

STEPHANIE L. SCHNEIDER, P.A.
TRUST ADMINISTRATION QUESTIONNAIRE

INSTRUCTIONS:

(A) PLEASE COMPLETE THE QUESTIONNAIRE COMPLETELY TO THE BEST OF YOUR ABILITY. YOU MAY CALL OUR OFFICE FOR ASSISTANCE.

(B) YOUR ACCURACY AND COMPLETENESS IN RESPONDING WILL HELP US TO BEST ADVISE AND REPRESENT YOU. PLEASE COMPLETE ALL PARTS OF THE QUESTIONNAIRE OR WE WILL BE UNABLE TO MEET WITH YOU.

I. GENERAL INFORMATION

1. Were you referred to our office and if so, by whom? _____.
2. If not, what made you choose our office? _____.
3. What is the purpose of your visit to our office? _____.
4. Do you have any other legal issues which our office should be aware of? _____. If yes, please explain: _____.

II. BACKGROUND INFORMATION

1. Name of Grantor: _____
D.O.B.: _____ Last 4 digits SS#: _____ Date of Death: _____
Phone Number(s):(H) _____ (O) _____
Address at time of Death: _____

Name of Grantor: _____
D.O.B.: _____ Last 4 digits of SS#: _____ Date of Death: _____
Phone Number(s):(H) _____ (O) _____
Address at time of Death: _____
2. Name of Trustee(s): _____
Phone Number(s):(H) _____ (O) _____
Address: _____
City & State where trust assets are being administered: _____
Name of Successor Personal Representative: _____
Address of Successor Personal Representative: _____

3. Identify income (lifetime) beneficiaries. For minors, include their age:

Name\Age	_____	_____
Rel. to Grantor	_____	_____
Address	_____	_____
Phone #	_____	_____
Email	_____	_____
Adopted/Half-blood	_____	_____

Name\Age	_____	_____
Rel. to Grantor	_____	_____
Address	_____	_____
Phone #	_____	_____
Email	_____	_____
Adopted/Half-blood	_____	_____

Name\Age	_____	_____
Rel. to Grantor	_____	_____
Address	_____	_____
Phone #	_____	_____
Email	_____	_____

TRUST ADMINISTRATION QUESTIONNAIRE

Adopted/Half-blood _____

4. Identify residuary beneficiaries (people who inherit when the Grantor dies).

Name\Age _____
Rel. to Grantor _____
Address _____
Phone # _____
Email _____
Adopted/Half-blood _____

Name\Age _____
Rel. to Grantor _____
Address _____
Phone # _____
Email _____
Adopted/Half-blood _____

Name\Age _____
Rel. to Grantor _____
Address _____
Phone # _____
Email _____
Adopted/Half-blood _____

III. CAPACITY OF BENEFICIARIES

1. Are any trust beneficiaries a minor or, incapacitated (physically, mentally or cognitively) or, have a disability (i.e.: autism, Down’s Syndrome, mental retardation, spina bifida, cerebral palsy) which may affect their ability to understand the trust administration process? (and have a legal guardianship) Yes _____ No _____

2. If yes: a) identify the beneficiary; b) the individual who has legal authority to make decisions; c) whether the beneficiary receives government benefits (i.e.: Medicaid, SSI, Food Stamps) _____

IV PUBLIC ASSISTANCE

1. Are any trust beneficiaries receiving (or have applied for) public assistance from the government (i.e. Medicaid; Food Stamps; supplemental security income; subsidized housing)? Yes _____ No _____

2. If yes, identify the beneficiary, the government program (i.e. Medicaid; Supplemental Security Income (SSI); Social Security Disability Income (SSDI); food stamps; HUD housing), and type of benefits received:

Name of Beneficiary _____
Govt. Program _____
Date Benefits Began _____
Application pending? _____

Name of Beneficiary _____
Govt. Program _____
Date Benefits Began _____

TRUST ADMINISTRATION QUESTIONNAIRE

Application pending? _____

V. HEALTH INSURANCE: DO THE INCOME BENEFICIARIES HAVE HEALTH INSURANCE?

Name of Beneficiary: _____

Insurance: _____

Name of Beneficiary: _____

Insurance: _____

Name of Beneficiary: _____

Insurance: _____

VI. ASSETS OWNED BY THE TRUST

1. Real Estate located in Florida:

Address: _____

FMV: _____

(Indicate whether based on sale price, appraisal or tax bill)

Mortgage: _____

(Indicate name of mortgagee and balance of mortgage)

Title held by: _____

(Indicate persons and whether title is held as tenants in common, joint tenancy with rights of survivorship, tenancy by entirety)

Has homestead exemption been filed? _____

2. Real estate located outside Florida:

Address: _____

FMV: _____

(Indicate whether based on sale price, appraisal or tax bill)

Mortgage: _____

(Indicate name of mortgagee and balance of mortgage)

Title held by: _____

(Indicate persons and whether title is held as tenants in common, joint tenancy with rights of survivorship, tenancy by entirety)

3. Automobiles, Mobile Homes, Recreational Vehicles, Boats:

<u>Type</u>	<u>Year</u>	<u>FMV</u>	<u>Liens</u>	<u>Owner</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Stocks, securities, bonds, and investments:

Asset: _____

Name & Address of Co. _____

Value: _____ Last 4 digits of Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

Asset: _____

Name & Address of Co. _____

Value: _____ Last 4 digits of Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

Asset: _____

TRUST ADMINISTRATION QUESTIONNAIRE

Name & Address of Co. _____
Value: _____ Last 4 digits of Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Last 4 digits of Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

5. Bank Accounts (checking, savings, money market, etc.):

Asset: _____
Name & Address of Co. _____
Value: _____ Last 4 digits of Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Last 4 digits of Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Last 4 digits of Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

Asset: _____
Name & Address of Co. _____
Value: _____ Last 4 digits of Account #: _____
How is it titled: _____
When does it come due and interest rate: _____

6. Life insurance:

Name of Owner _____
Name of Insured _____
Name of Insurer _____
Last 4 digits of Policy #: _____
Face Value: _____
Cash Surrender Value: _____
Term or whole life: _____
Beneficiary (ies): _____

Name of Owner _____
Name of Insured _____
Name of Insurer _____
Last 4 digits of Policy #: _____
Face Value: _____
Cash Surrender Value: _____
Term or whole life: _____

TRUST ADMINISTRATION QUESTIONNAIRE

Beneficiary (ies): _____

7. Annuities:

Asset: _____ Value: _____ Last 4 digits of Account #: _____

Name & Address of Co. _____

Name of Owner: _____ Name of Annuitant: _____

When does it mature _____; interest rate _____

Are you receiving payments? Yes No Amount: \$ _____ Frequency: _____

Are there survivorship benefits and who is the beneficiary: _____

Asset: _____ Value: _____ Last 4 digits of Account #: _____

Name & Address of Co. _____

Name of Owner: _____ Name of Annuitant: _____

When does it mature _____; interest rate _____

Are you receiving payments? Yes No Amount: \$ _____ Frequency: _____

Are there survivorship benefits and who is the beneficiary: _____

8. Other Assets (Debts owed by others to the trust including description of debt, name of debtor, current unpaid balance, identify document which evidences debt):

Mortgages: _____

Promissory notes: _____

TOTAL OF ALL TRUST PROPERTY: \$ _____

VII. PROBATE

Please identify any asset that was in the decedent's sole name and did not name a joint owner or, designate a beneficiary:

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____

Print Name: _____

Date: _____

TRUST ADMINISTRATION QUESTIONNAIRE

We appreciate you completing the following questions as to yourself. Caregivers are especially conscientious about facilitating the care needs of those they care for. Unfortunately, they are often remiss when it comes to making the time to address their own. We wish to ensure that your personal legal needs are being addressed by taking the time to discuss these issues with you.

“PROPER PLANNING MAY CREATE PEACE OF MIND”

Do you have the following legal documents in place:

<u>MORE</u>	<u>YES</u>	<u>NO</u>	<u>I WANT TO KNOW</u>
A. Last Will & Testament	_____	_____	_____
B. Revocable Trust	_____	_____	_____
C. Durable Power of Attorney	_____	_____	_____
D. Springing Durable Power of Attorney	_____	_____	_____
E. Designation of Health Care Surrogate	_____	_____	_____
F. Living Will	_____	_____	_____
G. Organ Donation/Transplantation Request	_____	_____	_____
H. Declaration of Pre-need Guardian for a Minor	_____	_____	_____
I. Special Needs Trust for a disabled spouse or Family member	_____	_____	_____
J. Do Not Resuscitate Order	_____	_____	_____

If you consult with us as to your personal estate planning needs within the next three (3) months you will receive a 15% discount on the consultation and on the charge for estate planning documents. Please save a copy of this page and bring it with you to your personal consultation. We look forward to serving you.