



## Trust Administration Questionnaire

Thank you for contacting Starrett Law Firm about the trust administration. This questionnaire will be helpful for organizing your thoughts prior to our appointment. Fill it out as well as you can, either skipping or placing question marks next to those items that seem inapplicable or about which you have questions or simply don't know the answer. Use full legal names (first, middle and last). Attach additional sheets if necessary. Please submit this completed questionnaire and copies of any supporting documentation such as the existing trust instrument and any amendment(s) at least 3 days prior to our meeting. This will better ensure a productive and efficient meeting.

Matter Number, if known: \_\_\_\_\_

Is this a new trust that needs administration?      Y              N      If no, year that trust was created: \_\_\_\_\_

### I. General Information

#### A. Trust

1. Trust Name \_\_\_\_\_
2. Trust Tax Identification Number \_\_\_\_\_
3. Was the trust created by will?              Y              N      *(If so, please provide a copy of the will.)*
4. Governing law applicable to trust \_\_\_\_\_
5. Type of trust, if known *(e.g. survivor's trust, credit shelter trust, minor's trust)* \_\_\_\_\_
6. Reason for trust, if known \_\_\_\_\_

#### B. Settlor/Co-Settlor (i.e. the trust creator)

##### 1. Settlor

##### 2. Co-Settlor (if applicable)

- |                     |  |    |  |
|---------------------|--|----|--|
| a. Full Legal Name: | _____                                    | a. | _____                                    |
| b. Still living?    | Y    N <i>If no, date of death</i> _____ | b. | Y    N <i>If no, date of death</i> _____ |
| c. Still competent? | Y    N                                   | c. | Y    N                                   |
| d. Address:         | _____<br>_____                           | d. | _____<br>_____                           |
| e. Cell Phone:      | _____                                    | e. | _____                                    |
| f. Home Phone:      | _____                                    | f. | _____                                    |
| g. Email:           | _____                                    | g. | _____                                    |
| h. D.O.B.           | _____                                    | h. | _____                                    |
| i. S.S.N.           | _____                                    | i. | _____                                    |

**C. Trustee/Co-Trustee (i.e. the trust manager)**

**1. Trustee**

**2. Co-Trustee (if applicable)**

- |                                       |       |          |
|---------------------------------------|-------|----------|
| a. Full Legal Name:                   | _____ | a. _____ |
| b. Nickname or Preferred Name:        | _____ | b. _____ |
| c. Company (if professional trustee): | _____ | c. _____ |
| d. Address:                           | _____ | d. _____ |
|                                       | _____ | _____    |
| e. Cell Phone:                        | _____ | e. _____ |
| f. Home Phone:                        | _____ | f. _____ |
| g. Email:                             | _____ | g. _____ |
| h. D.O.B.                             | _____ | h. _____ |
| i. S.S.N. (or EIN/TIN):               | _____ | i. _____ |
| j. Relationship to trust settlor:     | _____ | j. _____ |
| k. Alma Mater:                        | _____ | k. _____ |
| l. Hobbies/Interests:                 | _____ | l. _____ |

**D. Beneficiary/Beneficiaries**

**1. Beneficiary 1**

**2. Beneficiary 2 (if applicable)**

- |                                   |       |          |
|-----------------------------------|-------|----------|
| a. Full Legal Name:               | _____ | a. _____ |
| b. Address:                       | _____ | b. _____ |
|                                   | _____ | _____    |
| c. Cell Phone:                    | _____ | c. _____ |
| d. Home Phone:                    | _____ | d. _____ |
| e. Email:                         | _____ | e. _____ |
| f. D.O.B.                         | _____ | f. _____ |
| g. S.S.N. (or EIN/TIN):           | _____ | g. _____ |
| h. Relationship to trust settlor: | _____ | h. _____ |

**3. Beneficiary 3 (if applicable)**

**4. Beneficiary 4 (if applicable)**

- |                                   |       |          |
|-----------------------------------|-------|----------|
| a. Full Legal Name:               | _____ | a. _____ |
| b. Address:                       | _____ | b. _____ |
|                                   | _____ | _____    |
| c. Cell Phone:                    | _____ | c. _____ |
| d. Home Phone:                    | _____ | d. _____ |
| e. Email:                         | _____ | e. _____ |
| f. D.O.B.                         | _____ | f. _____ |
| g. S.S.N (or EIN/TIN):            | _____ | g. _____ |
| h. Relationship to trust settlor: | _____ | h. _____ |

5. Is any beneficiary disabled, deceased, or affected by a special circumstance such as drug addiction, alcoholism, debt problems, or marital difficulties? *If so, please explain.* Y      N

**E. Other Advisors**

	<u>Name</u>	<u>Firm</u>	<u>Email</u>	<u>Phone</u>
1. Accountant	_____	_____	_____	_____
2. Financial Advisor	_____	_____	_____	_____
3. Insurance	_____	_____	_____	_____
4. Banker	_____	_____	_____	_____
5. Other	_____	_____	_____	_____

**II. Asset Information**

Please list the main assets that are subject to trust administration. Where indicated, note the (i) approximate fair market value and (ii) outstanding balance of any associated liabilities.

	<u>Asset</u>	<u>Institution/Location</u>	<u>Value</u>	<u>Liability</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

### III. Trust Issues

Below, please specify the issues or questions regarding the trust, the trust beneficiaries, or any other trust matter that you would like to discuss at our meeting.

\* \* \*

The undersigned hereby represents to Starrett Law Firm that the information contained in this questionnaire and any supporting documentation is accurate and complete, and that the undersigned understands that we will rely on this information. If the information contained herein is inaccurate or incomplete, our counsel may not be appropriate.

*Type or sign your name below to acknowledge and agree to the above statement.*

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Co-Trustee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date