

**TARZWELL & TRUBIANO LAW, LLC**

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**Estate/Trust Administration Intake Form**

Today's Date: \_\_\_\_\_

**I. Information about you:**

Name: \_\_\_\_\_

Executor/Co-Trustee's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Are you interested in discussing fees for your services as Executor/Trustee? \_\_\_\_\_

**II. Information about the decedent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Location of Death (City/Town and state: \_\_\_\_\_

Year decedent became Rhode Island resident: \_\_\_\_\_

Did the decedent have a Will? \_\_\_\_\_ Trust? \_\_\_\_\_

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

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

**Please bring the following documents to your appointment:**

- ☐ Copy of decedent's Death Certificate
- ☐ Will/Revocable Living Trust/other estate planning documents
- ☐ Copies of all bank statements, investment accounts, retirement accounts, annuities etc. showing balance at decedent's date of death
- ☐ Funeral Bill showing zero balance or "Paid in Full"
- ☐ Copy of all deeds for real estate which decedent owned or had an interest in

### III. Information about the beneficiaries:

Please provide the following information of the beneficiaries:

[illegible]

**IV. Asset Information:**  
**Real Estate:**

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

**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:

[illegible]

**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