

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: _____

Was the Decedent a beneficiary of a trust **not** created by him or her? (For example, if the Decedent was a beneficiary of an ongoing trust created by his or her spouse, and/or his or her parents or other extended relatives or individuals that benefited the Decedent during his or her life.

Yes No

If yes, please provide a copy of the trust documents.

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. Personal Representative/Successor Trustee Information

This is the person nominated to serve as Personal Representative in the Decedent's Will and/or named in the Decedent's trust(s) as the Successor Trustee; or if the Decedent did not have a Will or a trust, the person petitioning (under intestacy law or otherwise) to be Administrator of the Decedent's estate. Please provide a copy of the last will and testament, as well as any trusts created by the Decedent.

Full Legal Name: _____

Other names used: _____

Relationship to Decedent: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth: _____

SSN or ITIN: _____ Citizenship: _____

If not a US citizen, please list county and state of residence: _____

Has this person ever been convicted of any felony or crime involving moral turpitude?

Circle one: YES or NO

A person convicted of such felony or crime is not qualified by the Court to serve as Personal Representative.

Is there a Co-PR or Co-Trustee named and/or desired? If so, Please complete the information for the Co-PR and/or Co-Trustee.

IV. Co-Personal Representative Information (if applicable)

Full Legal Name: _____

Other names used: _____

Relationship to Decedent: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth: _____

SSN or ITIN: _____ Citizenship: _____

If not a US citizen, please list county and state of residence: _____

Has this person ever been convicted of any felony or crime involving moral turpitude?

Circle one: YES or NO

V. 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 -- (includes any biological and legally adopted, whether or not there was an ongoing relationship with the Decedent) or GRANDCHILDREN who are entitled to distributions under the will or trust of the Decedent.

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

(If a grandchild, please also identify the parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

(If a grandchild, please also identify the parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

(If a grandchild, please also identify the parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

(If a grandchild, please also identify the parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

(If a grandchild, please also identify the parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

(If a grandchild, please also identify the parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

(If a grandchild, please also identify the parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

(If a grandchild, please also identify the parent(s) of the grandchild): _____

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 who are not named as beneficiaries

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

Parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

Parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

Parent(s) of the grandchild): _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

Parent(s) of the grandchild): _____

PARENTS of the Decedent, if living

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

Name _____ SSN _____

Address _____ Phone _____

Date of Birth _____ Spouse's Name _____

SIBLINGS -- (includes biological, legally adopted, and half siblings, whether or not there was an ongoing relationship with the 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 _____

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 INDIVIDUALS WITH A CLOSE RELATIONSHIP WITH THE DECEDENT:

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____
Describe Relationship with Decedent _____

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____
Describe Relationship with Decedent _____

Name _____ SSN _____
Address _____ Phone _____
Date of Birth _____ Spouse's Name _____
Describe Relationship with Decedent _____

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 _____

VI. 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: _____

Please provide a copy of dissolution unless our office received one from the Decedent during his or her life.

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. _____

b. Was there trust administration after the death of the deceased spouse?

Yes No

If so, please provide either the entire trust administration records or the name of the law firm which was retained to conduct the trust administration.

VII. 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: _____

VIII. 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

FINANCIAL ASSETS	\$ AMOUNT	FINANCIAL INSTITUTION	PURPOSE OF ACCOUNT
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			
TOTALS			

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)			
TOTALS			

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. Military Service

Please indicate whether the Decedent had any rights arising out of military service.

SERIAL NUMBER	
BRANCH OF SERVICE / DATE OF DISCHARGE	
LOCATION OF DISCHARGE PAPERS	
ANY DISABILITY RIGHTS?	

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:

G. Real Property -- (Include all U.S. and foreign properties. Attach additional sheets if needed. Please provide copies of the deed(s) from when the Decedent first acquired title/ownership of each property, if such copies can be located.)

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 \$ _____

Have there been additions or changes to the legal description since the Decedent acquired title of the property? If yes, please explain: _____

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 \$ _____

Have there been additions or changes to the legal description since the Decedent acquired title of the property? If yes, please explain: _____

Parcel 3

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 \$ _____

Have there been additions or changes to the legal description since the Decedent acquired title of the property? If yes, please explain: _____

(If necessary, please add more properties/parcels on a separate sheet of paper or provide a spreadsheet with the same information for all real properties owned by the Decedent).

IX. Gifts

Did the Decedent make gifts to anyone of cash, property or other items valued at an amount over the annual exclusion amount (as provided by the Internal Revenue Code 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.

X. 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 _____

XI. Creditors Worksheet Please identify all creditors of the Decedent known to you. If you do not yet know, leave blank and provide information to our office as you discover the creditors, if any.

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"/>	Original last will and copies of prior wills. Copies of trusts (including if the decedent created the trust(s) or 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"> • Current bank and investment account statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deeds and/or tax bills to the decedent's house or other real properties owned by decedent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tax Returns	State and Federal returns for the past 5 years prior to death of Decedent
<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 plans)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policy	<ul style="list-style-type: none"> • policy • billing statement • application/beneficiary designation