



# TARZWELL & TRUBIANO LAW, LLC

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## **Estate/Trust Administration Intake Form**

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

### **I. Information about you:**

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

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

\_\_\_\_\_

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

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

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

Are you interested in discussing fees for your services as Executor/Trustee?  Yes  No

### **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?  Yes  No

Did the decedent have a Trust?  Yes  No

Did the decedent have an accountant/CPA?  Yes  No

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:

Name	Relationship to Decedent	Address	Email	Telephone #


**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



**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	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 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