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Estate/Trust Administration Intake Form

Fiduciary Information

Your Name: _____

Check all that apply: Executor _____
 Trustee _____

Your Address: _____

Home Telephone No: _____ Cell Phone No: _____

Email Address: _____

Social Security No. _____

Name of Co-Executor/Co-Trustee (if applicable): _____

Check all that apply: Executor _____
 Trustee _____

Co-Executor/Co-Trustee's Address: _____

Home Telephone No: _____ Cell Phone No: _____

Email Address: _____

Decedent's Information

Name: _____

Aliases: _____

Address at time of death: _____

Date of Birth: _____

Date of Death: _____

Location of Death (City/Town and State): _____

Marital Status at death: _____

For R.I. Residents at time of death, please provide the year the decedent became a R.I. resident:

If decedent was not a R.I. Resident please state decedent's residency: _____

Did the decedent have an accountant/CPA? If so, please provide the person's name, address and telephone number: _____

Did the decedent have any creditors at time of death, if so please provide a list of their names, addresses, amount owed and if debt amount is in controversy: _____

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

Please bring the following documents to your appointment:

- Certified Copy of decedent's Death Certificate
- Original Will and/or Trust
- Copies of all bank statements, investment accounts, retirement accounts, annuities etc. showing balance at decedent's date of death (if you do not have this information please request it from the financial institution or custodian)
- Funeral Bill showing zero balance or "Paid in Full"
- Copy of all deeds for real estate which decedent owned or had an interest in

Beneficiary Information

Please provide the following information about the will and/or trust beneficiaries:

Name	Relationship to Decedent	Address

Asset Information

Real Estate

Property Address	Ownership (please indicate if jointly held)	Mortgage/Line of Credit Balance	Value of Real Estate (approx value)

Bank Accounts

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

Personal Property: Please list any items of personal property such as automobiles, boats, artwork, jewelry, collections etc.:

Item	Value

Retirement Accounts: Please list any IRAs, 401(k)s, profit sharing plans, pension plans, or other deferred compensation arrangements

Financial Institution	Type of Account	Owner	Beneficiary Designation	Date of Death Value

Investment Accounts (Non-Retirement)

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

Life Insurance/Annuities:

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

Business Interests: Please list any interest(s) in any closely-held business entities:

Business Name and Type (Corp, P'ship, LLP, LLC, etc.)	Decedent's Ownership Percentage	Buy/Sell or Other Operating Agreement	Value