

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: _____

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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: _____

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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.	_____	_____	_____

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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: _____

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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.	_____	_____	_____	_____

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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: _____

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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? \$ _____

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14. OTHER GENERAL INSTRUCTIONS REGARDING UNIQUE ASSETS/PERSONAL PROPERTY

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

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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.	_____	_____

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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. _____

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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. _____	_____

21. Special Appraisal / Transfer Contacts for Unique Personal Property

Name: _____

Phone: _____

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22. PETS/PET CARE INSTRUCTIONS

23. ANATOMICAL GIFTS

Name of Contact Agency: _____

Phone: _____

24. VETERANS BENEFITS Yes No

Contact: _____

25. ETHICAL WILL Yes No

Location: _____

26. 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? _____

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