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**TRUST SETTLEMENT CLIENT QUESTIONNAIRE**

**INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE**

This TRUST SETTLEMENT CLIENT QUESTIONNAIRE addresses information regarding the Trust Settlement for the Decedent as well as individual Schedules for the listing of all assets, liabilities, deductions, and other data relating to the Estate.

The questions on all pages should be answered and the information completed. All Schedules should be completed. You will see that the Schedules ask for repetition of some of the information provided earlier. We nonetheless ask that you please repeat this information where requested, in order to make that information readily accessible for our different purposes. If a particular Schedule has no information to be listed, simply state “none” on that particular Schedule. Please answer all questions where information is available and indicate where information is not available. If a question is not applicable, state “N/A.” We do not expect you to know the answer to every question.

When you desire to meet with us to review and/or complete the Questionnaire, please contact us to set up an appointment. Our goal is to assist, serve, and advise you throughout the Estate Settlement proceedings.

PLEASE RETURN THIS QUESTIONNAIRE TO US AT THE ABOVE ADDRESS.

**TRUST SETTLEMENT CLIENT QUESTIONNAIRE**

1. Decedent's first, middle, and last name (including maiden name, if any).

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2. Any other names used.

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3. Date of death.

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4. Place of death.

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5. Decedent's residence at time of death.

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6. Country of Citizenship.

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7. Year residence was established in state of residence.

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8. Other Counties, States or Countries where a home is owned.

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9. Decedent's Social Security Number.

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10. Decedent's date of birth.

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11. Decedent's place of birth.

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12. Decedent's business(es) or occupation

(If retired, occupation prior to retirement).

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13. Address of business(es).

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14. Marital status of decedent at time of death.

\_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Divorced

14a. If widowed, name and date of death of deceased spouse.

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15. Legal Representative's (Trustee or Executor) Social Security Number.

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15a. Legal Representative's current home address.

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15b. Legal Representative's current telephone number(s).

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16. Surviving spouse's name(s).

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16a. Surviving spouse's home address.

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16b. Surviving spouse's telephone number(s).

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16c. Surviving spouse's date of birth.

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16d. Date of marriage.

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16e. Surviving spouse's social security number.

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17. Other than surviving spouse, individual(s) who receive benefits from the Estate.

(Do not include Charitable Beneficiaries):

<i>Name of Individual, Trust, or Estate receiving \$10,000 or more</i>	<i>Relationship</i>	<i>Identification and kind of gift (Example: property/cash)</i>	<i>Value (to be determined with CPA or Appraiser)</i>

17a. Charities who receive benefits from the Estate:

<i>Name of Charity</i>	<i>Identification and kind of gift (Example: property/cash)</i>	<i>Value (to be determined with CPA or Appraiser)</i>

18. Do you elect to use the alternate valuation?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Do you elect to use the special use valuation?

Yes \_\_\_\_\_ No \_\_\_\_\_

(these two questions will be discussed at a later date)

20. Have Federal Gift Tax Returns ever been filed?

Yes \_\_\_\_\_ No \_\_\_\_\_

20a. If yes, please attach copies of the Returns, if available, and furnish the following information:

Period(s) covered by Return(s)

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20b. Internal Revenue offices where filed

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21. List all gifts during the past ten years made by the Decedent in excess of \$10,000.00:

<i>Date of Gift</i>	<i>Amount</i>	<i>Person Receiving Gift</i>

22. Was there any life insurance on the Decedent?

Yes \_\_\_\_\_ No \_\_\_\_\_

22a. Did the Decedent own any life insurance on another?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes to either question, please attach a copy of each policy including all application pages.)

23. Did the Decedent, at the time of death, own any property as a joint tenant with right of survivorship in which the other joint tenant was the surviving spouse or another person?

Yes \_\_\_\_\_ No \_\_\_\_\_

24. Did the Decedent, at the time of death, have (or have access to), a safe deposit box?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, state the bank and location.)

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24a. If held in joint names of Decedent and another, state name and relationship of joint depositor):

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25. Did the Decedent, at the time of death, own any interest in a Partnership or other unincorporated business?

Yes \_\_\_\_\_ No \_\_\_\_\_

26. Did the Decedent, at the time of death, own any article of artistic or collectible value, valued in excess of \$10,000.00 total, or any collection the value of which exceeded \$10,000.00?

Yes \_\_\_\_\_ No \_\_\_\_\_

27. Has the Decedent's estate, spouse, or any other person, received (or will receive) any bonus or award as a result of Decedent's employment or death?

Yes \_\_\_\_\_ No \_\_\_\_\_

27a. What is (are) the amount(s)?

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28. Was the Decedent a Beneficiary under a Will or a Trust from which benefits were being received? Describe in detail and attach all relative documents.

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29. Did the Decedent own any interest in any property outside the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list as follows:

<i>Description of Asset</i>	<i>Location in detail</i>	<i>Estimated Value</i>

30. Please attach copies of the following documents:

- (a) Trust and any Amendments to Trust
- (b) Wills and any Codicils
- (c) Assignment
- (d) Memorandum of Property Ownership
- (e) All Deeds

(f) All other documents of Title (Example: Deeds of Trust, or last account statement from bank or brokerage firm)

(g) Three (3) years of Form 1040 Tax Returns

(h) Insurance Policies

(i) Other (list here and below)

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(j)

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(k)

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(l)

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(m)

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31. Please provide six (6) Certified Death Certificates.

**INFORMATION FOR ISSUE OF DECEDENT:**

1. NAME

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ADDRESS

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DATE OF BIRTH, if minor \_\_\_\_\_ SS# \_\_\_\_ - \_\_ - \_\_\_\_

2. NAME

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ADDRESS

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DATE OF BIRTH, if minor \_\_\_\_\_ SS# \_\_\_\_ - \_\_ - \_\_\_\_

3. NAME

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ADDRESS

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4. NAME

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ADDRESS

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DATE OF BIRTH, if minor \_\_\_\_\_ SS# \_\_\_\_ - \_\_ - \_\_\_\_

5. NAME

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ADDRESS

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DATE OF BIRTH, if minor \_\_\_\_\_ SS# \_\_\_\_ - \_\_ - \_\_\_\_

6. NAME

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ADDRESS

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DATE OF BIRTH, if minor \_\_\_\_\_ SS# \_\_\_\_ - \_\_ - \_\_\_\_

(IF ANY CHILD DECEASED WITH CHILDREN, LIST ON SEPARATE PAGE WITH THE SAME INFORMATION)

**ACCOUNTANT OR CPA:**

NAME:

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ADDRESS:

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TELEPHONE NUMBER:

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FAX:

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**FIDUCIARY RETURNS: -- Years** \_\_\_\_\_

a. FORM SS-4

Completed and Submitted

Received \_\_\_\_\_

**UNITED STATES FEDERAL ESTATE TAX RETURN, FORM 706**

Yes  No

**CALIFORNIA ESTATE TAX RETURN**

Yes  No

**ESTATE DOCUMENTS NEEDED FOR TRUST SETTLEMENT:**

1. ORIGINAL WILLS
2. ORIGINAL CODICILS
3. TRUST DOCUMENTS IF NOT PREPARED BY THIS OFFICE
4. AMENDMENTS, if any

**OTHER INFORMATION NEEDED FOR TRUST SETTLEMENT:**

**(COPIES OF DOCUMENTS)**

1. REAL ESTATE
  - (a) DEEDS
  - (b) TRUST DEEDS
  - (c) MORTGAGES
  - (d) NOTES
2. BENEFITS
  - (a) EMPLOYER DEATH BENEFITS
  - (b) CIVIL SERVICE BENEFITS
  - (c) MILITARY BENEFITS
3. PENSIONS
  - (a) IRAS
  - (b) ANNUITIES AND PENSION
4. OWNERSHIP INTERESTS
  - (a) PARTNERSHIPS
  - (b) FAMILY PARTNERSHIPS
  - (c) CLOSELY HELD CORPORATION
5. INSURANCE
  - (a) INSURANCE ON DECEDENT'S LIFE
  - (b) INSURANCE ON LIFE OF SURVIVING SPOUSE

- (c) INSURANCE ON LIFE OF SURVIVING ISSUE OR GRANDCHILDREN
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- 6. FINANCIAL DOCUMENTATION
    - (a) BANK STATEMENTS
    - (b) BROKERAGE STATEMENTS
    - (c) STOCKS HELD OUTSIDE BROKERAGE
    - (d) BONDS HELD OUTSIDE BROKERAGE
    - (e) E & EE BONDS
    - (f) TREASURY BONDS/BILLS
    - (g) FLOWER BONDS
    - (h) CERTIFICATES OF DEPOSIT
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- 7. MISCELLANEOUS ASSETS IN OR OUT OF STATE
    - (a) LIFESTOCK
    - (b) FARMLAND
    - (c) PROPERTIES OUTSIDE CALIFORNIA
    - (d) VACATION HOMES
    - (e) TIMESHARES
    - (f) RENTALS
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- 8. COLLECTABLES
    - (a) ART
    - (b) COINS
    - (c) JEWELRY
    - (d) AUTOMOBILES
    - (e) BOATS
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- 9. PATENTS, ETC.
    - (a) PATENTS
    - (b) ROYALTIES
    - (c) COPY RIGHTS

10. ASSETS OUTSIDE OF US  
(a) REAL PROPERTY  
(b) STOCKS AND BONDS  
(c) OTHER -- DESCRIBE

11. HAZARDOUS WASTE DEPOSIT ON REAL PROPERTY:

Exists or May Exist

No record or information indicating existence

12. DISCLAIMERS:

TO BE USED  NOT TO BE USED

TO BE COMPLETED BY \_\_\_\_\_

**OTHER INFORMATION AND DISCLOSURES:**

EXPENSES OF TRUST ESTATE ADMINISTRATION WILL INCLUDE:

- FUNERAL AND BURIAL
- DEBTS OF DECEDENT
- EXPENSES OF LAST ILLNESS
- OUTSTANDING MORTGAGE
- PROMISSORY NOTES
- TRUSTEE FEES
- ACCOUNTING FEES
- ATTORNEY FEES
- MISC. COSTS -- DEATH CERTIFICATES, RECORDING FEES, ETC.