

**TRUST ADMINISTRATION QUESTIONNAIRE**  
**SUCCESSOR TRUSTEE, TRUSTOR RESIGNED OR INCAPACITATED**

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

**I. CLIENT INFORMATION:**

Client's Name (full name): \_\_\_\_\_

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

Telephone No: \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**II. TRUSTOR'S INFORMATION:**

Trustor's Name (full name): \_\_\_\_\_

Date of Resignation or Incapacity: \_\_\_\_\_

County/State of Residence: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Deceased Spouse: Yes  No  Deceased Spouse's Name: \_\_\_\_\_

Deceased Spouse's DOD: \_\_\_\_\_ SSN: \_\_\_\_\_

**A/B Trust?** Yes  No  Was B Trust Funded? Yes  No

Was a Trust Amended: Yes  No

**Disclaimer Trust?** Yes  No  Was any property disclaimed? Yes  No  Was Disclaimer Trust Funded? Yes  No  Was a Trust Amended: Yes  No

**Children:** Was a Trust Amended: Yes  No

<u>Children's Names</u>	<u>Natural</u>	<u>Adopted</u>	<u>Stepchild</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Deceased Children? Yes  No

If yes, please provide name(s) and date(s) of death: \_\_\_\_\_

\_\_\_\_\_ **III.**

**ESTATE PLANNING:**

Trust: Was a Trust Amended: Yes  No

Name of Trust: \_\_\_\_\_ Dated: \_\_\_\_\_

**AMENDMENTS:** Yes  No

Dates of Amendments: \_\_\_\_\_

Special Needs Provision? Yes  No

**TRUSTEE/EXECUTOR:**

Named Trustees: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Will:** Yes  No

**Power of Attorney?** Yes  No

Named Agent(s): 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Advanced Health Care Directive:** Yes  No

Named Agent(s): 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IV. ASSETS:**

- Real Property: Yes  No

Address (es): 1.

2.

3.

- Bank Accounts: Yes  No

List Information (financial institution, title ownership of account, balance):

- Stocks: Yes  No  \_\_\_\_\_
- Bonds: Yes  No  \_\_\_\_\_
- Certificates of Deposit: Yes  No  \_\_\_\_\_
- Mutual Funds: Yes  No  \_\_\_\_\_
- Securities: Yes  No  \_\_\_\_\_
- Life Insurance: Yes  No  \_\_\_\_\_
- Retirement and other employee benefits, i.e., IRAs, 401Ks: Yes  No

\_\_\_\_\_  
Promissory notes, copyrights, patents, mineral rights Business Interests: Yes  No

- Expected inheritance: Yes  No  \_\_\_\_\_
- Vehicles: Yes  No  \_\_\_\_\_
- Tangible personal property of significant value (jewelry, art, antiques, coins, furs, coins, rare books):

Yes  No  \_\_\_\_\_

• Past gifts of Decedent: Yes  No  \_\_\_\_\_

**V. DISPOSITION OF ESTATE:**

**VI. OTHER INFORMATION:**

Is there a "no contest" clause in the Will or Trust? Yes  No

**VII. POSSIBLE DISPUTES**

Describe: