



Confidential

Trust Administration Intake Form



Dear Client,

Please accept our condolences for the loss of your loved one. During this difficult time, we appreciate you placing your trust in our Firm and allowing our attorneys to assist in your trust administration needs. Since 2002, our attorneys have assisted thousands of clients with their trusts and legal needs.

Quality trust administration requires a detailed review of your loved one's estate planning documents, as well as family and financial information.

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 carry out your loved one's final wishes. Please return the completed form at least two (2) weeks prior to your scheduled meeting.

All information you share with our Firm will remain confidential and is a privileged attorney/client communication. Additional conflicts, privacy and security policies can be found at [evansdavis.com/forms](https://www.evansdavis.com/forms).

Following our initial meeting, we will provide you a recommended course of action along with an outline of proposed professional fees to complete your plan.

If you have any questions or need help at any time during the administration process, please contact us at (866) 708-2335 or via e-mail at attorneys@evansdavis.com. If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time.

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 beyond a lifetime.

All our best,
Your Attorneys at 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*:

Phone Number: _____ Email Address: _____

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*:

Phone Number: _____ Email Address: _____

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*:

Phone Number: _____ Email Address: _____

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*:

Phone Number: _____ Email Address: _____

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*:

Phone Number: _____ Email Address: _____

***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.

1) Full Name: _____ Age: _____ Relation to Deceased: _____
Social Security Number: _____ Phone Number: _____
Current Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

2) Full Name: _____ Age: _____ Relation to Deceased: _____
Social Security Number: _____ Phone Number: _____
Current Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

3) Full Name: _____ Age: _____ Relation to Deceased: _____
Social Security Number: _____ Phone Number: _____
Current Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

4) Full Name: _____ Age: _____ Relation to Deceased: _____
Social Security Number: _____ Phone Number: _____
Current Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

5) Full Name: _____ Age: _____ Relation to Deceased: _____
Social Security Number: _____ Phone Number: _____
Current Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

**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.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
2.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
3.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
4.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____

List any additional information on work/retirement related accounts:

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 & Minerals

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? _____



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: _____

Policy 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: _____

Policy 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: _____

Policy 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, as well as any Trust Amendments, Trust Restatements, etc.
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.



