed to create policy

Company name and policy number	Type	Owner	Beneficiary	Date of death value (death proceeds)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			TOTAL \$ _____	

OTHER ASSETS

Type

Other property not covered by the above categories including assets over which decedent had a power of appointment

Evidence of title

Varies

Description and type

Date of death value

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ _____

LIABILITIES

Type

Bill, credit card, lease, mortgage, loan, medical, taxes, and other monies owed by decedent (including bonds)

Evidence of title

Invoice, statement, rental agreement, mortgage, promissory note, written contract, or signed document creating payable obligation

Creditor name

Type

Account number

Original amount

Amount outstanding

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL \$ _____ **\$** _____

VALUE SUMMARY

Please total all values from the above categories. For jointly owned assets, enter half in the decedent's column and half in the spouse's column.

Category	Decedent	Spouse	Total date of death value
Real Property	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____
Investment Accounts	\$ _____	\$ _____	\$ _____
Life Insurance Policies and Annuities	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Oil, Gas, and Mineral Rights	\$ _____	\$ _____	\$ _____
Money Owed to Decedent	\$ _____	\$ _____	\$ _____
Crypto Assets	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Liabilities	(\$ _____)	(\$ _____)	(\$ _____)
		VALUE SUMMARY TOTAL	\$ _____

Additional Information (attach additional sheets if necessary)

SIGNATURE OF PERSON COMPLETING QUESTIONNAIRE

(if signature of person completing questionnaire is required)

I affirm that the information contained in this questionnaire is true to the best of my knowledge.

Date: _____ Signed: _____

Printed name: _____