LAW OFFICE OF BARBARA NESBET
TRUST/PROBATE ADMINISTRATION FACT FINDER

PART I – GENERAL INFORMATION

1. Full Name of Client: ____

Home Address: ____
____
Mailing Address (if different) ____
____

Date of Birth______________ Social Security No.___________________________

Driver's License Number: _______________________

Relationship to Decedent: ____

Other Names: ____

Telephone Numbers: Home: _______________ Mobil: _____________ Office: _________

E-mail address____

Immediate Needs, if any:
Financial: ____
Custody of Minor Children: ____
Operation of Business: ____
Animal companions: ____
Other: ____

2. Decedent's Full Name: ____
3. Other Names: ____
Date of Birth: ____
Date of Death: ____

Last residence address(es), including county: ______________________________
____
Place where decedent died, including county: ______________________________

Social Security No. ____________________

U.S. Citizen? ☐ Yes ☐ No.
If Surviving Spouse is not a U.S. Citizen, please indicate where surviving spouse was naturalized below and provide us with a copy of the naturalization papers and the surviving spouse's birth certificate.

If decedent ever served in armed forces, branch, date entered, date discharged, type of discharge, and service number: ____

Name, address and phone number of surviving spouse (if other than client):
____
____

U.S. Citizen? ☐ Yes ☐ No. If Surviving Spouse is not a U.S. Citizen, please indicate where surviving spouse was naturalized below and provide us with a copy of the naturalization papers and the surviving spouse's birth certificate.

Name(s) and address(es) of any former spouse(s), and Date(s) of each former marriage:
Name: ____
Address: ____
Terminated by: ☐ Death ☐ Divorce Date Terminated: _______________

Name: ____
Address: ____
Terminated by: ☐ Death ☐ Divorce Date Terminated: _______________

Whether decedent received any Medi-Cal benefits: _______________________________

Name, address, and phone number of decedent's employer:
____
____

4. Did Decedent's name appear on the title of a Safe Deposit Box at the time of his/her passing, either individually or with another person? ______ Yes ________ No

If so, please provide the following information:
Entity at which Safe Deposit Box is located: ____________________________________

Address of Entity: ____

Box Number: ____

Title on Box: ____

Summary of Contents of Box: ____

____

(Please attach additional pages if necessary).

5. Did Decedent receive property from another decedent within Ten (10) years before or Two

(2) Years after Decedent's death? ______ Yes ________ No

If yes, was a Form 706 tax return filed? ______ Yes ________ No

6. Any Miscellaneous Death Benefits? ______ Yes ________ No

If Yes, from whom? ____

6. Any continuing Pension Benefits? ______ Yes ________ No

   If Yes, from whom? ____

7. Was Decedent's domicile the same as place of residence? ______ Yes ________ No

   When was Decedent's domicile established? ____________________________________

8. Was real property transferred to a child of the decedent? ______ Yes ________ No

9. Was Decedent a beneficiary of a trust? ☐ Yes ☐ No

   Does the trust allow Decedent to name who will receive Decedent's share of the trust if Decedent fails to survive until the end of the term of the trust? ☐ Yes ☐ No

10. Had Decedent made gifts to children/grandchildren/other person (other than spouse) which exceeded $15,000 per person in any year? ☐ Yes ☐ No

    If so, did Decedent file a gift tax return? ☐ Yes ☐ No

    Years in which gifts made: ____

11. Did Decedent have a will or trust? ______ Yes ________ No

Without a written estate plan, the disposition of a decedent's assets is subject to the provisions of applicable law. For example, property held in joint tenancy passes by operation of law to the surviving joint tenant, and property subject to contractual arrangements (e.g., death benefits under life insurance, annuity policies, or retirement plans) passes by beneficiary designation or the provisions of the specific plan. Property held in trust passes in accordance with the trust instrument. The disposition of the decedent's remaining assets is governed by the laws of intestate succession (PC 6402).

12. Digital Assets. Clients should assemble an inventory of accounts that they don't want to die with them, with any monetary value noted (the IRS is now looking at the value of digital assets). This inventory should include, but not be limited to, the following information:

- Domain name
- Online accounts
- Username
- Password
- Personal Identification Numbers
- Security question and answer
- Purpose of the asset (don't forget information on the office computer)
- Computers, laptops, tablets, routers, USBs, CDs, DVDs, and other hardware and their locations and passwords
- Software
- Important files, photos, videos, and their digital location; consider how hard it is for you to find some files on your computer—map the location of main folders for your personal, financial, tax, investment files, and your clients' files and documents
- Online backup accounts
- Ownership of the accounts, if jointly owned

*****This information needs to be continuously updated when new accounts are added or passwords and security questions are changed*****

Who	Character of Property	Share
Surviving Spouse	Community Property	the one-half of the community property that belongs to the decedent
Surviving Spouse	Quasi-Community Property	the one-half of the quasi-community property that belongs to the decedent
Surviving Spouse	Separate Property	if the decedent did not leave any surviving issue, parent, brother, sister, or issue of a deceased brother or sister: 100%; if the decedent leaves only one child or the issue of one deceased child OR leaves no issue but leaves a parent or parents or their issue or the issue of either of them: 50%; if the decedent leaves more than one child OR leaves one child and the issue of one or more deceased children OR leaves issue of two or more deceased children: 1/3.
Decedent's Issue	Property not passing to Surviving Spouse	Equally, if all same degree of kinship. If not all of same degree of kinship, then as provided in Section 240.
Decedent's Parents	Property not passing to Surviving Spouse or Decedent's Issue	Equally.
Parent's Issue	Property not passing to Surviving Spouse, Decedent's Issue or Parent(s)	Equally if they are all of the same degree of kinship to the decedent, but if of unequal degree those of more remote degree take in the manner provided in Section 240.
Grandparent's/ Grandparent's Issue	Property not passing to Surviving Spouse, Decedent's Issue, Parent(s) or Parent's Issue	Equally to the grandparent or grandparents, or to the issue of those grandparents if there is no surviving grandparent, the issue taking equally if they are all of the same degree of kinship to the decedent, but if of unequal degree those of more remote degree take in the manner provided in Section 240.
Issue of Pre-Deceased Spouse	Property not passing to Surviving Spouse, Decedent's Issue, Parent(s),Parent's Issue, or Grandparents or Grandparent's issue	Equally, if all same degree of kinship. If not all of same degree of kinship, then as provided in Section 240.
Next of Kin	Property not passing to Surviving Spouse, Decedent's Issue, Parent(s),Parent's Issue, Grandparents or Grandparent's issue, or Issue of Pre-Deceased Spouse	to the next of kin in equal degree, but where there are two or more collateral kindred in equal degree who claim through different ancestors, those who claim through the nearest ancestor are preferred to those claiming through an ancestor more remote.
Parents of Pre-Deceased Spouse, or Issue	Property not passing to Surviving Spouse, Decedent's Issue, Parent(s),Parent's Issue, Grandparents or Grandparent's issue, Issue of Pre-Deceased Spouse, or Next of Kin	to the parent or parents equally, or to the issue of those parents if both are deceased, the issue taking equally if they are all of the same degree of kinship to the predeceased spouse, but if of unequal degree those of more remote degree take in the manner provided in Section 240.

CHILDREN, GRANDCHILDREN, BENEFICIARIES, AGENTS

Please list below all persons who are named in the Will or Trust as well as any children or grandchildren of the decedent. In addition, please include all designated Successor Trustees and alternate Executors named in the documents. (Please use the back of this page or attach a separate list if additional space is required). Please also provide us with the addresses, telephone numbers and dates of birth (only if Minors) for all persons listed below:

1. Name: ______________________________Date of Birth: _________________
Relationship to Decedent: ________________
Address____
Phone Number: ____

Name: ______________________________Date of Birth: _________________
Relationship to Decedent: ________________
Address____
Phone Number: ____

Name: ______________________________Date of Birth: _________________
Relationship to Decedent: ________________
Address____
Phone Number: ____

Name: ______________________________Date of Birth: _________________
Relationship to Decedent: ________________
Address____
Phone Number: ____

Name: ______________________________Date of Birth: _________________
Relationship to Decedent: ________________
Address____
Phone Number: ____

Name: ______________________________Date of Birth: _________________
Relationship to Decedent: ________________
Address____
Phone Number: ____

Name: ______________________________Date of Birth: _________________
Relationship to Decedent: ________________
Address____
Phone Number: ____

Name: ______________________________Date of Birth: _________________
Relationship to Decedent: ________________
Address____
Phone Number: ____

Name: _________________________________Date of Birth: ___________________
Relationship to Decedent: _________________
Address____
Phone Number: ____

Name: _________________________________Date of Birth: ___________________
Relationship to Decedent: _________________
Address____
Phone Number: ____

2. Additional Family Information (e.g., Adopted Children, Deceased Children):

____

____

____

____

3. Name and telephone number of Accountant (e.g., Stock Broker, Financial Planner, etc.):

____

____

____

4. Name and telephone number of Financial Advisor (e.g., Stock Broker, Financial Planner, etc.):

____

____

____

5. Name and telephone number of Insurance Agent:

____

____

6. ____

7. Referred by____

Comments:

PART II - ASSET INFORMATION

REAL ESTATE (Attach Additional Information)(*JT= Joint Tenancy; CP = Community Property; SP = Separate Property; O = Other)

Address	*How Title Held	Original Price	Current Value	Current Mortgage
1.				
2.				
3.				
4.				
5.				

CASH (SAVINGS, CHECKING, MONEY MARKET, CD'S) (Attach Additional Information)

Name and Address of Institution	Account No.	Type of Account	*How Title Held
1.			
2.			
3.			
4.			
5.			

<u>**SECURITIES** (STOCKS AND BONDS) (Attach Additional Information)</u>

Name of Shares/Units/ Brokerage Account	No. of Shares	Account/Cert. No.	*How Title Held	Original Price	FMV
l.					
2.					
3.					
4.					
5.					

ACCOUNTS & NOTES RECEIVABLE (Attach Additional Information)

Name of Person Owing	Secured By	Who Is Note Payable To?	FMV
1.			
2.			
3.			
4.			
5.			

Unpaid Salary: ____

Unpaid Commissions: ____

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:

ACCOUNTS & NOTES PAYABLE

Name of Person Owed	Secured By	Who Holds Note?	FMV
1.			
2.			
3.			
4.			
5.			

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: ____

ACKNOWLEDGEMENT REGARDING CREDITORS' CLAIMS

Please review this Acknowledgement with regard to Creditors' Claims. Once you have had an opportunity to review your records for any potential creditors' claims, please sign the appropriate acknowledgement below:

ALTERNATIVE 1:

I declare that I am unaware of any potential creditors of the Estate of the Decedent and the TRUST, if any.

Dated: ____________________________, ________________________________
Client (print name)

ALTERNATIVE 2:

I declare that I am aware of potential creditors of the Estate of the Decedent, and the TRUST, if any, and wish to have formal notice to creditors served on the potential creditors listed below. The creditor(s) names, address(es) and a brief summary of the claim(s) are as follows:

NAME & ADDRESS	AMOUNT OF CLAIM	SUMMARY OF CLAIM
________________________________	_________________________	______________________________

Dated: ____________________________, ________________________________
Client Signature

____
Client (print name)

BUSINESS INTERESTS (CORPORATE OR SOLE PROPRIETORSHIP) (Attach Additional Information)

Description	% Owned	*How Title Held	FMV
1.			
2.			
3.			
4.			
5.			

If Decedent operated business as sole proprietor: ____

Number of Employees: ____

Taxpayer identification Number: ____

Accounting method: ____

Name and address of manager or responsible person: ____

PARTNERSHIP INTERESTS (LIMITED OR GENERAL PARTNERSHIPS) (Attach Additional Information)

Partnership Name	% Owned	Type of Partnership	Original Investment	FMV
1.				
2.				
3.				
4.				
5.				

If Decedent was member of business partnership, names and addresses of general partners, attorney, accountant:

____

____

____

RETIREMENT PLANS (Attach Additional Information)

IRA/KEOGH/Corporate	Beneficiary	FMV
1.		
2.		
3.		

LIFE INSURANCE (Attach Additional Information)

Name of Company	Owner of Policy	Beneficiary	Cash Value	Face Value
1.				
2.				
3.				
4.				
5.				

MAJOR TANGIBLE PERSONAL PROPERTY (e.g., Art, Jewelry, Automobiles or High Value, Collections) (Attach Additional Information)

Nature of Asset	Original Price	FMV
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

LIFE INSURANCE (Attach Additional Information)

Name of Company	Owner of Policy	Beneficiary	Cash Value	Face Value
1.				
2.				
3.				
4.				
5.				

MISCELLANEOUS ASSETS (Not Covered Above) (Attach Additional Information)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

ADD ADDITIONAL INFORMATION BELOW

I DECLARE THAT THE ABOVE LISTED PROPERTY IS A COMPLETE LIST WHICH REPRESENTS ALL PROPERTY WHICH DECEDENT OWNED BOTH IN AND OUTSIDE OF THE UNITED STATES.

____
Client Signature

____
Client (print name)

Tax Information

Location of Decedent's most recent tax returns: ____

Decedent's Tax Year: ____

If decent 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 a 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):

____

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, whether death resulted form active service in combat zone: ____

If decedent as civilian employee of the United States government whether death resulted from terrorist activity outside United State: ____

Any general powers of appointment whose exercise or lapse may result in inclusion of property in decedent's estate for tax purposes (IRC 2014): ____

PART III - TERMS OF WILL

1. Are there specific items of personal property (e.g., jewelry, art, clothes, china, silver, etc.) which pass to a specific person? ☐ Yes ☐ No

   List specifics ____

   ____

   ____

   ____

   ____

2. Does the will nominate individuals to serve as guardian of your minor child(ren)? (If there are no children or all children are above 18, go to Section 3 below.) Please list guardians and alternates.

   a. ____
   b. ____
   c. ____
   d. ____

3. Does the will nominate individuals to act as Executor? (Even with a living trust, the Executor will distribute personal property, e.g., clothes, jewelry, art, etc., and be responsible for filing tax returns for the decedent and the estate with the IRS.) Please list Executor and alternates.

   a. ____
   b. ____
   c. ____
   d. ____

PART IV - TERMS OF TRUST OR TESTAMENTARY WILL

1. Is the net value of the Decedent's estate (including life insurance and retirement plans) over $11,700,000 (2021)?

   ☐ Yes ☐ No

2. Does the existing estate plan allow the Surviving Spouse to claim the marital deduction?

   ☐ Yes ☐ No

1. How is the estate to be distributed on Decedent's death?

2. How is the estate to be distributed on the Surviving Spouse's death?

☐ To children equally? ☐ Outright *or* ☐ In trust
Until what age? ____________________________________
Interim distribution (e.g., _____ % at 25, remainder at 30)?
____
____
____

Or
☐ To other beneficiaries?
☐ Outright *or* ☐ In trust
Until what age? ____________________________________
Interim distribution (e.g., _____ % at 25, remainder at 30)?
____
____
____

3. If a child should predecease you, who is to receive that child's distribution?
☐ The predeceased child's children?
☐ Outright *or*
☐ In trust
Until what age? ____________________________________
Interim distribution (e.g., _____ % at 25, remainder at 30)?
____
____
____

Or
☐ Your surviving children?
Or
☐ Other____

4. If all of your children, grandchildren and/or other named beneficiaries predecease you, who is to inherit the estate (e.g., charities, other family members, etc.)?

____

____

____

____

____

____

5. Who is appointed to act as Trustee of the Trust? (The Trustee's job is to manage the assets of the trust(s) created under the Living Trust or Will and make distributions to the beneficiaries of the trust(s) in accordance with the provisions of the trust(s).)

List in order of appointment:

(1)____

(2)____

(3)____

Comments:

8. Has the Surviving Spouse already attended to the disposition of the Decedent's remains? ☐ Yes ☐ No

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

On ___________________, my ___________________ ____________________ died. I have retained the Law Office of Barbara Nesbet to handle the estate administration.

I would appreciate your full cooperation in providing any information, documentation, or assistance which the Law Office of Barbara Nesbet, its attorneys and staff may require.

A photocopy of this authorization shall serve with the same force and effect as the original.

Thank you for your attention to this matter.

Very truly yours,

Date: __________________

____
Client Signature

____
Client (print name)