

# Estate and Trust Administrators Guide

## PERSONAL INFORMATION

### 1. CLIENT

a. Location of Original Last Will / Estate Plan Records: \_\_\_\_\_

b. Primary Executor/Trustee Contacts in order of priority (name and phone/email):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

c. Funeral Arrangements:

Funeral Home Name: \_\_\_\_\_

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

Prepaid:  Yes  No

Preferred Clergyman (if any): \_\_\_\_\_

Obituary Completed:  Yes  No

Location of obituary: \_\_\_\_\_

Photograph to be published?  Yes  No

Which one? \_\_\_\_\_

d. Additional Service / Burial Instructions: \_\_\_\_\_

e. Newspapers / Organizations to contact regarding Notice of Death:

f. Does Power of Attorney for Health Care have authority for disposition of remains?  Yes  No

g. Date of Birth: Your: \_\_\_\_\_

Spouse: \_\_\_\_\_

h. Employer Name: \_\_\_\_\_

Employee Benefits Contact Person: \_\_\_\_\_

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



i. Accountant / Tax Preparer: \_\_\_\_\_

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

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

j. Lawyer Name: \_\_\_\_\_

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

k. Financial Planner: \_\_\_\_\_

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

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

l. Real Property Insurance Agent: \_\_\_\_\_

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

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

m. Location of Safe Deposit Box, Safe, or Family Records: \_\_\_\_\_

n. Disability Protection:

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

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

o. Long-term care insurance:  Yes  No

Agent Name: \_\_\_\_\_

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

p. Personal Umbrella?  Yes  No Limits: \_\_\_\_\_

Agent Name: \_\_\_\_\_

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

## 2. MINOR CHILDREN

a. Guardians for minor children (name and phone/email):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

b. Instructions to Guardians/Trustees for minor children:  Yes  No

Where are instructions kept: \_\_\_\_\_



**3. FAMILY AND FRIENDS TO BE NOTIFIED:**

	Names	Address	Phone/Email
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____
i.	_____	_____	_____
j.	_____	_____	_____
k.	_____	_____	_____
l.	_____	_____	_____
m.	_____	_____	_____
n.	_____	_____	_____



# ASSETS

## 4. REAL PROPERTY

### a. Home

i. Approx. Market Value: \$ \_\_\_\_\_

ii. Balance Due on Mortgage: \$ \_\_\_\_\_

Name of Lender: \_\_\_\_\_

iii. Ownership: Sole \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

iv. If Joint, Name of Co-owner(s):

v. Hazard Insurance:

Agent Name: \_\_\_\_\_

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

vi. Security System:

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

Code: \_\_\_\_\_

### b. Other Real Property

i. Location: \_\_\_\_\_

ii. Type: \_\_\_\_\_

iii. Present Market Value: \$ \_\_\_\_\_

iv. Balance Due on Mortgage: \$ \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Ownership: Sole \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

v. If Joint, Name of Co-owner(s):

vi Hazard Insurance: \_\_\_\_\_

Agent Name: \_\_\_\_\_

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



vii. Security System: \_\_\_\_\_

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

Code: \_\_\_\_\_

## 5. BANK ACCOUNTS

### a. Savings

i. Name of Institutions: \_\_\_\_\_

ii. Approximate Amount: \$ \_\_\_\_\_

iii. Ownership: Sole \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

iv. If Joint, Name of Co-owner(s):

### b. Checking

i. Name of Institutions: \_\_\_\_\_

ii. Approximate Amount: \$ \_\_\_\_\_

iii. Ownership: Sole \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

iv. If Joint, Name of Co-owner(s):

## 6. LIFE INSURANCE/ANNUITIES

	Type	Company	Amount	Beneficiary
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____



## 7. RETIREMENT PLANS (IRA, PENSION, 401(K), ETC.)

	Type	Company	Amount	Beneficiary
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

## 8. SECURITIES, STOCKS, BONDS, NOTES, ETC.

	Type	Company	Amount	Beneficiary
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

## 9. BUSINESS INTERESTS

- a. Name of Business: \_\_\_\_\_  
Type of Entity: \_\_\_\_\_  
State of Organization: \_\_\_\_\_
- b. Accountant Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
- c. Lawyer: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
- d. Location of Original Stock/Partnership Records and Certificates:  
\_\_\_\_\_
- e. Contacts Regarding Business Interest Appraisal or Sale:  
i. Appraiser: \_\_\_\_\_  
ii. Sale Agent: \_\_\_\_\_



f. Location of Written Instructions regarding proper Disposition: \_\_\_\_\_

g. Business Insurance Agent and Info: \_\_\_\_\_

**10. ARE YOU THE BENEFICIARY OF A TRUST ESTABLISHED BY SOMEONE ELSE?**

Yes  No

Details & Location of Trust(s):

\_\_\_\_\_

**11. HAVE YOU PREVIOUSLY FILED ANY FEDERAL GIFT TAX RETURNS?**

Yes  No

Years Filed: \_\_\_\_\_

Location of copies: \_\_\_\_\_

**12. AUTOS/BOATS/ETC.**

a. Location of Original Titles:

b. Insurance Agent Name: \_\_\_\_\_

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

**13. LOANS OWED TO YOU BY OTHERS**

Is there a Note?  Yes  No

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

What is approximate current balance? \$ \_\_\_\_\_



**14. OTHER GENERAL INSTRUCTIONS REGARDING UNIQUE ASSETS/PERSONAL PROPERTY**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_
- j. \_\_\_\_\_
- k. \_\_\_\_\_



# LIABILITIES

## 15. LOANS

	Name	Term	Amount
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

## 16. CHARGE ACCOUNTS/CLUB MEMBERSHIPS TO BE TERMINATED (i.e. Health Clubs, Country Clubs)

	Name/Contact	Amount
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____
k.	_____	_____
l.	_____	_____
m.	_____	_____



# MISCELLANEOUS MATTERS

## 17. INDIVIDUALS/INSTITUTIONS TO BE CONTACTED

a. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Addresses: \_\_\_\_\_  
Phone: \_\_\_\_\_

b. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Addresses: \_\_\_\_\_  
Phone: \_\_\_\_\_

c. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Addresses: \_\_\_\_\_  
Phone: \_\_\_\_\_

## 18. PROFESSIONAL ASSOCIATIONS/COUNTRY CLUBS/ COMMUNITY SERVICE ORGANIZATIONS TO BE CONTACTED

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

h. \_\_\_\_\_



**19. UNIVERSITIES/COLLEGES/ALUMNI ASSOCIATIONS TO BE CONTACTED**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**20. SPECIFIC BEQUESTS OF PERSONAL ITEMS**

Property Item	To Whom
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____
k. _____	_____
l. _____	_____
m. _____	_____

**n. Special Appraisal / Transfer Contacts for Unique Personal Property**

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

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



**21. PETS/PET CARE INSTRUCTIONS**

**22. ANATOMICAL GIFTS**

Name of Contact Agency: \_\_\_\_\_

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

**23. VETERANS BENEFITS**  Yes  No

Contact: \_\_\_\_\_

**24. ETHICAL WILL**  Yes  No

Location: \_\_\_\_\_

**25. INFORMATION REGARDING CHARITABLE GIFTS AT DEATH**

**a.** Distribution of Remaining Personal Items:

\_\_\_\_\_

**b.** In Memory Gifts:

\_\_\_\_\_

**c.** Are there outstanding charitable pledges?

\_\_\_\_\_

Do you want them paid?  Yes  No

If so, does your Will/Trust direct that they be paid? \_\_\_\_\_

