

**LANKFORD & CRAWFORD LLP**

2 Theatre Square

Suite 240

Orinda, CA 94563

Telephone: 925.258-9091

Fax: 925.258.9695

---

**TRUST ADMINISTRATION  
AND PROBATE**

---

**I. CLIENT INFORMATION**

NAME:

HOME ADDRESS:

IF P.O. BOX, LIST PHYSICAL ADDRESS ALSO:

CELL PHONE:

HOME PHONE:

EMAIL:

FAX:

RELATION TO DECEDENT :

YOUR SOCIAL SECURITY NUMBER:

YOUR DATE OF BIRTH:

**II. DECEDENT INFORMATION**

NAME:

LAST ADDRESS:

CITY AND STATE OF DEATH:

MARITAL STATUS AT TIME OF DEATH (married, divorced, widowed, never married):

SPOUSE(S) NAME AND DATE OF BIRTH :

If ever divorced, widowed, or every had a marriage annulled, please also list full name of prior spouse(s) AND date of birth. Indicate if you were divorced or widowed from this spouse.

**III. DECEDENT'S CHILDREN** (If any children are deceased, please list them and indicate)

	<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>
1.			
2.			
3.			
4.			
5.			

6.

**IV. DECEDENT'S GRANDCHILDREN**

	<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>
1.			
2.			
3.			
4.			
5.			
6.			

**V. TRUST AND WILL INFORMATION (if decedent died without a Will, please skip)**

NAMES AND CURRENT ADDRESSES OF ALL PERSONS MENTIONED IN THE TRUST OR A WILL

	<u>NAME IN TRUST/WILL</u>	<u>CURRENT ADDRESS</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

**VI. FINANCIAL DATA**

DECEDENT'S ACCOUNTANT:

NAME:

ADDRESS:

PHONE:

FAX:

DECEDENT'S FINANCIAL ADVISOR:

NAME:

ADDRESS:

PHONE:

FAX:

## CLIENT DOCUMENT CHECKLIST

**To allow us to assist you as efficiently as possible in your Administrator or Executor role, please provide us with as much information as possible regarding your loved one. A checklist is below to assist you with locating documents and gathering information for you to bring into our office for our initial meeting. Obtaining some of this information may take time. Please bring as much of the information you can below to our first meeting, and send the remaining items and information to our office as you receive them.**

1. Four (4) certified copies of the Death Certificate (we need the originals, no photocopies please).
2. A copy of the Trust and any Trust Amendments, Will and any Codicils (amendments), if applicable.
3. Addresses of all Real Property the decedent owned and current approximate value.
4. Asset list and approximate value (of assets exceeding \$5,000).
5. List of safe deposit boxes on which decedent's name appears, by bank and branch, and an inventory of any items of value.
6. List of any known debts, liabilities, pending lawsuits or other claims of or against decedent.
7. Copies of bank and/or brokerage account statements (as of date of death).
8. Copies of notes or accounts receivable representing payments owed to decedent (as of date of death).
9. Copies of stock certificates, bonds, US Savings bonds or other securities.
10. Copies of IRA and qualified pension benefit documents, including beneficiary designation forms (as of date of death).
11. Copies of life insurance policies and annuities, including beneficiary designation forms.
12. Copies of the decedent's last two income tax returns.
13. Any other documents that you believe could be important to our understanding of the decedent's personal and financial status.