SILVERMAN LAW OFFICES
estate & business attorneys

4450 S. Rural Road, Suite C-120 Tempe, Arizona 85282

Trust Administration Intake Form

Decedent Information

Name: ____
Gender: ❑male ❑female Social Security Number:_____-_____-_____
Birth date: __________________Death date: __________________Age: _________
Marital status: ❑single ❑married
Street address: ____
____
Mailing address (if different): ____
____

Surviving Spouse/Trustee Information

Name: ____
Gender: ❑male ❑female Social Security Number:_____-_____-_____
Birth date: __________________Death date: __________________Age: _________
Marital status: ❑single ❑married
Street address: ____
____
Mailing address (if different): ____
____
Phone number: ________________ Email: ______________________________

Please completed only if Probate *may* be necessary
Race: ___________________Height:_______________Weight:__________________

Hair Color: _______________Eye Color: ____________

Qualification to apply/serve:

Nominated ❑in the will ❑under a power conferred by the will
Is Decedent's ❑spouse ❑child ❑heir/devisee ❑sibling ❑parent
❑other: ____

Status: ❑will serve as Personal Representative ❑will nominate another to serve

Beneficiaries/Children (make additional copies as needed)

Name: ______________________________________❑male ❑female
Relationship to Decedent: ❑spouse ❑child ❑beneficiary ❑other: ______________
____
Legal status: ❑adult ❑minor ❑trust Birth date (if minor): ______________

Street address: ____
____
Mailing address (if different): __________________________________

Phone number: ____________ Email: ________________________

Name: ______________________________________❑male ❑female
Relationship to Decedent: ❑spouse ❑child ❑beneficiary ❑other: ______________
____
Legal status: ❑adult ❑minor ❑trust Birth date (if minor): ______________

Street address: ____
____
Mailing address (if different): __________________________________

Phone number: ____________ Email: ________________________

Name: ______________________________________❑male ❑female
Relationship to Decedent: ❑spouse ❑child ❑beneficiary ❑other: ______________
____
Legal status: ❑adult ❑minor ❑trust Birth date (if minor): ______________

Street address: ____
____
Mailing address (if different): __________________________________

Phone number: ____________ Email: ________________________

Name: ______________________________________❑male ❑female
Relationship to Decedent: ❑spouse ❑child ❑beneficiary ❑other: ______________
____
Legal status: ❑adult ❑minor ❑trust Birth date (if minor): ______________

Street address: ____
____
Mailing address (if different): __________________________________

Phone number: ____________ Email: ________________________

Financial Advisors/Professional Financial Consultants (make additional copies as needed)

Name: ____
Type of Advisor: ❑CPA ❑ Tax Professional ❑Financial Advisory ❑Insurance Agent ❑other: ____
____

Street address: ____
____
Mailing address (if different): ____

Phone number: ________________ Email: ______________________________

Name: ____
Type of Advisor: ❑CPA ❑ Tax Professional ❑Financial Advisory ❑Insurance Agent ❑other: ____
____

Street address: ____
____
Mailing address (if different): ____

Phone number: ________________ Email: ______________________________

Name: ____
Type of Advisor: ❑CPA ❑Other Tax Professional ❑Financial Advisory ❑Insurance Agent ❑other: ____
____

Street address: ____
____
Mailing address (if different): ____

Phone number: ________________ Email: ______________________________

Name: ____
Type of Advisor: ❑CPA ❑ Tax Professional ❑Financial Advisory ❑Insurance Agent ❑other: ____
____

Street address: ____
____
Mailing address (if different): ____

Phone number: ________________ Email: ______________________________

AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS TO SILVERMAN LAW OFFICES

I, the undersigned as Trustee of the ____________________________ Trust, hereby give my consent as said trustee ____________________________, to and authorize decedent's Financial Advisor, Insurance Professional, CPA/Accountant, Stockbroker, Stock Transfer Agent, or Banker to release to my attorneys, Silverman Law Offices, any and all information regarding financial investments, taxes, stock holdings, bonds, certificates of deposit, bank accounts, tax returns, retirement accounts, pension plans, or any other related document(s).

I, the undersigned as Trustee, hereby release decedent's Financial Advisor, Insurance Professional, CPA/ Accountant, Stockbroker, Stock Transfer Agent, or Banker from any liability for releasing the above referenced information to Silverman Law Offices in reliance on this consent.

LIMITED RELEASE OF ATTORNEY/CLIENT PRIVILEGE

I, the undersigned as Trustee, hereby give my consent to and authorize my attorneys, Silverman Law Offices, whose address is 4450 S. Rural Rd., Suite C-120, Tempe, AZ 85282, to release to decedent's Financial Advisor, Insurance Professional, CPA/Accountant, or Stockbroker, any and all information regarding the decedent's estate plan, including any Trusts, Will, letters, contracts, drawings, funding documents, affidavits, powers of attorney, or any other document used in the preparation the decedent's estate plan, that my attorneys deem necessary and appropriate.

I, the undersigned as Trustee, understand that any and all communications between me and my attorneys, Silverman Law Offices, and me are privileged and protected from disclosure by the attorney/client relationship. I also understand that I am in no way obligated to waive my right to attorney/client privilege.

I hereby release Silverman Law Offices from any liability for releasing the above referenced information to the decedent's Financial Advisor, Insurance Professional, CPA/Accountant, or Stockbroker in reliance on this consent.

I HAVE READ THE FOREGOING AUTHORIZATIONS FOR RELEASE OF INFORMATION AND RECORDS AND DO VOLUNTARILY SIGN THESE DOCUMENTS.

____________________________________ ______________________, 20___

Client Date

STATE OF ARIZONA)
) ss.
COUNTY OF MARICOPA)

Subscribed, sworn to and acknowledged before me by __________________this ______________________, 20___.

____

Notary Public

My Commission Expires:

Assets

There are generally three different categories of assets in decedent's estates. They include assets that are solely owned by the decedent, not jointly held with another person, and not payable on death. An example is solely owned real estate. An asset that is jointly held with another person would include joint tenancy assets, which could be real estate or other, such as brokerage accounts. The third category are assets which are automatically payable on death, which would usually include life insurance, retirement plans, and sometimes brokerage accounts.

For the purpose of our investigation, please include all assets, no matter how held, as long as wholly or partially in the decedent's name. We will discuss with you how those assets fit into the picture.

The best way to provide information on assets is to provide copies (via scan/email, fax or mail) of title documents such as deeds to real estate, bank account statements, investment account statements, business interests etc. Here are the general categories of assets that we usually find involved in estates:

Real Estate, including timeshares

Bank accounts

Investment (brokerage) accounts

Life Insurance

Retirement Plans

Business interests

ATTORNEY CHECK LIST

I have obtained:

- ❑ Completed Trust Administration Intake Form
- ❑ Original Death Certificate
- ❑ Financial/Bank Statement(s)
- ❑ Signed SS-4
- ❑ Other: ____
- ❑ Other: ____
- ❑ Other: ____