Please send completed questionnaire to:
Aaron, Riechert, Carpol & Riffle, APC
333 Twin Dolphin Drive, Suite 350
Redwood City, CA 94065
Main Number: 650.368.4662
General Fax: 650.367.8531

POST-MORTEM TRUST ADMINISTRATION QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary, please use additional sheets of paper to answer the questions.

GENERAL CLIENT INFORMATION

CLIENT NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE

STREET ADDRESS	CITY	STATE	ZIP CODE

HOME TELEPHONE	HOME FAX	HOME EMAIL
WORK/ALTERNATE TELEPHONE	WORK/ALTERNATE FAX	WORK/ALTERNATE EMAIL
DRIVER'S LICENSE NUMBER AND ISSUING STATE	RELATIONSHIP TO THE DECEDENT	PREFERRED PRONOUNS

I. DECEDENT INFORMATION

PLEASE PROVIDE A COPY OF ALL OF THE FOLLOWING DOCUMENTS THAT YOU HAVE ACCESS TO, COVERING THE DECEDENT'S DATE OF DEATH.:

☐ **AN ORIGINAL CERTIFIED DEATH CERTIFICATE**	☐ **BANK STATEMENTS**
☐ **LAST WILL AND TESTAMENT**	☐ **STOCK, BONDS, MUTUAL FUNDS & INVESTMENT ACCOUNT STATEMENTS**
☐ **TRUST AND ANY AMENDMENTS**	☐ **LIFE INSURANCE POLICIES**
☐ **COPY OF DEEDS**	☐ **RETIREMENT ACCOUNT STATEMENTS**

DECEDENT'S NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE

STREET ADDRESS, CITY, AND COUNTY OF RESIDENCE AT THE TIME OF DEATH	DATE OF DEATH

C **DID THE DECEDENT HAVE ANY ASSUMED OR FORMER NAMES, SUCH AS A MAIDEN NAME, OR NICKNAMES?** ☐ YES ☐ NO
IF YES, WHAT ARE THEY?

D **WAS THE DECEDENT MARRIED AT THE TIME OF HIS/HER DEATH?** ☐ YES ☐ NO
IF YES, PLEASE STATE THE NAME AND ADDRESS OF THE SURVIVING SPOUSE.

E **DID THE DECEDENT HAVE ANY PREVIOUS MARRIAGE(S)?** ☐ YES ☐ NO
IF YES, PLEASE STATE THE NAME(S) OF THE FORMER SPOUSE(S), AND THE YEAR THAT THE MARRIAGE WAS FINAL.

F **WAS THE DECEDENT A U.S. CITIZEN?** ☐ YES ☐ NO

G **WAS THE DECEDENT A REGISTERED DOMESTIC PARTNER?** ☐ YES ☐ NO
IF YES, PLEASE STATE THE NAME OF THE SURVIVING DOMESTIC PARTNER.

II. TRUST AND BENEFICIARY INFORMATION

A **PLEASE PROVIDE THE NAME OF THE TRUST AND THE DATE ON WHICH IT WAS EXECUTED**

HAVE YOU LOCATED THE TRUST? ☐ YES ☐ NO

IF YES, PLEASE STATE THE LOCATION OF THE TRUST.

B **PLEASE PROVIDE THE NAME OF THE WILL AND THE DATE ON WHICH IT WAS EXECUTED**

HAVE YOU LOCATED A LAST WILL AND TESTAMENT? ☐ YES ☐ NO

IF YES, PLEASE STATE THE LOCATION OF THE WILL.

C **FIDUCIARIES ARE INDIVIDUALS OR INSTITUTIONS WHO ACT ON THE DECEDENT'S BEHALF OR ON BEHALF OF DECEDENT'S LOVED ONES. PLEASE PROVIDE THE NAMES, RELATIONSHIP TO DECEDENT, AND CONTACT INFORMATION FOR THE FOLLOWING FIDUCIARIES.**

	NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
☐ TRUSTEE ☐ SUCCESSOR TRUSTEE ☐ PERSONAL REPRESENTATIVE				
☐ TRUSTEE ☐ SUCCESSOR TRUSTEE ☐ PERSONAL REPRESENTATIVE				
☐ TRUSTEE ☐ SUCCESSOR TRUSTEE ☐ PERSONAL REPRESENTATIVE				
☐ TRUSTEE ☐ SUCCESSOR TRUSTEE ☐ PERSONAL REPRESENTATIVE				

D **PLEASE PROVIDE THE NAMES, RELATIONSHIP TO DECEDENT, DATE OF BIRTH, ADDRESSES, AND PHONE NUMBER OF ALL BENEFICIARIES NAMED IN THE TRUST. PLEASE ATTACH ADDITIONAL PAGES AS NEEDED.**

NAME	RELATIONSHIP	DOB	ADDRESS	PHONE NUMBER

E **DO YOU ANTICIPATE WHETHER ANY PERSON WITLL CONTEST THE CONTENTS OF THE TRUST/WILL?** ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN.

F **DO YOU ANTICIPATE WHETHER ANY PERSON WITLL CONTEST YOUR APPOINTMENT AS TRUSTEE?** ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN.

G	**DO YOU KNOW OF ANY PERSONS DISINHERITED FROM THE TRUST?** ☐ YES ☐ NO **IF YES, PLEASE EXPLAIN.**

III. CHILDREN AND FAMILY INFORMATION

A	**WAS THE DECEDENT SURVIVED BY ANY CHILDREN?** ☐ YES ☐ NO **IF YES, PLEASE STATE THE NAME, DOB, ADDRESS AND PHONE NUMBER OF THE CHILD(REN):**

NAME	DOB	ADDRESS	PHONE NUMBER

B	**DID THE DECEDENT HAVE ANY PREDECEASED CHILDREN?** ☐ YES ☐ NO **IF YES, PLEASE STATE THE NAME AND THE APPROXIMATE DATE OF DEATH.**

C	**ARE THERE ANY SURVIVING CHILDREN OF DECEASED CHILDREN?** ☐ YES ☐ NO **IF SO, PLEASE STATE THE NAMES, AGE, ADDRESS, AND PHONE NUMBER OF THE CHILD(REN):**

NAME	DOB	ADDRESS	PHONE NUMBER

D	**DID THE DECEDENT HAVE ANY CHILDREN OR GRANDCHILDREN THAT WERE ADOPTED; STEPCHILDREN; OR FOSTER CHILDREN?** ☐ YES ☐ NO **IF SO, PLEASE STATE THE NAMES, AGE, ADDRESS, AND PHONE NUMBER OF THE CHILD(REN):**

NAME	DOB	ADDRESS	PHONE NUMBER

E	**IF NO CHILD(REN), WAS THE DECEDENT SURVIVED BY A PARENT(S)?** ☐ YES ☐ NO **IF YES, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE PARENT(S).**

NAME	ADDRESS	PHONE NUMBER

F	**IF THE DECEDENT WAS NOT SURVIVED BY A PARENT(S), WAS THE DECEDENT SURVIVED BY ANY SIBLINGS?** ☐ YES ☐ NO **IF YES, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE SIBLING(S):**

NAME	ADDRESS	PHONE NUMBER

G	**DID THE DECEDENT HAVE ANY PREDECEASED SIBLINGS, WHO LEFT ISSUE SURVIVING?** ☐ YES ☐ NO
H	**IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF HIS OR HER PARENTS, WAS THE DECEDENT SURVIVED BY A GRANDPARENT(S)?** ☐ YES ☐ NO

I	**IF THE DECEDENT WAS NOT SURVIVED BY A GRANDPARENT(S), WAS THE DECEDENT SURVIVED BY ANY ISSUE OF A GRANDPARENT(S)?** ☐ YES ☐ NO
J	**IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF A GRANDPARENT(S), WAS THE DECEDENT SURVIVED BY ANY ISSUE OF A PREDECEASED SPOUSE?** ☐ YES ☐ NO
K	**IF THE DECEDENT WAS NOT SURVIVED BY ANY ISSUE OF A PREDECEASED SPOUSE, WAS THE DECEDENT SURVIVED BY ANY NEXT OF KIN?** ☐ YES ☐ NO

IV. ASSETS & OTHER FINANCIAL INFORMATION

A **DID THE DECEDENT OWN REAL ESTATE AT THE TIME OF DEATH? PLEASE PROVIDE COPIES OF ANY MORTGAGE STATEMENTS COVERING THE DATE OF DEATH.**

ADDRESS	FAIR MARKET VALUE $	AMOUNT OWED $	MONTHLY INCOME (IF ANY) $
	$	$	$
	$	$	$
	$	$	$

B **IRAS (INDIVIDUAL RETIREMENT ACCOUNTS). IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.**

NAME OF INSTITUTION	ACCOUNT NUMBER	VALUE $	DESIGNATED BENEFICIARY
		$	
		$	

C **RETIREMENT PLANS. IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.**

NAME OF PLAN	ACCOUNT NUMBER	PARTICIPANT VALUE $	DESIGNATED BENEFICIARY
		$	

D **LIFE INSURANCE. IF IT IS DETERMINED THAT AN ESTATE TAX RETURN MUST BE FILED, WE WILL NEED STATEMENTS OF THESE ACCOUNTS COVERING THE DECEDENT'S DATE OF DEATH.**

NAME OF COMPANY	ACCOUNT NUMBER	FACE AMOUNT $	DESIGNATED BENEFICIARY
		$	

E **STOCKS AND BONDS. PLEASE LIST BELOW AND PROVIDE COPIES OF THE STATEMENTS COVERING THE DATE OF DEATH. IF THE STOCKS AND/OR BONDS ARE HELD IN CERTIFICATE FORM, PLEASE PROVIDE COPIES OF THE CERTIFICATES.**

NAME OF SECURITY OR BROKERAGE	ACCOUNT NUMBER OR NO. OF SHARES (IF APPLICABLE)	CURRENT VALUE $
		$
		$

F **CASH. PLEASE PROVIDE COPIES OF THE STATEMENTS COVERING THE DATE OF DEATH.**

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	CURRENT BALANCE $
		$
		$

J **VEHICLES (INCLUDE BOATS, TRAILERS, OTHER ITEM)**

MAKE, MODEL, YEAR	LOCATION	FAIR MARKET VALUE	VEHICLE LIENS

K **OTHER ASSETS** (E.G. PARTNERSHIPS, OTHER BUSINESS INTEREST, OR HIGHLY VALUED AUTOMOBILES, ANTIQUES, ART, JEWELRY, ETC.)

PLEASE PROVIDE ANY ENTITY DOCUMENTS FOR PARTNERSHIPS OR OTHER BUSINESS INTERESTS.

	FAIR MARKET VALUE $
	$

L **DID THE DECEDENT HOLD ANY ASSETS JOINTLY WITH ANOTHER PERSON AT THE TIME OF HIS/HER DEATH?** ☐ YES ☐ NO

M **DID ANYONE OWE MONEY TO THE DECEDENT AS OF HIS/HER DATE OF DEATH?** ☐ YES ☐ NO

IF YES, PLEASE LIST AND PROVIDE COPIES OF ANY DEBTS OWED TO DECEDENT BELOW.

NAME OF DEBTOR	ADDRESS	CURRENT BALANCE $

N **ASIDE FROM ANY MORTGAGES OR DEEDS OF TRUST FROM REAL ESTATE, DID THE DECEDENT HAVE ANY OUTSTANDING DEBT ON HIS/HER DATE OF DEATH?** ☐ YES ☐ NO

IF YES, PLEASE LIST AND PROVIDE COPIES OF ANY DEBT OUTSTANDING ON THE DECEDENT'S DATE OF DEATH.

IF THE DECEDENT OWED YOU ANY MONEY AT THE TIME OF HIS/HER DEATH, PLEASE LIST BELOW.

IF YOU HAVE ADVANCED THE ESTATE ANY FUNDS, AND EXPECT REIMBURSEMENT, PLEASE LIST BELOW.

NAME OF CREDITOR	ADDRESS	AMOUNT OWED $

V. DECEDENT'S ADVISORS

A **PLEASE PROVIDE THE NAME AND INFORMATION OF THE DECEDENT'S PERSONAL ATTORNEY.**

NAME (LAST)	FIRST	MI
STREET ADDRESS		

CITY	STATE	ZIP CODE	TELEPHONE	FAX NUMBER

B	**PLEASE PROVIDE THE NAME AND INFORMATION OF THE DECEDENT'S ACCOUNTANT.**				
NAME (LAST)			FIRST		MI
STREET ADDRESS					
CITY	STATE	ZIP CODE	TELEPHONE		FAX NUMBER
C	**PLEASE PROVIDE THE NAME AND INFORMATION OF THE DECEDENT'S FINANCIAL ADVISOR.**				
NAME (LAST)			FIRST		MI
STREET ADDRESS					
CITY	STATE	ZIP CODE	TELEPHONE		FAX NUMBER
D	**PLEASE PROVIDE THE NAME AND INFORMATION OF THE DECEDENT'S LIFE INSURANCE AGENT.**				
NAME (LAST)			FIRST		MI
STREET ADDRESS					
CITY	STATE	ZIP CODE	TELEPHONE		FAX NUMBER

VI. OTHER QUESTIONS

A	**WAS THE DECEDENT RECEIVING SOCIAL SECURITY?** ☐ YES ☐ NO
B	**WAS THE DECEDENT RECEIVING BENEFITS FROM MEDI-CAL?** ☐ YES ☐ NO **WAS THE DECENDENT RECEIVING BENEFITS FROM MEDI-CARE?** ☐ YES ☐ NO
C	**DID THE DECEDENT HAVE A SAFETY DEPOSIT BOX?** ☐ YES ☐ NO **IF YES, PLEASE PROVIDE THE BRANCH NAME AND LOCATION.**
D	**IS THE LOCATION OF THE KEY TO THE SAFETY DEPOSIT BOX KNOWN?** ☐ YES ☐ NO **IF YES, PLEASE PROVIDE THE LOCATION.**
E	**WAS DECEDENT OR SPOUSE MAKING PAYMENT PURSUANT TO A DIVORCE OR PROPERTY SETTLEMENT ORDER?** ☐ YES ☐ NO
F	**IF DECEDENT WAS MARRIED, DID DECEDENT AND SPOUSE SIGN A PREMARITAL AGREEMENT?** ☐ YES ☐ NO
G	**HAS DECEDENT BEEN WIDOWED?** ☐ YES ☐ NO **IF YES, WAS A FEDERAL ESTATE TAX RETURN OR A STATE DEATH TAX RETURN FILED?**
H	**DID DECEDENT EVER FILE A FEDERAL OR STATE GIFT TAX RETURN?** ☐ YES ☐ NO
I	**IS DECEDENT NAMED A BENEFICIARY OF ANYONE ELSE'S TRUST?** ☐ YES ☐ NO
J	**DID DECEDENT'S SPOUSE OR ANY OF THE DECEDENT'S CHILDREN HAVE SPECIAL EDUCATIONAL, MEDICAL, OR PHYSICAL NEEDS?** ☐ YES ☐ NO
K	**DO ANY OF THE DECEDENT'S CHILDREN RECEIVE GOVERNMENTAL SUPPORT OR BENEFITS?** ☐ YES ☐ NO
L	**WAS DECEDENT SUBJECT TO GUARDIANSHIP OR CONSERVATORSHIP PRIOR TO DEATH?** ☐ YES ☐ NO
M	**WAS DECEDENT A PARTY TO ANY LITIGATION AT THE TIME OF DEATH?** ☐ YES ☐ NO