

# TRUST ADMIN/PROBATE DEPARTMENT

## Personal and Financial Information

All information contained in this form is confidential  
and protected by attorney-client privilege.

Name of Decedent: \_\_\_\_\_ DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Death Certificate Provided: Yes \_\_\_ No \_\_\_

Spouse (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_ DOD (if applicable) \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**Referred to us By:** Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
**Contacts:** Financial Advisor \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
Accountant \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
Funeral Home \_\_\_\_\_ Phone: \_\_\_\_\_

### **EXISTING ESTATE PLANNING:**

Will  Yes  No Date Executed: \_\_\_\_\_  
Trust  Yes  No Date Executed: \_\_\_\_\_

Does decedent have children?  Yes  No How Many? \_\_\_\_\_  
Please specify:  Joint  You  Spouse  
 Adopted  Foster Child

Does decedent have grandchildren?  Yes  No How Many? \_\_\_\_\_  
Please specify:  Joint  You  Spouse  
 Adopted  Foster Child

### **CHILDREN OF DECEDENT:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SS# \_\_\_\_\_ Children:  Yes  No How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special Needs/Considerations: \_\_\_\_\_  
Potential Problems/Hardships: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SS# \_\_\_\_\_ Children:  Yes  No How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special Needs/Considerations: \_\_\_\_\_  
Potential Problems/Hardships: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SS# \_\_\_\_\_ Children:  Yes  No How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special Needs/Considerations: \_\_\_\_\_  
Potential Problems/Hardships: \_\_\_\_\_



**ASSET/INCOME INFORMATION OF THE DECEDENT**

**\*\* It is very important to list all known income and assets.**

**Please list all monthly sources of income.**  
(Examples: Social Security, Pensions, Wages, etc.)

INCOME SOURCE	WHO RECEIVES	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
MONTHLY TOTAL:		\$

**Please list all known assets of the decedent.**  
(Examples: Bank Accounts, Cash, Brokerage, Investment, IRA, 401(K), Life Insurance, Real Estate, Annuities, Business Interest, etc.)

ASSET DESCRIPTION	OWNER(S)	CURRENT VALUE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL:		\$

**Asset list continuation**

		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL:		\$

**Please list all liabilities, debts, or bills of the decedent.**  
 (Examples: Mortgage, HELOC, Credit Cards, Car Loans, Bills Received, etc.)

LIABILITY/DEBT DESCRIPTION	WHO'S DEBT	BALANCE DUE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL:		\$