

ESTATE AND TRUST LAW, PROFESSIONAL LAW CORPORATION

100 EAST SAN MARCOS BOULEVARD, SUITE 400, SAN MARCOS, CALIFORNIA 92069

TELEPHONE: (760) 745-7576/FACSIMILE (760) 745-8327

By Appointment Only: 701 PALOMAR AIRPORT ROAD, SUITE 300, CARLSBAD, CALIFORNIA 92011

Jacqueline Skay, LLM: Taxation,
Specialist: Estate Planning, Trust, and Probate Law

TRUST ADMINISTRATION WORKSHEET

Thank you for taking the time to complete this questionnaire. Much of the law firm's time can be spent discovering sufficient information to complete the volumes of legal and tax forms required to handle administration of a Trust estate.

This questionnaire, admittedly lengthy, is designed to elicit all information needed. Your thorough completion may save substantial legal fees and costs in saving us from repeatedly contacting you or others for further information, or from researching public records to obtain the documents required if not otherwise provided.

THE FOLLOWING QUESTIONS PERTAIN TO THE CURRENT TRUSTEE

Name: _____ Social Security #: _____
Address _____ City _____ Zip _____
Mailing Address, if Different _____
Phone: Home _____ Work _____ Fax _____ email _____

OTHER ADVISORS

Name: _____ Capacity _____
Address _____ City _____ Zip _____
Mailing Address, if Different _____
Phone: Home _____ Work _____ Fax _____ email _____
Name: _____ Capacity _____
Address _____ City _____ Zip _____

Mailing Address, if Different _____
Phone: Home _____ Work _____ Fax _____ email _____

THE FOLLOWING QUESTIONS PERTAIN TO THE TRUSTOR PERSONALLY

All other names by which Trustor was ever known: _____

Usual occupation? _____ Is/was Trustor retired? (Y/N) _____
U. S. citizen? (Y/N) _____ If not, what nationality? _____ If not, is/was the Trustor a registered, resident Alien? (Asked for tax purposes only). (Y/N) _____
Residency in California established in _____ Date of Birth: _____ SSN: _____
Residence Address: _____
City _____ State _____ Zip Code _____

Do you know of any Trust(s), Will(s), Codicil(s), notes, or correspondence reflecting the Trustor's testamentary intent, which are not already in our possession? (Y/N) _____

If so, please attach them.

Do you have any reason to question the validity of any Trust, Will or Codicil, or whether it accurately reflects the Trustor's intentions? _____

Do you know of anyone else who might question the validity of any Trust, Will or Codicil? (Y/N)_____.

If yes, name: _____

Street Address _____

City _____ State _____ Zip Code _____

Phone number (day) _____ (evening) _____

If represented by an attorney, Name _____

Address _____

City _____ State _____ Zip Code _____

Briefly explain dispute _____

Does the Trustor have, or have access to, a safe deposit box? (Y/N) _____

If yes, list the box(es) number(s), name of institution and address, and all names jointly held with Trustor:

Name of institution _____

Address _____

City _____ State _____ Zip Code _____

Box number _____ Joint name(s) _____

Name of institution _____

Address _____

City _____ State _____ Zip Code _____

Box number _____ Joint name(s) _____

Family - Please check all that apply:

1. Spouse. Name _____ SSN: _____

Date of marriage: _____ Place: _____

U. S. Citizen? (Y/N) _____ Birthdate: _____

Were there any pre- or post-nuptial agreements concerning the ownership of property between the spouses? (Y/N)___ If yes, please attach copies; if not available, please describe: _____

___ No spouse, as follows:

___ Never married

Name of former spouse _____

Marriage terminated by Divorce (year) _____ Death (Date of Death) _____

Name of former spouse _____

Marriage terminated by Divorce (year) _____ Death (Date of Death) _____

2. ___ Children. ___ No Children (go to next page)

List all children [note if a stepchild or adopted]:

Name _____ Birth date _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Phone (day) _____ (eve) _____ (fax) _____

3. ___ Issue (children) of pre-deceased child(ren):

Deceased child's name: _____

List all names [note if a stepchild or adopted]:

Name _____ Birth date _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

4. If the Trustor has no living spouse or children, check the first two boxes that apply and list the names and addresses below:

Parent(s)?
 Issue (children) of deceased parents (full- or half brothers or sisters)?
 Grandparent(s)?
 Issue (children) of grandparent(s)?
 Issue of a predeceased spouse?

Next of kin?

List all names [note if a stepchild or adopted]:

Name _____ Birth date _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

5. Please go through the Trustor's Will, Codicil, and any Trust documents. Are there any persons or entities (e.g., charities, banks) which are listed in these documents (whether as beneficiaries, executors, or trustees) whose names and addresses are not set forth above? (Y/N) _____

List all names [note if deceased]; if a charity or business entity, please provide the name and address of a contact person:

Name _____ Birth date _____ SSN _____

Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

Name _____ Birth date _____ SSN _____
Address _____
City _____ State _____ Zip Code _____
Phone (day) _____ (eve) _____ (fax) _____

THE FOLLOWING QUESTIONS PERTAIN TO THE TRUSTOR'S ASSETS

Please list here all assets owned by the Trustor personally or jointly with another. List below under "III, RETIREMENT PLANS" assets owned by an IRA, KEOGH, or other plans.

Cash

1. How much cash is in the house, purse, wallet, pocket, or other? \$ _____

2. List any foreign currency in Trustor's possession: _____

3. Check if any monies are due the Trustor, but unpaid, for:

- ____ Paycheck
- ____ Insurance claim refund
- ____ Medicare/Medi-Cal refunds
- ____ Checks payable but not cashed
- ____ Tax refund
- ____ Insurance premium refund
- ____ Utility refund

If any apply, please describe the item and provide the amount and name and address of the payor.

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Tangible Personal Property

1. Please attach a copy of the "pink slips" (Certificates of Ownership) for all vehicles (automobiles, trucks, trailers, boats, airplanes) in which the Trustor has an ownership interest. Please list:

<u>Item</u>	<u>ID # (If No Pink Slip)</u>	<u>Joint Owner(s)</u>	<u>Value</u>	Approximate
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

2. Approximate value of all jewelry owned by Trustor \$ _____
Please attach any appraisals done within the last five years.

3. Approximate value of furs or other specialized items of clothing owned by Trustor: \$ _____. Please attach any appraisals done within the last five years.

4. Does the Trustor own any articles of artistic, literary, or collectible value (other than jewelry or clothing) in excess of \$3,000? (Y/N) _____
If so, please attach any appraisals done within the last five years:

<u>Describe Item / Collection</u>	<u>Approx. Value</u>	<u>Year Last Appraised</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. In your best estimate, would the total remaining personal effects (excluding those listed above), and all furniture and furnishings, be valued greater than \$5,000?
(Y/N) _____. If yes, please attach any appraisals done within five years.
If no, please estimate that if all these were sold at a neighborhood garage sale [a working definition of "fair market value" for this purpose], what would be the amount received for the total? \$ _____

6. Does the Trustor own any club memberships, franchises, copyrights, patents, or trademarks? (Y/N) If so, please attach any documentation, and describe below with an estimate of _____ value: _____

Closely held business interests.

Describe any interest Trustor has or had in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., sole proprietorship, partnership, limited liability company, "c" corporation, "s" corporation, etc.), whether Trustor is or was active in its operations, and your estimate of its value. If it is a corporation, please indicate whether an "S election" is in force with respect to the corporation.

Name of business _____ Form of organization _____
Type of business (eg: manufacturing, service, etc) _____
Address and phone number _____
Which spouse is/was active in the business?
Husband _____ In what capacity? _____
Wife _____ In what capacity? _____
Current fair market value of the business _____
Estimated fair market value if Husband deceased or disabled _____
Estimated fair market value if Wife deceased or disabled _____

Please bring all relevant documents, including partnership agreements, articles of incorporation, by-laws, buy-sell agreements, etc., to your initial interview.

Real Estate

1. Personal residence.

Address: _____

Description (e.g., single family, condo, or similar description):

How did Trustor hold title? _____

FMV: _____ Mortgage Balance, if any _____ Equity _____

Mortgage life insurance? _____

Date of occupancy _____ or intended occupancy _____

2. Other personal residences or vacation homes:

Address: _____

How did Trustor hold title? _____

FMV: _____ Mortgage balance, if any _____ Equity _____

Mortgage life insurance? _____

Date of occupancy _____ or intended occupancy _____

3. Other investment real property:

Address: _____

How did Trustor hold title? _____

FMV: _____ Mortgage balance, if any _____ Equity _____

Mortgage life insurance? _____

Date of occupancy _____ or intended occupancy _____

4. Other investment real property:

Address: _____

How did Trustor hold title? _____

FMV: _____ Mortgage balance, if any _____ Equity _____

Mortgage life insurance? _____

Date of occupancy _____ or intended occupancy _____

Please bring any and all documents relating to the above referenced real property, including, but not limited to, grant deeds, mortgage statements, second trust deeds, limited partnership agreements, promissory notes, and/or mortgage insurance policies.

Cash, cash deposits, and cash equivalents. Who owns item:

(a) Checking accounts:

Name of financial institution	Branch	Account	number
Balance			

Name of financial institution	Branch	Account	number
Balance			

(b) Money Market accounts:

Name of financial institution	Branch	Account	number
Balance			

Name of financial institution	Branch	Account	number
Balance			

(c) Ordinary savings accounts:

Name of financial institution	Branch	Account	number
Balance			

Name of financial institution	Branch	Account	number
Balance			

Name of financial institution	Branch	Account	number
Balance			

(d) Certificates of deposit:

Name of financial institution	Branch	CD	or	Account	number
Balance					

Name of financial institution	Branch	CD	or	Account	number
Balance					

Name of financial institution	Branch	CD	or	Account	number
Balance					

(e) Investment Accounts:

Name of Brokerage firm Broker Account number
Balance

Name of Brokerage firm Broker Account number
Balance

Name of Brokerage firm Broker Account number
Balance

(f) Short-term U.S. obligations (T-bills):

Please bring statements of accounts, passbooks, and certificates of deposit to initial interview.

Pension & profit-sharing plans, ESOPs, SEPs, etc.

(a) Pension plans.

Name, address and phone number of Employer: _____

Employee _____ Type of Plan _____ Date vested: __ Value _____

Name, address and phone number of administrator _____

Name, address and phone number of Employer: _____

Employee _____ Type of Plan _____ Date vested: Value _____

Name, address and phone number of administrator _____

(b) Profit-sharing plans.

Name, address and phone number of Employer:

Employee _____ Date vested: _____ Value _____

Name, address and phone number of administrator _____

Name, address and phone number of Employer: _____

Employee _____ Date vested: _____ Value _____

Name, address and phone number of administrator _____

(c) Individual Retirement Accounts (IRAs).

Name of financial institution _____ Branch _____ Account _____ number _____
Balance _____

Name of financial institution _____ Branch _____ Account _____ number _____
Balance _____

Name of financial institution _____ Branch _____ Account _____ number _____
Balance _____

(d) Other tax-qualified employee benefit plan interests. Please provide pertinent information.

Please bring current statements and other materials to your initial interview.

Annuities

Annuity company _____ Contract number _____ Current cash value _____

Owner of policy _____ Primary Beneficiary(ies) _____

Contingent beneficiary(ies) _____

Annuity company _____ Contract number _____ Current cash value _____

Owner of policy _____ Primary Beneficiary(ies) _____

Contingent beneficiary(ies) _____

Annuity Company _____ Contract number _____ Current cash value _____

Owner of policy _____

Primary Beneficiary(ies) _____

Contingent beneficiary(ies) _____

Life Insurance on Trustor's life.

Insurance company _____ Policy number _____ Face amount _____

Owner of policy _____

Primary Beneficiary(ies) _____

Contingent beneficiary(ies) _____ Type of policy: Ordinary _____ Term/Group _____

Current cash value _____ Loans _____ Accidental death benefits, if any : _____

Insurance company _____ Policy number _____ Face amount _____

Owner of policy _____

Primary Beneficiary(ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits, if
any: _____

Life insurance on Trustor's SPOUSE's life.

Insurance company _____ Policy number _____ Face amount _____
Owner of policy _____ Primary Beneficiary(ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits,
if any: _____

Insurance company _____ Policy number _____ Face amount _____
Owner of policy _____ Primary Beneficiary(ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits,
if any: _____

Life insurance owned by Trustor on the life of another

Insurance company _____ Policy number _____ Face amount _____
Owner of policy _____ Primary Beneficiary (ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits,
if any: _____

*Please bring policies and other relevant correspondence with you to your initial
consultation.*

Investment assets.

(a) Publicly traded stocks and corporate bonds

Entity	Number of shares	Value
Name, address and phone number of Agent for Transfer		

Entity
Name, address and phone number of Agent for Transfer

Entity
Name, address and phone number of Agent for Transfer

(b) Municipal bonds.

Entity	Number of shares	Value
Name, address and phone number of Agent for Transfer _____		

Entity	Number of shares	Value
Name, address and phone number of Agent for Transfer _____		

(c) Long-term U.S. Treasury Notes and Bonds

Denomination	Number	Expiration Date	Value
_____	_____	_____	_____

Denomination	Number	Expiration Date	Value
_____	_____	_____	_____

(d) Limited partnership interests.

Name _____ Value _____

Name, address and phone number of agent _____

(e) Other investments. Please describe the general nature and value of other investment interests.

Investment _____ Type _____ Value _____

Please bring bonds, stock certificates, and other investment documents to your initial interview.

Powers of Appointment

Does the Trustor have any power of appointment? (Y/N) _____

If so, please attach a copy of the document granting the power of appointment and describe the power given:

Trusts

Please list each trust and attach copies of each trust agreement and current financial statements.

Tax Information

1. Please attach copies of Trustor's Federal and State personal income tax returns for the last five years. If copies are not available, please provide the name, address, and telephone number of each person who prepared such income tax returns:

2. What is the estimated amount of Trustor's annual income from assets other than real Property? \$ _____

3. Have Federal Gift Tax Returns ever been filed? (Y/N) _____
If so, please attach copies of all returns filed. If copies are not available, please provide:

<u>Year</u>	<u>Gift Amount</u>	<u>Property Given</u>	<u>Recipient Name/Addr.</u>	<u>IRS Office Where Filed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Did the Trustor ever make gifts (over \$5,000) for which no gift tax returns were filed? (Y/N) _____ If so, please provide:

<u>Year</u>	<u>Gift Amount</u>	<u>Property Given</u>	<u>Donor Name/Addr. to Trustor</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any of these gifts were revocable, or were gifts made which took effect only upon death, or were gifts made in which the Trustor retained a life estate, please so note:

Other Assets

If the Trustor owns, or has an interest or expectation in, any other assets not listed anywhere above, please describe:

1.

2.

3.

4.

Asset Ownership Disputes

For all the assets listed above, whether for the Trustor personally or for any retirement or other plan, are there any assets of which you might expect another to claim ownership -- other than assets owned in joint tenancy or community property?

(Y/N) _____

For all the assets listed above, whether for the Trustor personally or for any retirement or other plan, are there any assets which you believe the Trustor owned or in which Trustor had an ownership interest, and in which you expect another may contest or dispute such ownership? (Y/N) _____

If either are true, please explain:

TRUSTOR'S LIABILITIES

Contracts Pending

Has the Trustor entered into a contract which the Trustor still needs to perform (e.g., a contract to sell real property for which escrow had not yet closed, a subscription agreement, or oral agreement to sell an automobile)? (Y/N) _____

If so, please describe, giving the names and addresses of all relevant parties, as well as the agreed-upon consideration:

Mortgages, Notes, Trust Deeds

Please list below any Notes the Trustor owes, and attach copies of each Note, mortgage agreement, trust deed, UCC financing statement, or other security instrument.

Any mortgages encumbering property owned by the Trustor will normally be listed above where the real property is listed as an asset. However, if not listed there, please list below.

Date of Note Maker (Debtor) Principal Now Due Int. % Terms Secured?

_____	_____	\$ _____	_____	_____ %	_____	_____
_____	_____	\$ _____	_____	_____ %	_____	_____
_____	_____	\$ _____	_____	_____ %	_____	_____

For all charge accounts, utility bills, tax bills, and other bills due but unpaid please provide copies of each bill. For any copy not available, please provide the following:

<u>Company</u>	<u>Acct. #</u>	<u>Ppal.</u>	<u>Balance</u>	<u>Payment Due</u>
<u>Name & Address</u>				
_____	_____		\$ _____	\$ _____
_____	_____		\$ _____	\$ _____
_____	_____		\$ _____	\$ _____
_____	_____		\$ _____	\$ _____

6. Has the Trustor made a formal pledge, or written or oral promise, to a charitable, religious, or non-profit organization for donations(s) which has not been fulfilled? (Y/N) _____

If so, please list the amount of the pledge or promise, the date made, the name and address of the organization, whether there are any writings (e.g., letters, notes) reflecting the promise (and attach copies), and whether you feel a contribution should still be made:

7. Does the Trustor owe anyone a debt or loan which was not written in a formal Note which was outstanding? (Y/N) _____

If so, please list the amount of the loan, the name and address of the debtor, the agreement with the debtor concerning repayment, and whether there are any writings (e.g., letters) reflecting the loan:

8. If any of the above debts, bills, and liabilities were jointly owed by another person (including a spouse), please list the item and the name of the person jointly liable and that person's percentage share:

9. If you have any other reason not already listed above to believe that any of the debts, bills, and liabilities should not be paid in full, please explain:

10. Is the Trustor a guarantor or co-signor on any loan or debt of another? (Y/N) _____

If so, please explain and attach copies of loan or guarantee documents:

I certify that the information contained herein is true and correct to the best of my knowledge and belief of all relevant facts and circumstances.

DATE: _____ SIGNED: _____

DOCUMENTS TO BE FURNISHED BY CLIENT

Please bring any of the following documents that apply to you to your initial interview:

1. Deed(s) showing legal description to your home and/or other real property owned by you or your spouse;
2. Recent statement or cover sheet from bank(s), savings and loans and savings certificates held by you and or your spouse;
3. Corporate stock certificates and/or bonds;
4. Recent statement(s) from investment broker(s);
5. Copy of any pension or retirement programs, or employment related investment programs in which you or your spouse may be involved;
6. Life insurance policies with statements of loans against same;
7. Partnership agreements for any partnerships in which you or your spouse may be involved;
8. Corporate documents, by-laws, etc., for any corporation in which you or your spouse may be involved as an officer;
9. Copy of current trust, will(s), durable powers of attorney, living will(s);
10. Copy of any Marital property or Pre-Nuptial agreements signed by you and your spouse;
11. Copy of any other relevant agreements or any other information that will help establish your net worth, your spouse's net worth, your joint net worth, your income, and your spouse's income.

All of your documents will be returned to you at the conclusion of your initial interview.