



CARESS LAW, PC

Trust Administration Intake Form

Your Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Preferred Phone: _____

Email: _____

Date of Birth: _____

Your Social Security Number: _____

Your Relationship to the Trustor: _____

Is Trustor living? _____

Do you have a copy of the Trust? _____

Did/Does the Trustor have a Will? _____

Are there any other Trustees? _____

If so, provide names, addresses, phone numbers, and email:

Trustor's Full Name: _____

Trustor's Social Security Number: _____

Trust EIN: _____

Trustor's Date of Birth: _____

Did/Does Trustor have any children? _____

List all living children, including names, addresses, phone numbers, and dates of birth:

List all deceased children, including names, dates of birth, and dates of death:

Did/Does Trustor have any living parents? _____

If so, provide the names, addresses, and phone numbers for any living parents:

Safe Deposit Box Information:

Trustor's Marital Status Now/At the time of Death: _____

If married, name of spouse: _____

If married, date of marriage: _____

If married, spouse's social security number and residence:

If divorced, name(s) of prior spouse(s): _____

If divorced, date(s) of divorce(s): _____

If legally separated, name of spouse: _____

If legally separated, date of legal separation: _____

If widowed, name(s) of deceased spouse(s): _____

If widowed, date and place of spouse(s) death: _____

Was/Is Trustor employed? _____

If yes, provide employer name, address, phone number, and job title:

Was/Is Trustor the owner of any business? _____

If yes, provide business name, address, phone number, and business purpose:

If Trustor is no longer living:

Trustor Date of Death: _____

Trustor's Address at the Time of Death:

Post Office Address (if different from residing address):

When did Trustor begin to live at the above address? _____

Trustor's Prior Address:

Trustor's Place of Death: _____

Cause of Trustor's Death: _____

Do you have a death certificate? _____

If Trustor is living:

If Trustor is living, is the Trustor employed? _____

If yes, provide employer name, address, phone number, and job title:

Is the Trustor the owner of any business? _____

If yes, provide employer name, address, phone number, and business purpose:

Trustor's Advisors:

Title	Name	Address/Company	Phone Number
Attorney			
Accountant			
Financial Advisor			
Primary Personal Bank			
Life Insurance Agent			
Stock Broker			

Trustor's Cash Accounts:

Name of Institution	Ownership	Checking	Savings or Money Market	CD's

Trustor's Investments (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account. Investments held in IRAs, 401(k)s and similar tax-referred plans or account should be listed under Retirement Benefits below.):

Company	Ownership	Value

Trustor's Retirement Benefits:

Company	Ownership	Value	Beneficiaries

Real Property:

Address	Ownership	Value

Trustor's Mortgages, Notes, Liens and Debts:

Lien Holder	Ownership	Date of Lien/Note	Amount Due

Trustor's Miscellaneous Assets (List only major personal effects such as automobiles, valuable jewelry, art, coin collections, stamp collections, etc.):

Description	Ownership	Net Value

Trustor's Life Insurance Policies:

Company	Type	Owner	Beneficiary	Alt. Beneficiary	Death Benefit	Policy Loans