

TRUST ADMINISTRATION INFORMATION

In order to administer your trust, we will need the following information:

1. A certified copy of the death certificate.
2. Copy of the will and entire trust.
3. Full name, date of birth, date of death, Social Security number, and residence address at date of death of decedent. Place of decedent's death if other than home.
4. Name, address, date of birth and social security number for spouse and each of decedent's children, including date of death of any deceased child(ren).
5. Name and address of two friends or family members who can attest they knew decedent and decedent's family (for Affidavit of Death & Heirship).
6. Are there any special needs children or grandchildren? Please list.
7. Was the decedent receiving Medicaid benefits at the time of death?
8. List of life insurance policies that decedent owned and policies on which decedent was the named insured, including company name and address, amount of insurance and name of beneficiary(ies).
9. List all checking, savings and other bank account. Include name(s) on each account, account number, and balance as of date of death.
10. List all other investments owned by decedent, or by decedent and decedent's spouse in community, including mutual funds, stocks, bonds, brokerage accounts, etc. Include name(s) on each account, account number, and balance as of date of death.
11. Identify each titled vehicle owned by decedent or decedent and spouse. Include make, model, VIN, how titled.
12. Identify each piece of real estate owned by decedent or decedent's spouse in community. Provide copy of Act of Sale and fair market value for each piece. Are there any mortgages?
13. List all retirement accounts owned by decedent at the time of death. Include name and address of the plan administrator, account number, value as of the date of death and beneficiary(ies).
14. List all other assets owned by decedent, or by decedent and spouse in community, on the date of death.
15. List all debts of decedent on the date of death. Include funeral bills, maintenance of decedent's property since death, and out-of-pocket expenses of last illness (e.g. pharmacy, sitters, nurses).
16. Please provide a copy of decedent's last Federal and State Income Tax returns, as well as an estimate of the present year's income taxes.