

TRUST ADMINISTRATION WORKSHEET

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******You are legally required by Section 16061.7 of the California Probate Code to give written notification to any beneficiary or heir of the estate.***

USING THIS ORGANIZER WILL ASSIST US IN GATHERING THE INFORMATION NECESSARY TO ADMINISTER YOUR TRUST.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

PERSONAL INFORMATION OF DECEDENT

Decedents Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Married Divorced Widowed Single

PERSONAL INFORMATION OF CLIENT/TRUSTEE

Name (Client or Trustee) _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

DECEDENTS FAMILY AND BENEFICIARY INFORMATION

(Please list ALL individuals named in the Trust Document AND Pour-Over Will whether they are beneficiaries or not) Social Security Numbers are required for tax reporting. If you do not have the information leave the area blank.

Name/ Address/ Phone number	Birth date	Relationship
1. _____ _____	_____	_____
Social Security # _____		
2. _____ _____	_____	_____
Social Security # _____		
3. _____ _____	_____	_____
Social Security # _____		
4. _____ _____	_____	_____
Social Security # _____		

Name/Address/Phone number

Birthdate

Relationship

5. _____

Social Security # _____

6. _____

Social Security # _____

7. _____

Social Security # _____

8. _____

Social Security # _____

9. _____

Social Security # _____

10. _____

Social Security # _____

11. _____

Social Security # _____

12. _____

Social Security # _____

Are there any Step Children that would have been adopted by the decedent, but were prevented from being adopted for any reason? Yes ___ No ___

If yes, please list their information below:

Name/ Address/ Phone number

Birth date

Relationship

1. _____

Social Security # _____

2. _____

Social Security # _____

NAMES AND ADDRESSES OF ALL SUCCESSOR TRUSTEES

Name/ Address/ Phone Number

1. _____
2. _____
3. _____
4. _____
5. _____

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

IMPORTANT QUESTIONS

Please rate the following on a scale of 1 to 5 (1 being least, 5 being greatest)	
What is the likelihood of anyone contesting the validity of the trust.	
What is the likelihood of anyone filing a lawsuit against the estate.	
Please answer YES or NO to the following (Y= yes, N= no)	
Are there any relatives or beneficiaries to the estate whose location is unknown?	
Has a tax ID number been issued for this trust administration? (if yes please list below)	
Have any distributions been made from the trust since the date of death?	
Have there been any Gift Tax (709) Returns filed for the Estate?	

“Owner” of Property

“Ownership” of property is **extremely important** for purposes of Trust Administration. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
Property held in the name of the Trust	T
If you cannot determine how the property is owned	?

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property

Type or Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, estimated value :

PLEASE PROVIDE COPIES OF DATE OF DEATH STATEMENTS FOR THE FOLLOWING:

1. BANK & SAVINGS ACCOUNTS

(Checking Account , Savings Account, Certificates of Deposit , Money Market)

Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify below and give minor’s name.

Account Name and Type: _____ Minors name: _____

Do any of the Accounts above have TOD or POD designations? (“Transfer on Death” or “Pay on Death”)? _____

2. STOCKS AND BONDS

(Provide copies of any and all stocks and bonds you own)

3. LIFE INSURANCE POLICES AND ANNUITIES

(Provide copies of Declaration pages for term, whole life, split dollar, group life, and annuities. Please provide the name of the beneficiaries to each policy if known)

4. RETIREMENT PLANS

Copies of Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K) Statements. *Please provide the name of the beneficiaries to each policy if known*

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

MONEY OWED TO THE ESTATE

Total

TYPE: Mortgages or promissory notes payable to the estate, or other moneys owed to the decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
			<i>Total</i>	<hr/>

OTHER ASSETS

TYPE: Other property is any property that the decedent or estate may own that does not fit into any listed category.

Type	Owner	Value
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
	<i>Total</i>	<hr/>

