

CONFIDENTIAL ESTATE PROFILE
for Probate & Trust Administration



Caitlin E. Ross
ATTORNEY AT LAW

*Please bring this completed questionnaire with you to
our initial consultation. Thank you for your cooperation.*

ESTATE PLANNING, TAX PLANNING, TRUST ADMINISTRATION & PROBATE 919
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CLIENT INFORMATION

Client's Name _____ aka _____
 Address _____
 Daytime Telephone _____ Home _____ Mobile _____
 E-mail: _____ Is E-mail the preferred method of communication?
 Best times / place to reach me _____ Can you be reached during work hours?
 Birth date _____ SS# _____ US Citizen? _____ INS Status: _____
 Driver's License # _____ Expiration: _____

DECEDENT AND MARITAL INFORMATION

Decedent's Legal _____ aka _____
Name Birth date _____ Date of Death: _____
 Address _____ SS# _____ US Citizen? _____
 Residence County _____ Location of Death _____
 Employer _____ Employed : _____
 E-mail: _____ Driver's License # _____ Expiration: _____
 Married at Time of Death? Previously Married? Date of Death or _____ If married, complete below:
 Divorce: _____
Spouse's Legal _____ Date of Marriage: _____
Name Telephone _____ E-mail: _____
 Address _____
 Birth date _____ Date of Death: _____ SS# _____ US Citizen? _____
 Driver's License # _____ Expiration: _____

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DECEDENT'S PLANNING - BASIC INFORMATION

DID THE DECEDENT ...	YES	NO
Complete will, trust, or estate planning? <i>If so, please provide these documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Sign a prenup agreement? <i>If so, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Live outside of California at the time of death or own real property in another state?.	<input type="checkbox"/>	<input type="checkbox"/>
Ever file federal or state gift tax returns? <i>If so, please attach copies of Forms 709.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have a predeceased spouse from a prior marriage? <i>If so, please bring a copy of death certificate and Form 706</i>	<input type="checkbox"/>	<input type="checkbox"/>
WAS THE DECEDENT:		
Receiving social security, disability, or other governmental benefits? <i>If so, please explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Making payments pursuant to a divorce or property settlement order? <i>If so, please provide a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
An owner / in control of any Foreign Bank Accounts? <i>If so, provide a statements and Form TDF 90-22.1.</i>	<input type="checkbox"/>	<input type="checkbox"/>

FIDUCIARY INFORMATION – who is appointed as trustee or personal representative?

First: _____

Second: _____

DECEDENT’S PARENTS, CHILDREN AND SIBLINGS

Name, Address & Telephone	Birthdate / Social Security #	Role
_____ _____ _____ Tel: _____	DOB: _____ SS#: _____ If deceased, DOD: _____	Relation: <u>Father</u> <input type="checkbox"/> Named as Fiduciary <input type="checkbox"/> Named as Beneficiary <input type="checkbox"/> Special Concerns
_____ _____ _____ Tel: _____	DOB: _____ SS#: _____ If deceased, DOD: _____	Relation: <u>Mother</u> <input type="checkbox"/> Named as Fiduciary <input type="checkbox"/> Named as Beneficiary <input type="checkbox"/> Special Concerns
_____ _____ _____ Tel: _____	DOB: _____ SS#: _____ If deceased, DOD: _____	Relation: _____ <input type="checkbox"/> Named as Fiduciary <input type="checkbox"/> Named as Beneficiary <input type="checkbox"/> Special Concerns
_____ _____ _____ Tel: _____	DOB: _____ SS#: _____ If deceased, DOD: _____	Relation: _____ <input type="checkbox"/> Named as Fiduciary <input type="checkbox"/> Named as Beneficiary <input type="checkbox"/> Special Concerns
_____ _____ _____ Tel: _____	DOB: _____ SS#: _____ If deceased, DOD: _____	Relation: _____ <input type="checkbox"/> Named as Fiduciary <input type="checkbox"/> Named as Beneficiary <input type="checkbox"/> Special Concerns
_____ _____ _____ Tel: _____	DOB: _____ SS#: _____ If deceased, DOD: _____	Relation: _____ <input type="checkbox"/> Named as Fiduciary <input type="checkbox"/> Named as Beneficiary <input type="checkbox"/> Special Concerns
_____ _____ _____ Tel: _____	DOB: _____ SS#: _____ If deceased, DOD: _____	Relation: _____ <input type="checkbox"/> Named as Fiduciary <input type="checkbox"/> Named as Beneficiary <input type="checkbox"/> Special Concerns
_____ _____ _____ Tel: _____	DOB: _____ SS#: _____ If deceased, DOD: _____	Relation: _____ <input type="checkbox"/> Named as Fiduciary <input type="checkbox"/> Named as Beneficiary <input type="checkbox"/> Special Concerns

DECEDENT'S PROFESSIONAL ADVISORS

Name, Firm and Address	Telephone & E-mail	Relationship
_____ _____ _____		Prior Attorney
_____ _____ _____		Accountant, Tax Preparer
_____ _____ _____		Financial / Insurance Advisor
_____ _____ _____		
_____ _____ _____		

Please sign here if we have your consent to contact the other advisors: X

DECEDENT'S ASSETS

How the decedent held title to property is extremely important in determining how the estate will be administered. Please use the initials of the owner and the following designations when listing the "Owner." **If decedent was married at the time of death, please provide asset information as it relates both to the decedent and the surviving spouse.**

- TR** Title was held in the name of the trust.
- SN** Title was held solely in the name of the decedent.
- CP** Title was held by both decedent and spouse as community property, or "CPWROS"
- JTS** Title was held by decedent and spouse as joint tenants or "JTWROS", with no other person.
- JTO** Title was held by decedent and someone other than spouse as joint tenants or "JTWROS".

REAL ESTATE

TYPE: Any interest in real estate including the family residence, vacation home, time share, vacant land, etc.

Address	Title	Market Value	Mortgage	Equity
Total				

Please attach copies of deeds and mortgage information.

FURNITURE & PERSONAL PROPERTY

Please list separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items.).

Type or Description	Title	Market Value
Miscellaneous Furniture and Household Effects (Total)		
Total		

AUTOMOBILES, BOATS & RECREATIONAL VEHICLES

For each motor vehicle, boat, ATV, RV, etc. please list the following: description, how titled, market value and encumbrance:

Type or Description	Title	Market Value	Loan	Equity
Total				

MONEY OWED TO DECEDENT

Mortgages or promissory notes payable *to the decedent*, or other moneys owed to the decedent.

Name of Debtor	Note Date	Maturity	Owed to	Value
Total				

BANK & SAVINGS ACCOUNTS

Checking Account "C", Savings Account "S", Certificates of Deposit "CD", Money Market "MM"

Please note that retirement accounts are listed in another place on this questionnaire. If Account is in your name for the benefit of a minor, please specify the minor's name. Please also detail all interests in foreign bank accounts.

Financial Institution	Type	Title	Acct. Number	Value
Total				

INVESTMENT ACCOUNTS, STOCKS & BONDS

List stocks and bonds. If held in a brokerage account, list the accounts, not the individual holdings.

Financial Institution	Type	Owner	Acct. Number	Value
Total				

RETIREMENT PLANS

Tax-deferred retirement accounts, including IRA, 401(k), 401(a) Roth IRA, 403(b), Pension (P), Profit Sharing (PS), etc.

If decedent was married, please list accounts pertaining to BOTH SPOUSES.

Custodian (Financial institution)	Beneficiary	Type	Owner	Account Number	Value
Total retirement investments					

LIFE INSURANCE POLICES & ANNUITIES

Term, whole life, split dollar, group life, annuity. If decedent was married, please list policies pertaining to BOTH SPOUSES.

Insurance Company & Agent	Beneficiary	Insured	Owner	Contract #/Type	Face Value
Total					

BUSINESS INTERESTS

General and Limited Partnerships, LLC, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Name and Type	Owner	Market Value
<i>Total</i>		

PENDING LAWSUIT JUDGMENT OR OTHER ASSETS

Please explain any money owed to the decedent that does not fit into any listed category within this questionnaire. Description:

Total estimated value _____

SUMMARY OF VALUES

Assets	Total Asset Value	Percentage owned
Real estate		
Furniture and Personal Property		
Automobiles, Boats & RVs		
Money Owed to the Decedent		
Checking and Savings Accounts		
Stocks and Bonds held in taxable (non-retirement) accounts		
Life Insurance		
Annuities		
Retirement Accounts		
Business Interests (if multiple, please attache detail on another page)		
Other		
<i>Total</i>		