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SUITE 500
THE VILLAGES, FL 32159

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Trust Administration Questionnaire

Decedent Information

Legal Name: _____

Date of Death: _____ Marital Status at Time of Death: _____

Address of Permanent Residence at Time of Death (prior to nursing home):

County of Residence: _____

*****Please provide 3 Certified Copies of the Decedent’s Death Certificate (Short Form)*****

Proposed Trustee Information

Name: _____

Address: _____

Phone Number(s): _____

Email: _____

Relationship to Decedent: _____

Do you wish to be compensated for your services as Trustee, if possible? () Yes () No

****If yes, please request a copy of the Trustee Time Sheet. You must keep written records of time spent carrying out Trustee duties and provide those, and any receipts for estate expenses, to us.****

Proposed Alternate Trustee Information (if any)

Name: _____

Address: _____

Phone Number(s): _____

Email: _____

Relationship to Decedent: _____

Beneficiaries or Heirs at Law Information

Surviving Spouse's Name (if any): _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

Decedent's Child #1 Name (if any): _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

Decedent's Child #2 Name (if any): _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

Decedent's Child #3 Name (if any): _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

Other Name #1: _____

Relationship to Decedent: _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

Other Name #2: _____

Relationship to Decedent: _____

Address: _____

Phone: _____ E-mail: _____

Social Security Number/EIN (required for distribution of assets): _____

*****If more beneficiaries, please attach an additional sheet with the above information*****

Miscellaneous Information

1. Did the decedent have a will? () Yes () No

*****Please provide the original Last Will & Testament prior to your appointment*****

2. Were there any codicils to the will? () Yes () No

*****Please provide the original Codicil to the Last Will & Testament prior to your appointment*****

3. Did the decedent have a Trust? () Yes () No

*****Please provide the original Last Will & Testament prior to your appointment*****

4. Were there any amendments made to the Trust? () Yes () No

*****Please provide the original Amendments prior to your appointment*****

5. Are any of the Decedent's children disabled? () Yes () No

If yes, please identify and provide information regarding the nature of disability:

Trust Assets

1. Does the Trust own any real estate (houses, vacant lots)? () Yes () No

Property Address: _____

County: _____

Date of Death Value: _____

How Titled: _____

Property #2

Property Address: _____

County: _____

Date of Death Value: _____

How Titled: _____

*****Please provide copies of the deeds prior to your appointment*****

2. Did the Trust own a safe deposit box? () Yes () No

Location: _____

How Titled: _____

3. Did the Trust own any vehicles? () Yes () No

Vehicle #1 Year, Make, Model: _____

VIN: _____

Condition: _____ Mileage: _____

Date of Death Value: _____

How Titled: _____

Vehicle #2 Year, Make, Model: _____

VIN: _____

Condition: _____ Mileage: _____

Date of Death Value: _____

How Titled: _____

*****Please provide the original vehicle titles prior to your appointment*****

4. Did the Trust own any bank accounts? () Yes () No

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

****Please provide statements showing date of death value prior to your appointment****

5. Did the Trust own any other financial accounts? () Yes () No

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

****Please provide statements showing the date of death value prior to your appointment****

7. Did the Trust own any stocks or bonds? () Yes () No

Name of Company: _____

Type of Security: _____

Date of Death Value: _____

How Titled: _____

****Please provide statements showing the date of death value prior to your appointment****

8. Did the Trust own any money market accounts or certificates of deposit? () Yes () No

Bank/Institution Name: _____

Account Number: _____

Date of Death Value: _____

How Titled: _____

*****Please provide statements showing the date of death value prior to your appointment*****

9. Did the Trust own any US Government Savings Bonds (E, EE, H)? Yes No

To Be Cashed: Yes No

If Yes, Name of Transferee: _____

Date of Death Value: _____

How Titled: _____

*****Please provide the original bond(s) prior to your appointment*****

10. Did the Trust hold paper on any notes or mortgages (receivable)?

Yes No

Mortgagor/Borrower: _____

Address: _____

Terms of Obligation: _____

Date of Death Value/Balance Owed at Date of Death: _____

*****Please provide the a copy of any note/mortgage prior to your appointment*****

11. Did the Trust own any insurance? Yes No

Company Name: _____

Policy Number: _____

Beneficiaries Named: _____

Date of Death Value: _____

*****Please provide a statement prior to your appointment*****

12. Did the Trust own any annuities? Yes No

Company Name: _____

Policy Number: _____

Beneficiaries Named: _____

Date of Death Value: _____

*****Please provide a statement showing the date of death value prior to your appointment*****

13. Did the Trust own any other miscellaneous personal property?

() Yes () No

Liabilities

Did the Trust owe any business or individual money? () Yes () No

Creditor Name: _____

Address: _____

Account Number (if known): _____

Amount Owed: _____

Creditor Name: _____

Address: _____

Account Number (if known): _____

Amount Owed: _____

Creditor Name: _____

Address: _____

Account Number (if known): _____

Amount Owed: _____

Creditor Name: _____

Address: _____

Account Number (if known): _____

Amount Owed: _____

****If more creditors, please attach an additional sheet with the above information****

****Please provide most recent invoice/bill/statements for all creditors****

Additional Proposed Trustee Information

1. Is the proposed Trustee a Florida resident? () Yes () No
2. If the proposed Trustee is not a Florida resident, is he/she related by blood, marriage, or legal adoption to the decedent? () Yes () No

Please describe your relationship to the decedent: _____

3. Has the proposed Trustee ever been charged with, arrested for, or convicted of a felony or any other crimes? () Yes () No

If yes, please provide the date and a brief explanation: _____

4. Does the proposed Trustee have any physical disabilities? () Yes () No

If yes, please explain and advise whether this disability will affect the ability to serve as Trustee: _____

5. Has the proposed Trustee ever been treated for a mental condition, alcohol abuse, drug abuse, or other similar condition? () Yes () No

If yes, please provide the date and a brief explanation (location of treatment, name of physician or professional involved): _____

****Please provide a copy of the proposed Trustees Drivers License prior to your appointment****

NOTICE OF NON-REPRESENTATION.

It is hereby understood that the information contained in this intake sheet is for consultation ONLY and that no further obligation is incurred by either party as a result of same. It is further understood that Katina Pantazis, P.A. has not yet been retained to represent the below named individual(s) and will take no further action on behalf of said individual(s), unless and until a separate Retainer/Fee Agreement has been executed. If and when Katina Pantazis, P.A. is retained in the above matter, a formal Retainer/Fee Agreement shall be executed by all parties.

Any fee quotes provided at your consult will expire 30 days from the date of your consultation.

Acknowledgement

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

DATED THIS _____ DAY OF _____, 2021.

Signature

Name: _____

Signature

Name: _____