

Fitzwater Meyer Hollis & Marmion, LLP
Trust Administration Intake Form

Today's Date: _____

I. Information about you:

Name: _____

Co-Trustee's Name (if applicable): _____

Address: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Are you interested in discussing fees for your services as trustee? _____

How did you hear about our firm?:

- Attorney: _____
- Accountant: _____
- Financial Planner: _____
- Senior Program: _____
- Medical Provider: _____
- Senior Center: _____
- Friend/Family: _____
- Website Brochure Newspaper Radio/TV
- Yellow Pages Metro Parent magazine
- Other: _____

Would you like to receive our email newsletters?

Elderlaw Newsletter

Yes

No

Special Needs Newsletter

Yes

No

II. Information about the decedent:

Name: _____

Address: _____

Date of Birth: _____

Date of Death: _____

Location of Death (City, County, State): _____

Social Security Number: _____

Year decedent became resident of Oregon: _____

Did the decedent have a Will? _____ Trust? _____

Have you ordered death certificates? _____

Name, address and telephone number of the decedent's CPA: _____

Did the decedent have a safe deposit box? If so, where? _____

Please bring to your appointment:

- Death certificate
- Will / Revocable Living Trust / other estate planning documents
- Copies of all statements covering the decedent's date of death (bank accounts, investment accounts, retirement accounts, etc.)
- Recent statements (bank accounts, investment accounts, retirement accounts, etc.)
- Most recent property tax statements

III. Information about the beneficiaries:

Please provide the names, relationships, social security numbers and addresses of the beneficiaries:

Name	Relationship and social security number	Address

IV. Asset Information:

The approximate value of the estate is: \$ _____

Please note: you do not need to include information about any asset for which you have provided a statement. (Only list assets not otherwise addressed.)

Real Estate:

Property Location	Ownership (please indicate if jointly held)	Mortgage Balance	Purchase Price	Value

Bank Accounts:

Financial Institution	Account No.	Type of Account	Ownership (please indicate if jointly held or payable on death)	Value

Personal Property: please list any significant item of personal property such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc., below:

Item	Ownership	Value

Other Securities (Non-Retirement): please list any bonds, mutual funds, stocks, or other securities that have not already been included in the accounts listed above:

Company/Issuer	Quantity	Ownership (please indicate if jointly held or payable on death)	Value

Life Insurance/Annuities:

Company (Acct/Policy #)	Owner/ Insured	Beneficiary Designation	Contingent Beneficiary (if any)	Death Benefit

Business Interests: please list any interest that you have in any closely-held business entity:

Business Name and Type (Corp, Pship, LLP, LLC, etc.)	Ownership/ % of Ownership	Basis	Buy/Sell or Other Operating Agreement	Value