



## LEGAL INTAKE QUESTIONNAIRE TRUST ADMINISTRATION

Full Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Address: \_\_\_\_\_  
County/City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Immediate needs, if any:

Financial \_\_\_\_\_

Custody of minor children: \_\_\_\_\_

Operation of business: \_\_\_\_\_

Other: \_\_\_\_\_

### **1. Personal information about decedent**

Full name: \_\_\_\_\_

Last residence address(es):

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

County/City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

County/City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place where decedent died: \_\_\_\_\_

Social Security number: \_\_\_\_\_

If decedent ever served in armed forces:

Branch: \_\_\_\_\_

Date entered: \_\_\_\_\_

Date discharged: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Service number: \_\_\_\_\_

Name, address, and phone number of surviving spouse:

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Name(s) and address(es) of any former spouse(s), and date(s)  
of each former marriage:

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Whether decedent received any Medi-Cal benefits:

No

Yes, how much? \_\_\_\_\_

If decedent operated business as sole proprietor:

Number of employees: \_\_\_\_\_

Taxpayer identification number: \_\_\_\_\_

Accounting method: \_\_\_\_\_

Name and address of manager or responsible person:

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If decedent was member of business partnership, please provide names and addresses of general partners:

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Name(s) and address(es) of any other persons who may have knowledge of decedent's assets:

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## 2. Information about decedent's relatives

Living children (include stepchildren, adopted children, and foster children):

<u>Name</u>	<u>Age</u>	<u>Address and Phone Number</u>
1.		
2.		
3.		
4.		

Name, Address and Phone Number (if none of the above):

Deceased Children:	Parents:
Grandchildren	Grandparents:
Great-Grandchildren:	Siblings:

### 3. Information about Trust

Name of Trust: \_\_\_\_\_

Date Trust was executed: \_\_\_\_\_

List name of Trustee:

\_\_\_\_\_

List of names beneficiaries:

<u>Beneficiaries' Name</u>	<u>Age</u>	<u>Address and Phone Number</u>
1.		
2.		
3.		
4.		

Known Trust Assets:

Real Estate:

<u>Addresses</u>	<u>Value</u>
1.	
2.	
3.	
4.	

Bank Accounts:

<u>Account</u>	<u>Amount</u>
1.	
2.	
3.	
4.	

Does the Trust name any specific gifts?

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#### 4. Information about will

Whether client knows location of decedent's will

Yes      No

If location or existence of decedent's will are uncertain, please indicate if the following location have been checked:

Decedent's home:

Yes      No

Decedent's office:

Yes      No

Decedent's safe deposit box:

Yes      No

Names of attorney's decedent may have consulted:

\_\_\_\_\_

Names and addresses of following persons:

Witnesses to will:

\_\_\_\_\_

Executor's Name: \_\_\_\_\_

Does named executor consents to act as executor:

Yes      No

Name, age, and address of each beneficiary under will:

<u>Name</u>	<u>Age</u>	<u>Address and Phone Number</u>
1.		
2.		
3.		
4.		

Name, age, and address, of each other person named in will, including persons expressly excluded or disinherited, executors, trustees, and guardians:

<u>Name</u>	<u>Age</u>	<u>Address and Phone Number</u>
1.		
2.		
3.		
4.		

## 5. Information about decedent's property

Estimated value of total estate: \_\_\_\_\_

For each parcel of real property:

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

County: \_\_\_\_\_

Nature of title (e.g., community property, joint tenancy, tenancy in common, separate property): \_\_\_\_\_

If separate property, amount of community property funds used to make payments or maintain property:

Nature & amount of encumbrances: \_\_\_\_\_

Name(s) of tenants: \_\_\_\_\_

\*\* For additional parcels please see page 16\*\*

For each business decedent owned or had ownership interest in:

Name and address:

\_\_\_\_\_

President, manager, or agent: \_\_\_\_\_

Nature of decedent's interest: \_\_\_\_\_

Estimated value of decedent's interest: \_\_\_\_\_

\*\* For additional businesses please see page 17\*\*

For each safe deposit box:

Name and address of institution:

\_\_\_\_\_

Box number: \_\_\_\_\_

Person possessing any token of ownership (e.g., key):

\_\_\_\_\_

\*\* For additional safe deposit boxes please see page 18\*\*

For each financial account:

Name and address of institution: \_\_\_\_\_

Account type and number: \_\_\_\_\_

Manner in which title is held:

\_\_\_\_\_

Location of passbooks, if any: \_\_\_\_\_

\*\* For additional financial accounts please see page 19\*\*

**For each Stock Brokerage Account:**

Name and address of broker:

\_\_\_\_\_

Account type and number: \_\_\_\_\_

Manner in which title is held: \_\_\_\_\_

\*\* For additional Life Insurance Policies please see page 19\*\*

**For each Life Insurance Policy:**

Name and address of agent: \_\_\_\_\_

Type of policy (e.g., whole life) and number: \_\_\_\_\_

Name of beneficiary: \_\_\_\_\_

Face value of policy: \_\_\_\_\_

Location of policy: \_\_\_\_\_

\*\* For additional Life Insurance Policies please see page 20\*\*

**Personal property of significant value:**

For each motor vehicle, brief description, current location, and estimate of value:

<u>Description</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

For each item of jewelry:

<u>Description</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

Clothing:

<u>Description of item</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

For each item of artwork:

<u>Description of item</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		

For any coin, stamp, gun, or other collection:

<u>Description</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

Bonds:

Description: \_\_\_\_\_

Location of bonds: \_\_\_\_\_

Estimate of value: \_\_\_\_\_

Copyrights and royalties:

Brief description: \_\_\_\_\_

Estimate of value: \_\_\_\_\_

Stock options:

Brief description: \_\_\_\_\_

Location: \_\_\_\_\_

Estimate of value: \_\_\_\_\_

For each other item of tangible or intangible personal property of significant value:

<u>Description of item</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

## 6. Amounts owed decedent

Unpaid salary: \_\_\_\_\_

Unpaid commissions: \_\_\_\_\_

Accounts receivable: \_\_\_\_\_

Interest or dividends: \_\_\_\_\_

Partnership income: \_\_\_\_\_

Alimony or child support: \_\_\_\_\_

Balance due on property sold prior to death: \_\_\_\_\_

Distributions from other estate or trust: \_\_\_\_\_

Amounts due from contracts to which decedent was party:

\_\_\_\_\_

Bonds or notes: \_\_\_\_\_

Any other sources of payment not listed above: \_\_\_\_\_

## 7. Decedent's outstanding obligations

Expenses of final illness:

\_\_\_\_\_

Funeral expenses: \_\_\_\_\_

Charge accounts: \_\_\_\_\_

Accounts payable: \_\_\_\_\_

Payroll: \_\_\_\_\_

Rent: \_\_\_\_\_

Loan payments: \_\_\_\_\_

Alimony or child support: \_\_\_\_\_

Amounts due on contracts to which decedent was party:

\_\_\_\_\_

Any other debt not listed above: \_\_\_\_\_

## 8. Tax information

Location of decedent's most recent tax  
returns: \_\_\_\_\_

Decedent's tax year: \_\_\_\_\_

If decedent made quarterly payments of estimated tax,  
date and amount of last quarterly payment: \_\_\_\_\_

Source and estimated amount of decedent's income for year of death:

\_\_\_\_\_

Date, nature, and amount of any gift decedent made prior to death  
on which gift tax was paid: [IRC §§2012, 2035](#):

\_\_\_\_\_

Location of all gift tax returns filed by decedent: \_\_\_\_\_

Date, nature, and amount of any property transferred to decedent by reason of transferor's death within 10 years of decedent's death: [IRC § 2013](#)

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For any property located in foreign country: [IRC § 2014](#)

Amount of death taxes paid to foreign country: \_\_\_\_\_

Date of each payment: \_\_\_\_\_

Description and value of property: \_\_\_\_\_

If decedent was in the armed forces, did death result from active service in combat zone:

Yes

No

If decedent was civilian employee of United States government, did death result from terrorist activity outside United States:

Yes

No

Any general powers of appointment whose exercise or lapse may result in inclusion of property in decedent's estate for tax purposes: [IRC § 2041](#)

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Any trusts created by decedent, or trusts in which decedent had any interest or power (such as power of trustee), together with copies of all such trusts:

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**Please read this, it is important:**

By submitting this potential client intake form you are not establishing an attorney-client relationship with GRT. We are making no commitment to take your case and we are not taking any action on your behalf. In the event that we might be interested in taking your case we will communicate with you further and gather more information. No attorney-client relationship will exist if and until you and GRT execute a comprehensive attorney-client retainer/fee agreement.

**Note: GRT does not do free or no cost consultations or evaluations in most cases.**

I have read and I fully understand the notice upon this intake form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Additional information: Section 4(if needed)

## Additional Parcels

### Secondary Parcel:

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

County: \_\_\_\_\_

Nature of title (e.g., community property, joint tenancy, tenancy in common, separate property): \_\_\_\_\_

If separate property, amount of community property funds used to make payments or maintain property:

Nature & amount of encumbrances:

\_\_\_\_\_

Name(s) of tenants: \_\_\_\_\_

### Tertiary Parcel:

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

County: \_\_\_\_\_

Nature of title (e.g., community property, joint tenancy, tenancy in common, separate property): \_\_\_\_\_

If separate property, amount of community property funds used to make payments or maintain property:

Nature & amount of encumbrances:

\_\_\_\_\_

Name(s) of tenants: \_\_\_\_\_

**Additional business decedent owned or had  
ownership interest in**

Secondary Business:

Name and address:

\_\_\_\_\_

President, manager, or agent: \_\_\_\_\_

Nature of decedent's interest: \_\_\_\_\_

Estimated value of decedent's interest: \_\_\_\_\_

Tertiary Business:

Name and address:

\_\_\_\_\_

President, manager, or agent: \_\_\_\_\_

Nature of decedent's interest: \_\_\_\_\_

Estimated value of decedent's interest: \_\_\_\_\_

## Additional safe deposit boxes

### Secondary Deposit boxes:

Names and address of institution:

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Box number: \_\_\_\_\_

Person possessing any token of ownership (e.g., key):

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### Tertiary Deposit boxes:

Names and address of institution:

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Box number: \_\_\_\_\_

Person possessing any token of ownership (e.g., key):

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## Additional financial accounts

### Secondary Financial Accounts:

Name and address of institution: \_\_\_\_\_

Account type and number: \_\_\_\_\_

Manner in which title is held:

\_\_\_\_\_

Location of passbooks, if any: \_\_\_\_\_

### Tertiary Financial Accounts:

Name and address of institution: \_\_\_\_\_

Account type and number: \_\_\_\_\_

Manner in which title is held:

\_\_\_\_\_

Location of passbooks, if any: \_\_\_\_\_

## Additional stock brokerage accounts:

### Secondary Stock Brokerage Accounts:

Name and address of broker:

\_\_\_\_\_

Account type and number: \_\_\_\_\_

Manner in which title is held: \_\_\_\_\_

### Tertiary Stock Brokerage Accounts:

Name and address of broker:

\_\_\_\_\_

Account type and number: \_\_\_\_\_

Manner in which title is held: \_\_\_\_\_

## Additional Life Insurance Policies:

### Secondary Life Insurance Policy:

Name and address of agent: \_\_\_\_\_

Type of policy (e.g., whole life) and number: \_\_\_\_\_

Name of beneficiary: \_\_\_\_\_

Face value of policy: \_\_\_\_\_

Location of policy: \_\_\_\_\_

### Tertiary Life Insurance Policy:

Name and address of agent: \_\_\_\_\_

Type of policy (e.g., whole life) and number: \_\_\_\_\_

Name of beneficiary: \_\_\_\_\_

Face value of policy: \_\_\_\_\_

Location of policy: \_\_\_\_\_

# ADDITIONAL INFORMATION

REDWOOD CITY  
888 993 1600

GOLD RIVER/SACRAMENTO  
916 851 1900

MODESTO  
209 491 4800

FRESNO  
559 268 7768

SAN FRANCISCO  
888 993 1600