

TRUST ADMINISTRATION / PROBATE CONSULTATION WORKSHEET

DATE COMPLETED	
TRUST NAME	
TRUST DATE	

DECEDENT'S INFORMATION

Full Legal Name			
Date of Birth		Date of Death	
Decedent's County of Residence			
County where Decedent died (if different)			
Marital Status	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Divorced <input type="checkbox"/> Married with a Surviving Spouse <input type="checkbox"/> Registered Domestic Partnership with a Surviving Domestic Partner: <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input style="width: 200px;" type="text"/>		

Please provide the following information about Decedent's spouse or partner:

Date and place of marriage or registration:				
Name of Spouse/Partner				
Still living? <input type="checkbox"/> YES <input type="checkbox"/> NO, spouse is deceased				
Street Address				
City, State, Zip code				
Home Phone		Work Phone		Cell Phone
Best Email				

PROPOSED FIRST PETITIONER'S CONTACT INFORMATION

1ST Petitioner's Name	
Relationship to Decedent	
Street Address	
City, State and Zip Code	
County of Residence	
Best Contact Telephone	
Best Contact Email	

Check all that apply:

- I am Decedent's surviving spouse or domestic partner
- I am a successor trustee or executor
- I am a beneficiary of Decedent's trust or estate

PROPOSED SECOND PETITIONER'S CONTACT INFORMATION

2ND Petitioner's Name	
Relationship to Decedent	
Street Address	
City, State and Zip Code	
County of Residence	
Best Contact Telephone	
Best Contact Email	

Check all that apply:

- I am a successor trustee or executor
- I am a beneficiary of Decedent's trust or estate

**IF DECEDENT HAD CHILDREN OR STEPCHILDREN, PLEASE
COMPLETE THIS PAGE**

Child's Full Legal Name	Other Information (check all that apply)
	<input type="checkbox"/> Minor <input type="checkbox"/> Adult <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepchild of Decedent
	<input type="checkbox"/> Minor <input type="checkbox"/> Adult <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepchild of Decedent
	<input type="checkbox"/> Minor <input type="checkbox"/> Adult <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepchild of Decedent
	<input type="checkbox"/> Minor <input type="checkbox"/> Adult <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepchild of Decedent
	<input type="checkbox"/> Minor <input type="checkbox"/> Adult <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepchild of Decedent
	<input type="checkbox"/> Minor <input type="checkbox"/> Adult <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepchild of Decedent

DESCRIPTION OF DECEDENT'S REAL PROPERTY & ASSETS

ADDRESS OF PROPERTIES or OTHER ASSETS DETAIL:

APPROXIMATE CURRENT ASSET VALUES FOR DECEDENT'S ESTATE

TYPE OF ASSET	VALUE
Real Estate owned in California*	
Real Estate owned in other states	
Real Estate owned in other countries	
Other property (bank accounts, investments, etc.) owned in other countries	
Retirement Plans (401k, IRA, etc.)	
Bank Accounts	
Stocks, bonds, mutual funds*	
Life insurance**	
Annuities	
Stock options and Restricted Stock Units	
Business Interests	
Money owed to decedent	
Furniture and Personal Effects (including jewelry)	
Automobiles, Boats, & RVs	
SUBTOTAL OF ESTATE VALUE	
SUBTRACT MONIES OWED BY DECEDENT	
TOTAL ESTIMATED VALUE OF DECEDENT'S ESTATE	

** Does not include stocks, bonds, and mutual funds owned in a retirement plan such as an IRA, 401(k) or similar

*** Includes life insurance through decedent's employer

MAIN CONCERNS OR QUESTIONS?

DECEDENT'S ESTATE PLANNING DOCUMENTS

Provide and check off each document that you are providing to us prior to the Consultation, either by mail, or email to info@bergmanapc.com:

- Decedent's Certificate of Death (certified copy)
- Decedent's Estate Planning documents (copy)
- Decedent's Last Will, Pour-Over Will, or other Will (original)
- Asset schedules of Decedent
- Monthly statements and any other documents that identify the assets of Decedent (most recent statement and for period covering date of death)
- Decedent's Tax Returns for the last 3 years