

Confidential Trust Worksheet: Post-Death Administration



Date: _____

Instructions: Please complete and return to us before your consultation and call **616-777-5291** if you have any questions.

Mail: 3083 Washington Avenue SW, Suite A, Grandville, MI 49418
 Fax: 800-609-5298
 Email: info@EystoneLawOffices.com

The information requested in this questionnaire is critical to administer the administration of your loved one's trust in accordance with your loved one's wishes and applicable law. We refer to your loved one as "the grantor" below.

Please do your best to gather as much of the requested information as you can. We will rely on your responses as to title ownership, beneficiary designation, and value, so please be as accurate as you can. You may not know the answer to some of the questions, but please indicate the name and contact information of who may have the information. Some information requested may not apply to you. Use additional pages if needed.

Section 1: Documents Needed

- Certified Copy of Death Certificate, if issued (obtain from funeral home)
- Trust Agreement with all current and prior amendments and restatements
- Last Will and Testament, if any
- Most Recent Statements / Deeds / Titles for Assets Listed Below
- Most Recent Tax Return of the Grantor
- Business / Loan Agreements, if any

Section 2: Grantor Information

Grantor Information	<i>Name:</i>	
	<i>Also Known As:</i>	
	<i>U S Citizen:</i> <input type="checkbox"/> Yes <input type="checkbox"/> Other:	
	<i>Address:</i>	
	<i>County:</i>	<i>Social Security #:</i>
	<i>Date of Birth:</i>	<i>Place of Birth:</i>
	<i>Date of Death:</i>	<i>Time of Death:</i>

Marriage	<i>Surviving Spouse:</i>	<i>Deceased/Ex-Spouse:</i>
	<i>Spouse DOB:</i>	<i>Date of Divorce:</i>
	<i>Date of Marriage:</i>	<i>Date of Spouse Death:</i>

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Section 3: Trustee / Co-Trustee Information

The Trustee is the person named in the Trust as such. If Co-Trustees are named, please attach an additional sheet with the other co-Trustee's information. The Trustee or Co-Trustee will manage the grantor's final affairs, report to the beneficiaries and the court (if necessary), deal with creditors, and distribute the assets.

Required Information	<i>Name:</i>		<i>Email:</i>		
	<i>Street:</i>		<i>Phone:</i>		
	<i>City:</i>		<i>State:</i>	<i>Zip:</i>	
	<i>Social Security #:</i>		<i>Date of Birth:</i>		
	<i>Relationship to Grantor:</i>				

Section 4: Children / Beneficiaries

Please provide information about the children of the grantor and any other people named in the grantor's Trust as beneficiaries. If the grantor had no children, please provide information about the living grantor's parents and siblings. Please attach additional sheets if there is not enough room below.

Name	Address	Phone	DOB (under 18)	Relationship

Section 5: Questions or Issues to Raise in Consultation

Please indicate any questions or special concerns that you have about estate administration, the grantor's assets, or any of the beneficiaries (use additional sheets if needed):

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Section 6: Assets and Liabilities (Attach Additional Pages as Needed)

Real Estate	<i>Residence Co-Owner/Beneficiary (if any):</i>		<i>Market Value (\$):</i>	
	<i>Street:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
	<i>Cottage Co-Owner/Beneficiary (if any):</i>		<i>Market Value (\$):</i>	
	<i>Street:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
	<i>Time Share Co-Owner/Beneficiary (if any):</i>		<i>Market Value (\$):</i>	
	<i>Street:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>

Bank Accounts/CDs	<i>Bank Name:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>
	<i>Bank Name:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>
	<i>Bank Name:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>

Business Interests	<i>Company Name:</i>	<i>% Interest:</i>
	<i>Company Owner:</i>	<i>Value of Interest (\$):</i>
	<i>Company Name:</i>	<i>% Interest:</i>
	<i>Company Owner:</i>	<i>Value of Interest (\$):</i>

Retirement Accounts	<i>Brokerage Firm:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>
	<i>Brokerage Firm:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>
	<i>Brokerage Firm:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>

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Non-Retirement Accounts	<i>Brokerage Firm:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>
	<i>Brokerage Firm:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>
	<i>Brokerage Firm:</i>	<i>Account Type:</i>
	<i>Account Owner:</i>	<i>Amount (\$):</i>

Life Insurance / Annuities	<i>Company:</i>	<i>Beneficiary:</i>
	<i>Insured / Owner:</i>	<i>Death Benefit:</i>
	<i>Company:</i>	<i>Beneficiary:</i>
	<i>Insured / Owner:</i>	<i>Death Benefit:</i>
	<i>Company:</i>	<i>Beneficiary:</i>
	<i>Insured / Owner:</i>	<i>Death Benefit:</i>

Asset Type	Description	Value
<i>Safe Deposit Box: - Location and contents</i>		\$
<i>Household furnishings:</i>		\$
<i>Collections:</i>		\$
<i>Autos:</i>		\$
<i>Boats:</i>		\$
<i>Money Owed to Grantor:</i>		\$

Section 7: Debts Owed by Grantor (Mortgages / Credit Cards / Auto Loans, etc.)

Owed To	Monthly Payment	Maturity Date	Total Amount
	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____

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Section 8: Additional Questions about Grantor / Spouse	Yes	No	?
(Please check "Yes" or "No" or "?" if you do not know)			
Was grantor (or spouse) receiving social security, disability, or other governmental benefits? - Describe _____			
Was grantor (or spouse) making payments pursuant to a divorce or property settlement order? - Please furnish a copy			
If grantor was married, did the grantor and spouse sign a pre-nuptial or post-marriage agreement? - Please furnish a copy.			
Has grantor been widowed? - If a federal estate tax return or a state death tax return was filed, please furnish a copy.			
Did grantor ever file federal or state gift tax returns? - Please furnish copies of these returns.			
Was grantor party to other trusts, business buy-sell or stock purchase agreements or other estate planning? - Please furnish copies of these documents.			
If married, did grantor ever live in any of the following states while married to each other? - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin			
Is grantor named a beneficiary of anyone else's undistributed trust or will? - If so, please explain below.			
Does grantor's spouse or any of grantor's children have special learning, medical, or physical needs?			
Do any of grantor's children receive governmental support or benefits?			
Did grantor provide primary or other major financial support to adult children or others?			
Was grantor subject to guardianship or conservatorship prior death?			
Was grantor in control of his or her financial and personal affairs prior to death? - If not, who was in control? _____			
Was grantor the party to any litigation at the time of death?			
Were grantor's relationships with his or her family good and harmonious prior to death?			
Are you aware of any person who might assert that the grantor was, prior to his or her death, subjected to undue influence in the exercise of financial or personal matters?			