

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

**PROBATE/TRUST ADMINISTRATION QUESTIONNAIRE**

**I. Decedent Information**

Decedent's Full Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Address on Date of Death:

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal domicile on date of death (if different from above):

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year domicile established: \_\_\_\_\_

Most recent U.S. income tax return filed for 20 \_\_\_\_

Address on return (if different from above):

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

States in which Decedent resided within past three (3) years: \_\_\_\_\_

**II. Last Occupation of Decedent (if Decedent retired from a prior job, please include that information)**

Employer/Occupation Title: \_\_\_\_\_

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

If self-employed, trade name: \_\_\_\_\_

Date of Departure from Employer and Reason for Departure: \_\_\_\_\_

\_\_\_\_\_

**III. Heirs and Distributees**

Heirs – are defined under Washington law to include spouse, children (including legally adopted children), parents (if no children), and siblings (if no surviving children); regardless of whether such persons are named in the decedent’s will. Please print out additional copies of this form if additional space is needed.

Distributees – include all persons and/or entities named in the decedent’s will or trust to receive assets.

**SPOUSE**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employer or occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**CHILDREN (including adopted children)**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Spouse’s Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Spouse’s Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Spouse’s Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Spouse’s Name \_\_\_\_\_

**STEPCHILDREN (children of decedent's spouse and not legally adopted by decedent)**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**DECEASED CHILDREN**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**GRANDCHILDREN**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**PARENTS**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**SIBLINGS**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**OTHER**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**DISTRIBUTEES OTHER THAN HEIRS**

**(including individuals, charitable entities or other organizations named in the last will or trust of Decedent)**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Date of Birth/Current Citizenship/Residency \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Date of Birth/Current Citizenship/Residency \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Date of Birth/Current Citizenship/Residency \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

Date of Birth/Current Citizenship/Residency \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**IV. Martial Status of Decedent**

1. Decedent's marital status on his / her date of death

Single       Married       Divorced       Widowed       Separated

2. If the Decedent was *married*, please provide the following information:

Name of Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Domicile when married: \_\_\_\_\_

3. If the Decedent was *divorced or separated*, please provide the following information:

Former Spouse's Name: \_\_\_\_\_

Date of marriage to former spouse: \_\_\_\_\_

Date of dissolution or separation from former spouse: \_\_\_\_\_

4. If the Decedent was *widowed*, please provide the following information:

Deceased Spouse's Name: \_\_\_\_\_

Date of Deceased Spouse's Death: \_\_\_\_\_

a. If the Decedent was widowed, was there a probate filed for the deceased spouse of the Decedent?       Yes       No

If yes, please provide the following information:

County and State of Probate Court: \_\_\_\_\_

Case No. \_\_\_\_\_

**V. Estate Plan History of Decedent**

1. Did the decedent have a Will?       Yes       No

2. Did the decedent have a Trust(s)?       Yes       No

3. Did the decedent have a safe deposit box?       Yes       No

If yes, please indicate location: \_\_\_\_\_

Persons other than Decedent with right of access:       Yes       No

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

**VI. Asset Summary of the Decedent**

Please give your best, conservative estimate of value to the nearest \$1,000. Use gross values and indicate related liabilities in the space below. You may substitute all or part of the information requested with statements or financial reports.

**A. Monetary / Financial Assets**

<b>FINANCIAL ASSETS</b>	<b>\$ AMOUNT</b>	<b>FINANCIAL INSTITUTION</b>	<b>PURPOSE OF ACCOUNT</b>
Checking Account / Account Balance			
Checking Account / Account Balance			
Closely Held Partnerships/LLC's			
Closely Held Partnerships/LLC's			
Closely Held Corporation			
Marketable Securities			
Marketable Securities			
Real Estate (Home)			
Real Estate (other, specify)			
Notes Receivable			
Life Insurance Owned (amount payable upon death)			
401K or Retirement Benefits			
IRA Accounts			
<b>TOTALS</b>			

**B. Tangible Assets -- Decedent's Tangible Personal Property and Other Assets**

Please list all tangible personal property of significant value (e.g. artworks, jewelry, antiques, coins, rare books, stamps, silver, and furs) or other non-tangible assets (e.g. interest in a lawsuit, copyright, patents, mineral rights) that the Decedent owned, and indicate an approximate value for each:

TANGIBLE ASSETS	\$ VALUE	LOCATION	CONTACT PERSON
Household Furniture			
Automobiles			
Antiques and Collectibles			
Other (specify)			
Other (specify)			
Other (specify)			
<b>TOTALS</b>			



**C. Employee Benefit Schedule**

Pension Plans, Profit Sharing Plans, IRA's Keogh (HR-10), Stock Bonus Plans, etc.

OWNER	FUND	VALUE	EXPECTED RETIREMENT BENEFIT	DEATH BENEFIT	BENEFICIARY

Other Employee Benefits:

Please describe any stock options, deferred compensation or similar agreements and provide copies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Life Insurance Schedule**

OWNER	INSURER	AMOUNT PAYABLE ON DEATH	BENEFICIARY	TERM OR PERMANENT	CURRENT CASH VALUE (IF ANY)

**E. Real Property**

Please attach copies of all deeds and/or tax bills for, and buy-out agreements affecting, parcels of property listed below:

**Parcel 1**

Acquisition Date: \_\_\_\_\_ Price \$ \_\_\_\_\_

Name(s) of Property Owner(s): \_\_\_\_\_

Address \_\_\_\_\_

Type of Property \_\_\_\_\_

(e.g. residence, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

Remaining Mortgage \$ \_\_\_\_\_

**Parcel 2**

Acquisition Date: \_\_\_\_\_ Price \$ \_\_\_\_\_

Name(s) of Property Owner(s): \_\_\_\_\_

Address \_\_\_\_\_

Type of Property \_\_\_\_\_

(e.g. residence, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

Remaining Mortgage \$ \_\_\_\_\_

**F. Decedent-Owned Business**

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

(e.g. sole proprietorship, partnership, corporation, LLC)

Nature of Business \_\_\_\_\_

Location \_\_\_\_\_

Approximate Fair Market Value of Business \$ \_\_\_\_\_

Co-Owners and ownership interest: \_\_\_\_\_

Had the Decedent entered into a buy-sell agreement, partnership agreement, employment agreement, key executive insurance agreement, or pension and profit-sharing plan?

Yes  No If yes, please describe and attach copies:

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

**VII. Consultants**

Accountant \_\_\_\_\_

Accounting Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Banker \_\_\_\_\_

Bank/ Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Stockbroker / Financial Manager \_\_\_\_\_

Brokerage Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Other person familiar with business or finances \_\_\_\_\_

Firm / Company / Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**VIII. Gifts**

Did the Decedent make gifts to anyone of cash, property or other items valued at an amount over \$13,000 within the past three (3) years?       Yes       No

If yes, please provide the name of the recipient, a description of what was given, the value of the gift when the gift was made, the year in which the gift was made. If the Decedent filed a gift tax return, please attach a copy.

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**IX. Creditors Worksheet**

NAME OF CREDITOR	AMOUNT OWED	DATE OF LAST STATEMENT	COPY SENT TO ATTORNEY	CREDITOR CLAIM RECEIVED

## DOCUMENTS TO PROVIDE TO OUR OFFICE

We recommend that you bring the following documents with you to your meeting with the attorney or send to them to our office shortly after initial consultation:

BROUGHT TO MEETING	NO SUCH DOCUMENT EXISTS	COPY TO BE LOCATED LATER	DOCUMENT DESCRIPTION	NOTES AND ADDITIONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of current or prior wills or trusts (including if the decedent was a beneficiary of a trust)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Death certificates	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Statement or summary	<ul style="list-style-type: none"> <li>• Copies of current bank and investment account statements</li> <li>• Printout from computerized finance program</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deeds to the decedent's house or other real property owned by decedent	<ul style="list-style-type: none"> <li>• Was there shared ownership of the property?</li> <li>• Property legal description</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Benefits	(statement of current value) <ul style="list-style-type: none"> <li>• 401(k)</li> <li>• IRA</li> <li>• SEP</li> <li>• Keogh</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Benefits	Any summary of benefits provided by the decedent's employer (especially life insurance and retirement)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policy	Copy of: <ul style="list-style-type: none"> <li>• policy</li> <li>• billing statement</li> <li>• application/beneficiary designation</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual and Business Tax Returns	Copy of: <ul style="list-style-type: none"> <li>• Federal income tax returns for the past 3 years (business and individual returns)</li> <li>• Federal gift tax returns (all available years)</li> <li>• State Tax returns, if any, for the past 3 years (business and individual returns)</li> </ul>