



## Shillinger Law Trust Administration Questionnaire

**1. PERSONAL INFORMATION OF THE NAMED SUCCESSOR TRUSTEE/EXECUTOR:**

**(1) Name:** \_\_\_\_\_

(Full name to be used in documents)

**Primary Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Home/Mobile No.:** \_\_\_\_\_

**Date of Birth (mm/dd/yy):** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Primary email:** \_\_\_\_\_

**(2) Name:** \_\_\_\_\_

(Full name to be used in documents)

**Primary Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Home/Mobile No.:** \_\_\_\_\_

**Date of Birth (mm/dd/yy):** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Primary email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Where you named in the decedent's testamentary documents?** \_\_\_\_\_ If so, what document and please provide a copy of the document.

**2. INFORMATION ABOUT THE DECEDENT**

**Name of Decedent:** \_\_\_\_\_ **Married?** \_\_\_ **To whom:** \_\_\_\_\_

**Date of Marriage:** \_\_\_\_\_ **Date of Dissolution if applicable:** \_\_\_\_\_

**Date Decedent died:** \_\_\_\_\_ **please provide a copy of the death certificate.**

**Residence of Decedent:** \_\_\_\_\_



**Existence of Trust/Will:**                      **Date of Execution:** \_\_\_\_\_

**Name of Trust:** \_\_\_\_\_

**Residence at time of Execution:** \_\_\_\_\_

**Named Beneficiaries? Names and Addresses for each one:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Decedent own real property?** \_\_\_\_ **If so, please provide a copy of the deed**

**Decedent’s Parents**

Name	Date of Birth	Living?	Address

**Decedent’s Children**

Name	Date of Birth	Address/ Phone No.	Other Parent	Adopted?

**Decedent’s Brothers and Sisters**

Name/ relationship	Date of Birth	Address/ Phone No.



**Decedent's Niece/Nephew**

Name	Date of Birth	Address/ Phone No.	Parent/Brother or Sister

**Decedent's Grandchildren**

Name	Date of Birth	Address/ Phone No.	Parent

**Decedent's Real Property / Mortgage Company Information**

Address	% Owned	Form of Title	Date Acquired	Estimated Value	Mortgage	Lender Info #

**Decedent's Cash**

Bank Name / Location	Account Registration	Account Number	Account Balance



**Decedent's Securities**

CUSIP Number	Certificate #	Number of Shares	Company Name	Type of Security	Name on Security	Date Acquired	Costs Basis	Estimated Value	Restricted (y/n)

**Decedent's Brokerage Accounts / Mutual Funds**

Financial Institution (Name & Address)	Name on Account	Account Number	Broker / Account Exec	Estimated Value

**Decedent's Stock Options**

ISO/NQ	Company	Shares Authorized	Shares Vested	Grant Date	Exercise Price	Expiration Date	Estimated Value

**Decedent's Employment Benefits**

	Employer	Estimated Value	Death Benefit	Beneficiary Designation
Life Insurance				
Pension Plan				
	Employer	Estimated Value	Death Benefit	Beneficiary Designation
Profit Sharing Plan				
401(k)				
Other				



**Decedent's Tangible Personal Property**

Property Description (e.g. Antiques, Art, Precious Metals, other valuable collections)	Estimated Value

**Decedent's Copyrights / Patents**

Description	Estimated Value

**Decedent's Creditor Information:**

Creditor/ Contact Information	Amount Owed	Notes	Date Satisfied

3. Certification

The undersigned hereby represents to Lön Shillinger and each of her agents that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

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

**Signature of Client:** \_\_\_\_\_