

## ESTATE & TRUST ADMINISTRATION INTAKE FORM

### YOUR INFORMATION

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

### DECEDENTS INFORMATION

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

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

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

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

Spouse (if deceased, list date of death): \_\_\_\_\_

Previous marriage(s) and when: \_\_\_\_\_

Did the decedent have a current will or trust?  Yes  No

If yes, please bring all original documents to your first appointment.

### FAMILY INFORMATION

Please list the full legal names and ages of all descendants from all relationships. Please also include the names of any *deceased* descendants and whether they had any children.

Legal Name	Child of ?	Age	Living? (Y/N)

## SUMMARY OF ASSETS (1 of 2)

### REAL PROPERTY

Please list all of the decedent's assets on the below form. You may use "ballpark" figures, but it is important that this list is filled out completely, including an indication of the ownership of each asset. If something does not apply, please write N/A.

Address	Owner(s) (list all)	Purpose? (rental, home, etc.)	Mortgage? (Y/N)

### INVESTMENTS (retirement accounts, mutual funds, stocks, bonds, annuities, etc.)

Company	Owner(s)	Transfer on Death Beneficiaries(TOD)	% TOD

**SUMMARY OF ASSETS (2 of 2)**

**BANK ACCOUNTS (checking, savings, etc.)**

Company	Owner(s)	Transfer on Death Beneficiaries(TOD)	% TOD

**BUSINESS INTERESTS**

Company	Owner(s)	Ownership %

**PERSONAL PROPERTY OF VALUE (vehicles, jewelry, guns, antiques, collectibles, etc.)**

Item	Owner(s)

**ESTATE ASSETS**

Please check if any of the following apply:

**REAL PROPERTY**

- Decedent owns real property in state other than Oregon
- Decedent owns rental or other income-producing property
- Decedent owns mineral or other subsurface rights

**CREDITOR ISSUES**

- Decedent has known creditors  
If so, please list with estimated amount owed (attach additional paper as necessary):

\_\_\_\_\_

- Decedent received private care by family or other non-paid worker prior to death  
If so, please list name and relationship to decedent:

\_\_\_\_\_

**FAMILY/CARE ISSUES:**

- Decedent has minor or disabled children or grandchildren  
If so, please list name and relationship to decedent:

\_\_\_\_\_

- Client believes that controversy may arise among family members or other family has already hired attorney. If so, please list name(s) of family member(s): \_\_\_\_\_

\_\_\_\_\_

- Decedent has a trust of any kind
- Money may have been withdrawn without decedent's consent prior to death
- Client or other person served as agent under Power of Attorney  
If so, please list name of other person: \_\_\_\_\_
- Client or other person served as guardian and/or conservator  
If so, please list name of other person: \_\_\_\_\_

**OTHER:**

- Estate proceedings have been filed in another state or county.  
If so, please list state or county: \_\_\_\_\_