



Confidential

# Trust Administration Intake Form

**Dear Client,**

Please accept our condolences for the loss of your loved one. Thank you for placing your trust in our Firm and allowing our attorneys to assist in your trust administration needs.

Please complete the attached Trust Administration Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs to properly assist you.

You may contact us at our toll free number at (866) 708-2335 or by email at [attorneys@evansdavis.com](mailto:attorneys@evansdavis.com). Please return the completed form at least three (3) business days prior to your scheduled meeting.

Please note that all information you share with our Firm will remain confidential and is privileged attorney/client communication. If you have questions or concerns, please do not hesitate to contact us.

Our Firm takes great pride in building long-standing relationships with each of our clients. Ultimately, our goal is to serve our clients and their families for a lifetime.

Warm Regards,

Evans & Davis



## Client Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

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

Name & Date of Trust: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Who referred you to Evans & Davis? \_\_\_\_\_

## Decedent/Trustmaker's Information

Was the trust an individual or joint trust? \_\_\_\_\_ Individual  Joint

What is the full name and date of that trust? \_\_\_\_\_

### Grantor 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Place of Death: \_\_\_\_\_

### Grantor 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Address of Surviving Grantor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Was the decedent married at the time of death? (Y/N) \_\_\_\_\_

All Spouse's Name	Date of Marriage	Date of Divorce/Death
_____	_____	_____
_____	_____	_____
_____	_____	_____



## Decedent's Children

If the Decedent had children, natural or adopted, please list the following information. It is critical that you list all children regardless of the situation or relationship, including any children given up for adoption or for which parental rights have been terminated.

**Living or Deceased Children** (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

2) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

3) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

4) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

5) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

**\*Including any children given up for adoption or for which parental rights have been terminated.**



## Beneficiary Information

Please list all individuals and/or charities listed in the Trust as a beneficiary. If there are more beneficiaries than will fit on this page, you may add these to the Notes section at the end or make an additional copy of this page.

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Percentage to Receive: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Percentage to Receive: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Percentage to Receive: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Percentage to Receive: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Percentage to Receive: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*\*If you are aware that any beneficiary has a guardian or if assets will be distributed in trust for any beneficiary, please provide the address of guardian and/or trustee of the testamentary trust. If any beneficiary listed is not surviving, please provide the date of death.*



## Financial and Investment Accounts

Please list all financial and investment accounts owned by the Trust or Decedent at the time of Decedent's death. Under Account Type, specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc. Please provide a statement, if available, from each account at the date of death.

1. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

2. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

3. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

4. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_



# Retirement Benefit Accounts

Please list all of Decedent's retirement accounts such as: 401(k)s, IRAs, Profit Sharing Plans, Thrift Savings Plans, etc.

1. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

4. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_



## Pension Plans

1. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

## Stocks

1. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

3. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_



# Bonds

Please provide a copy of each bond.

1. 

<u>Date the bonds were issued:</u>	<u>Type of bond:</u>
<u>How is the bond held? (jointly, payable on death, etc.)</u>	
<u>Maturity date:</u>	<u>Redemption value:</u>
2. 

<u>Date the bonds were issued:</u>	<u>Type of bond:</u>
<u>How is the bond held? (jointly, payable on death, etc.)</u>	
<u>Maturity date:</u>	<u>Redemption value:</u>
3. 

<u>Date the bonds were issued:</u>	<u>Type of bond:</u>
<u>How is the bond held? (jointly, payable on death, etc.)</u>	
<u>Maturity date:</u>	<u>Redemption value:</u>
4. 

<u>Date the bonds were issued:</u>	<u>Type of bond:</u>
<u>How is the bond held? (jointly, payable on death, etc.)</u>	
<u>Maturity date:</u>	<u>Redemption value:</u>

List any additional information on work/retirement related accounts:

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# Gift Tax Return

Did the Decedent ever file a federal or state gift tax return?

Yes  No

*If yes, please provide a copy of all relevant documents*



# Real Estate

*This will include residences, rental property, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of the deed, please provide that as well.*

Please list all real estate that was owned by Trust or Decedent's name at the time of death.

1. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) \_\_\_\_\_  
Address/Location & County: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_  
Is the current value based off of an appraisal or the county assessor? \_\_\_\_\_

2. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) \_\_\_\_\_  
Address/Location & County: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_  
Is the current value based off of an appraisal or the county assessor? \_\_\_\_\_

3. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) \_\_\_\_\_  
Address/Location & County: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_  
Is the current value based off of an appraisal or the county assessor? \_\_\_\_\_

4. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) \_\_\_\_\_  
Address/Location & County: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_  
Is the current value based off of an appraisal or the county assessor? \_\_\_\_\_



# Tangible Personal Property

List jewelry, artwork, furs, antiques, gold, silver, or other valuable coins, cars, boats, etc.

*Please list all tangible personal property that Decedent owned at the time of death valued individually over \$5,000.00.*

1. Description: \_\_\_\_\_  
Ownership (Individual/Joint/Trust): \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: (Y/N) \_\_\_\_\_  
Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

2. Description: \_\_\_\_\_  
Ownership (Individual/Joint/Trust): \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: (Y/N) \_\_\_\_\_  
Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

3. Description: \_\_\_\_\_  
Ownership (Individual/Joint/Trust): \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: (Y/N) \_\_\_\_\_  
Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

List any additional information regarding assets/etc. and include any copies of documents with the estimated value of each item (patent rights, copyrights, contract rights, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



## Decedent's Life Insurance Policies

Please provide the following information for all of Decedent's insurance policies. Also, please provide the policy documentation to us as well.

### Policy No. 1

Life Insurance Company: \_\_\_\_\_

Account No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy: Term  Whole/Universal  Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy? (Y/N) \_\_\_\_\_

If "yes," how much? \$ \_\_\_\_\_

### Policy No. 2

Life Insurance Company: \_\_\_\_\_

Account No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy: Term  Whole/Universal  Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy? (Y/N) \_\_\_\_\_

If "yes," how much? \$ \_\_\_\_\_

### Policy No. 3

Life Insurance Company: \_\_\_\_\_

Account No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy: Term  Whole/Universal  Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy? (Y/N) \_\_\_\_\_

If "yes," how much? \$ \_\_\_\_\_



## Decedent's Advisors

Please provide the following information for all of Decedent's advisors.

### Financial Planner:

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner?

Yes

No

### Accountant:

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant?

Yes

No

### Life Insurance Agent:

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent?

Yes

No

### Attorney:

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney?

Yes

No

### Funeral Home:

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Evans & Davis Attorneys to contact their Funeral Home?

Yes

No



# Client Checklist for Documentation

Please bring as much of the following information as possible to the initial consultation:

1. Signed copy of the Trust.
2. Certified copy of Death Certificate.
3. Any Prenuptial, Marital, or Community Property Agreement.
4. Current Deeds and Appraisals to all real estate in which Decedent had or shared title.
5. Mineral Deeds for all mineral/royalty interests which Decedent had or shared title, together with copies of production reports showing amounts paid to date and/or 1099s for any royalties paid and/or statements from oil companies showing year-to-date payment through the date of death.
6. Copies of all U.S. Savings Bonds and their redemption value which Decedent had or shared title *as of the date of death*.
7. Copies of all Bank and Financial Statements, including checking, savings, certificates of deposit, money market, and other financial accounts showing the account balance *as of the date of death*.
8. Copies of all Stock/Brokerage Account Statements in which Decedent had or shared title showing balance *as of the date of death*.
9. Copies of all physical Stock Certificates which Decedent had or shared title, and the value of any such stock *as of the date of death*.
10. Titles of Vehicles (i.e. - cars, trucks, boats, trailers, motorcycles, etc.) and market value *as of date of death*.
11. Any mortgages and promissory notes secured by real estate, or other note payables with balance owed *at death*.
12. Business agreements such as buy-sell or corporate redemption agreements.
13. Itemization of any and all livestock or other registered animals.
14. Itemization of any special collectibles (i.e. coins, firearms, precious gems, furs, artwork, etc.) with documents stating the current market value of said collectible *as of the date of death*.
15. Life Insurance Policies and Annuity Contracts with benefit proceeds statement. If the Decedent owned a policy of life insurance insuring another's life, then we need a statement regarding who the insured is, the beneficiary of the policy and the *cash value* (not face value) of the policy.
16. A copy of all Promissory Notes or Notes Receivables for which money was owed to the Decedent at death and a statement reflecting the balance due *as of the date of death*.
17. A copy of the final executed Will.



