Robin Rose Stiller, Esq.
Estate/Trust Administration Information Form

Please fill out this form as completely and accurately as possible. If time allows, return the completed form to me before our first meeting; otherwise, bring the completed form with you to our meeting. This information will help me to better analyze your estate and/or trust administration needs and will make our first meeting as productive as possible. All information contained in this questionnaire is ***strictly confidential.*** After I have met with you and determined what needs to be done, I will advise you as to the probable cost of the legal services required for your situation.

Person providing this information: **Date:** ______________________________

Name ______________________________ **Address** ______________________________

E-mail ______________________________ ______________________________

Relation to Deceased ☐ **Surviving Spouse** **Phone No. (_____)-**______________________

☐ **Other:** ______________ **Fax No. (_____)-**______________________

Fiduciary's SSN:______________________________

PART I – DECEDENT INFORMATION

Name of Deceased ____
(FIRST) (MIDDLE) (LAST)

Last Address ____

____

Date of Birth ______________________ **Social Security No.** ______________________

Date of Death ______________________ **Estate's EIN** ______________________
(PROVIDED BY FIRM)

MEDICAID RECIPIENT?______________________

PART II – DECEDENT'S FAMILY

SURVIVING SPOUSE

Is there a surviving spouse? ☐ **Yes** ☐ **No**

Is he or she a U.S. citizen? ☐ **Yes** ☐ **No**

If Yes: ☐ **Born** ☐ **Naturalized**

> If surviving spouse is a naturalized U.S. citizen and a federal estate tax return is expected, we need the naturalization certificate (copy).

If yes, provide the following:

☐ **See contact information above, or:**

Name ______________________________

Address ______________________________

____

Phone No. (_____)-______________________

Spouse's SSN: ______________________ **Spouse's DOB:** ______________________

Was Decedent ever previously married? ☐ **Yes** ☐ **No - if yes, how was/were the marriage(s) terminated?**

☐ **Divorce - Date:** ______________________ ☐ **Death - Spouse's DOD:** ______________________

Spouse's name: ______________________ **Spouse's name:** ______________________

CHILDREN/BENEFICIARIES

If any children are deceased but left surviving issue, provide information on those descendants also.

Name	Address and Telephone	Date of Birth
______________	______________ ______________ ( )- __________	______________ SSN: __________
______________	______________ ______________ ( )- __________	______________ SSN: __________
______________	______________ ______________ ( )- __________	______________ SSN: __________
______________	______________ ______________ ( )- __________	______________ SSN: __________
______________	______________ ______________ ( )- __________	______________ SSN: __________

Are all of the decedent's children also all children of the surviving spouse? ☐ Yes ☐ No

PART III – FINANCIAL INFORMATION

A. REAL ESTATE

Address	Value	Mortgage	Title (i.e. sole name, joint names, trust)
______________ ______________	$__________	$__________	______________
______________ ______________	$__________	$__________	______________
______________ ______________	$__________	$__________	______________

Is any of the real estate listed above rental property? ☐ Yes ☐ No - if yes, which are rented and how much income is earned each year? ____

____

B.1. INVESTMENT AND MONEY MARKET ACCOUNTS

Institution, type of account, acct. no.	Value	Title (i.e. sole name, joint names, trust)
1. ______________	$______________	______________
2. ______________	$______________	______________
3. ______________	$______________	______________

B.2. OTHER INVESTMENTS (Individual Stocks, Savings Bonds, Other Securities)

Institution, type of account, acct. no.	Value	Title (i.e. sole name, joint names, trust)
1. ______________________	$______________________	______________________
2. ______________________	$______________________	______________________
3. ______________________	$______________________	______________________

C. BANK ACCOUNTS AND CERTIFICATES OF DEPOSIT

Institution, type of account, acct. no.	Value	Title (i.e. sole name, joint names, trust)
1. ______________________	$______________________	______________________
2. ______________________	$______________________	______________________
3. ______________________	$______________________	______________________

D. LIFE INSURANCE. Note: Check for riders on any long-term care policies.

	Policy 1	*Policy 2*	*Policy 3*
Insurance Co.	______________	______________	______________
Policy No.	______________	______________	______________
Death benefit	______________	______________	______________
Beneficiary(ies)	______________	______________	______________

E. ACCOUNTS WITH OTHERS

Is there any property owned jointly with children or other non-spouses? ☐ Yes ☐ No
Did the Decedent hold any custodial accounts for other persons (e.g. UTMA accounts)? ☐ Yes ☐ No
If yes, describe on reverse.

F.1. BUSINESS OR PROFESSIONAL PRACTICE

Name of business: ____
Nature of the business: ____
Ownership Interest (Type, percentage): ______________________________________

F.2. MISCELLANEOUS ASSETS

Motor vehicles, boats, and other titled personal property (provide copies of titles):

1. Make and Model: ______________________________ **Value: $**______________
2. Make and Model: ______________________________ **Value: $**______________
3. Make and Model: ______________________________ **Value: $**______________
Value of other tangible personal property (e.g. clothing, furniture, jewelry, etc.) $______________
Describe all assets that have distinct value (e.g. artwork, antiques, open cemetery plots, safe deposit boxes, etc.) ____
____

***G. TRUSTS*. Was the Decedent a grantor, trustee, or beneficiary of any trust? ☐ Yes ☐ No**
If yes, attach.

H. RETIREMENT ASSETS AND ANNUITIES

	Plan 1	*Plan 2*	*Plan 3*
Institution Name	____________	____________	____________
Type (IRA, 401(k), etc.)	____________	____________	____________
Account no.	____________	____________	____________
Value	____________	____________	____________
Beneficiary(ies)	____________	____________	____________

I. OTHER CONSIDERATIONS

Did the Decedent acquire any property by gift within one year of the date of death? ☐ Yes ☐ No
If yes, briefly describe the gifts, including from whom, and the estimated value of the property.

____

____

Did the Decedent gift any property to others within three years of the date of death? ☐ Yes ☐ No
If yes, briefly describe the gifts, including to whom and the estimated value of the property.

____

____

DEBTS AND LIABILITIES

Briefly describe the Decedent's mortgages and other debts and liabilities (don't forget lawsuits).

____

____

____

ADVISORS

Financial Advisor ______________________________

____

____

____

Accountant ______________________________

____

____

____

Insurance Agent ______________________________

____

____

____

Is there anything of particular concern to you or other family members that we need to discuss (family conflict, incapacitated spouse or other family member, etc.) ☐ Yes ☐ No - if yes, describe.

____

____

CHECKLIST OF DOCUMENTS NEEDED
(If applicable and readily available)

ESTATE OF____

- ☐ Death Certificate
- ☐ Original Last Will and Testament
- ☐ Trust Agreement
- ☐ Spouse's naturalization certificate (if applicable)
- ☐ Divorce decrees from previous marriages (if applicable)
- ☐ Deeds (including real estate deeds or certificates to unused cemetery plots)
- ☐ Copies of all account statements and updated passbooks
- ☐ Copies of stock certificates and savings bonds
- ☐ If decedent ran a business, a copy of all corporate record books
- ☐ If decedent owned an interest in a business, a copy of all buy-sell agreements and record books
- ☐ Copies of life insurance policies
- ☐ Vehicle and mobile home titles
- ☐ Safety deposit box information
- ☐ Paid funeral and cemetery bills
- ☐ All existing appraisals for real or tangible personal property
- ☐ Copies of all trust agreements under which decedent was a beneficiary or a trustee
- ☐ Most recent income tax return
- ☐ Other important documents (promissory notes, leases, police report, lawsuits, etc.) and the following items requested by firm:
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____
  - ☐ ____

ROBIN ROSE STILLER, ESQ.
193 BROOKRUN DRIVE
AKRON, OHIO 44321
Tel. (330) 666-9416
*e-mail: rrstiller@roadrunner.com