GEIGER LAW
OFFICE P.C.

TRUST ADMINISTRATION QUESTIONNAIRE

Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Additionally, when giving information about a minor, please provide the email and phone number for the child's guardian instead of the child.

BASIC PERSONAL INFORMATION

NAME OF DECEDENT: _____

PERMANENT RESIDENCE AT TIME OF DEATH (Prior to Nursing Home or Hospital):

_____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____ US Citizen? Yes ☐ No ☐

LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

SUCCESSOR TRUSTEE

SUCCESSOR TRUSTEE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____ EMAIL: _____

CO TRUSTEE (if any): _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____ EMAIL: _____

BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____ EMAIL: _____

DECEDENT'S CHILDREN:

CHILD # 1: ____________________

DATE OF BIRTH:__________ EMAIL: __________

ADDRESS: ____________________

CITY:__________ STATE:__________ ZIP CODE: __________

TELEPHONE: ____________________

CHILD # 2: ____________________

DATE OF BIRTH:__________ EMAIL: __________

ADDRESS: ____________________

CITY:__________ STATE :__________ ZIP CODE: __________

TELEPHONE: ____________________

CHILD # 3: ____________________

DATE OF BIRTH:__________ EMAIL: __________

ADDRESS:____________________

CITY:__________ STATE: __________ ZIP CODE: __________

TELEPHONE: ____________________

CHILD # 4: ____________________

DATE OF BIRTH:__________ EMAIL: __________

ADDRESS:____________________

CITY:__________ STATE: __________ ZIP CODE: __________

TELEPHONE: ____________________

OTHER BENEFICIARIES OR HEIRS AT LAW (INCL. LIVING SIBLINGS & LIVING PARENTS):

NAME:____________________

ADDRESS:____________________

CITY:__________ STATE:__________ ZIP CODE: __________

TELEPHONE:____________________

RELATIONSHIP TO THE DECEDENT: ____________________

DATE OF BIRTH:__________ EMAIL: __________

NAME:____________________

ADDRESS:____________________

CITY:__________ STATE:__________ ZIP CODE: __________

TELEPHONE:____________________

RELATIONSHIP TO THE DECEDENT: ____________________

DATE OF BIRTH:__________ EMAIL: __________

NAME:____________________

ADDRESS:____________________

CITY:__________ STATE:__________ ZIP CODE: __________

TELEPHONE:____________________

RELATIONSHIP TO THE DECEDENT: ____________________

DATE OF BIRTH:__________ EMAIL: __________

ASSETS:

SAFE DEPOSIT BOX: ☐ Yes ☐ No

LOCATION: ______________________________

REAL ESTATE:

ADDRESS: ______________________________

CITY: ____________ STATE: ____________ ZIP CODE: ____________

COUNTY: ____________ DATE OF DEATH VALUE: ____________

TITLED TO: ☐ DECEDENT ☐ TRUST OTHER: ____________

HOMESTEAD: ☐ Yes ☐ No

ADDRESS: ______________________________

CITY: ____________ STATE: ____________ ZIP CODE: ____________

COUNTY: ____________ DATE OF DEATH VALUE: ____________

TITLED TO: ☐ DECEDENT ☐ TRUST OTHER: ____________

HOMESTEAD: ☐ Yes ☐ No

ADDRESS: ______________________________

CITY: ____________ STATE: ____________ ZIP CODE: ____________

COUNTY: ____________ DATE OF DEATH VALUE: ____________

TITLED TO: ☐ DECEDENT ☐ TRUST OTHER: ____________

HOMESTEAD: ☐ Yes ☐ No

STOCKS AND BONDS:

NAME OF COMPANY: ______________________________

TYPE OF SECURITY: ______________________________

TITLED TO: ☐ DECEDENT ☐ TRUST ACCT. # ____________

LOCATION OF CERTIFICATE (IF NOT IN BROKERAGE ACCT.): ____________

DATE OF DEATH VALUE: ______________________________

NAME OF COMPANY: ______________________________

TYPE OF SECURITY: ______________________________

TITLED TO: ☐ DECEDENT ☐ TRUST ACCT. # ____________

LOCATION OF CERTIFICATE (IF NOT IN BROKERAGE ACCT.): ____________

DATE OF DEATH VALUE: ______________________________

NAME OF COMPANY: ______________________________

TYPE OF SECURITY: ______________________________

TITLED TO: ☐ DECEDENT ☐ TRUST ACCT. # ____________

LOCATION OF CERTIFICATE (IF NOT IN BROKERAGE ACCT.): ____________

DATE OF DEATH VALUE: ______________________________

BANK AND MONEY MARKET ACCOUNTS:

BANK NAME: _____
ACCOUNT NUMBER: _____
HOW TITLED: ☐ DECEDENT ☐ TRUST ACCT TYPE: _____
DATE OF DEATH VALUE: _____

BANK NAME: _____
ACCOUNT NUMBER: _____
HOW TITLED: ☐ DECEDENT ☐ TRUST ACCT TYPE: _____
DATE OF DEATH VALUE: _____

BANK NAME: _____
ACCOUNT NUMBER: _____
HOW TITLED: ☐ DECEDENT ☐ TRUST ACCT TYPE: _____
DATE OF DEATH VALUE: _____

INVESTMENT ACCOUNTS & CDS:

NAME OF INSTITUTION: _____
ACCOUNT NUMBER: _____
HOW TITLED: ☐ DECEDENT ☐ TRUST ACCT. TYPE: _____
DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____
ACCOUNT NUMBER: _____
HOW TITLED: ☐ DECEDENT ☐ TRUST ACCT. TYPE: _____
DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____
ACCOUNT NUMBER: _____
HOW TITLED: ☐ DECEDENT ☐ TRUST ACCT. TYPE: _____
DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: ☐ DECEDENT ☐ TRUST OTHER: _____
LOCATION OF BONDS: _____
TO BE CASHED: ☐ Yes ☐ No
IF YES, NAME OF TRANSFEREE: _____
DATE OF DEATH VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR 1: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
DATE OF DEATH VALUE: _____

MORTGAGOR 2: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
DATE OF DEATH VALUE: _____

INSURANCE ON DECEDENT'S LIFE:

COMPANY NAME:________________________________ POLICY #: ________________________________
BENEFICIARIES NAMED: ____
LOCATION OF POLICY: ____________________________ TYPE OF POLICY: ____________________
DATE OF DEATH VALUE: ____

COMPANY NAME:________________________________ POLICY #: ________________________________
BENEFICIARIES NAMED: ____
LOCATION OF POLICY: ____________________________ TYPE OF POLICY: ____________________
DATE OF DEATH VALUE: ____

COMPANY NAME:________________________________ POLICY #: ________________________________
BENEFICIARIES NAMED: ____
LOCATION OF POLICY: ____________________________ TYPE OF POLICY: ____________________
DATE OF DEATH VALUE: ____

COMPANY NAME:________________________________ POLICY #: ________________________________
BENEFICIARIES NAMED: ____
LOCATION OF POLICY: ____________________________ TYPE OF POLICY: ____________________
DATE OF DEATH VALUE: ____

RETIREMENT:

COMPANY NAME:________________________________ ACCOUNT #: ______________________________
BENEFICIARY NAMED: ____
TYPE OF PLAN: ____
DATE OF DEATH VALUE: ____

COMPANY NAME:________________________________ ACCOUNT #: ______________________________
BENEFICIARY NAMED: ____
TYPE OF PLAN: ____
DATE OF DEATH VALUE: ____

COMPANY NAME:________________________________ ACCOUNT #: ______________________________
BENEFICIARY NAMED: ____
TYPE OF PLAN: ____
DATE OF DEATH VALUE: ____

VEHICLES:

MODEL:____ YEAR:____________________________________
HOW TITLED: ☐ DECEDENT ☐ TRUST OTHER: ____
LOCATION OF TITLE: ____
DATE OF DEATH VALUE: ____

MODEL:____ YEAR:____________________________________
HOW TITLED: ☐ DECEDENT ☐ TRUST OTHER: ____
LOCATION OF TITLE: ____
DATE OF DEATH VALUE: ____

MISCELLANEOUS PERSONAL PROPERTY:

____
____

DEBTS

Please list all debts owed by the decedent, including the amount owed, at the time of their death. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, etc.)

CREDITOR:____
CREDITOR'S ADDRESS: ____
TYPE OF DEBT:_________________________AMOUNT OWED: $_____________________

CREDITOR:____
CREDITOR'S ADDRESS:____
TYPE OF DEBT:_________________________AMOUNT OWED: $_____________________

CREDITOR:____
CREDITOR'S ADDRESS:____
TYPE OF DEBT:_________________________AMOUNT OWED: $_____________________

CREDITOR:____
CREDITOR'S ADDRESS:____
TYPE OF DEBT:_________________________AMOUNT OWED: $_____________________

CREDITOR:____
CREDITOR'S ADDRESS:____
TYPE OF DEBT:_________________________AMOUNT OWED: $_____________________

CREDITOR:____
CREDITOR'S ADDRESS:____
TYPE OF DEBT:_________________________AMOUNT OWED: $_____________________

CREDITOR:____
CREDITOR'S ADDRESS:____
TYPE OF DEBT:_________________________AMOUNT OWED: $_____________________

FINANICAL ADVISORS & CPAS

FINANCIAL ADVISOR NAME: ____
COMPANY: ____
PHONE NUMBER: ______________________________
EMAIL ADDRESS: _______________________________

CPA NAME: ____
COMPANY: ____
PHONE NUMBER: _____________________________
EMAIL ADDRESS: _______________________________