

Instructions:

- Please legibly fill in the requested information.
- If you are unsure of a question, simply leave the answer blank.
- Please list all heirs and devisees, even if they are now deceased.

DECEDENT'S INFORMATION

| Full name: | | | | | |
|---|-------------------------------------|--------------|-------------|-----------------------------------|--|
| Birth date: | Date of Death: | | | Age at Death: | |
| SSN: | (please format dates as mm/dd/yyyy) | | | | |
| Residence address: | | | | | |
| City: | | | State: | Zip code: | |
| Place of Death: | | | | | |
| County: | | | | rtland, Multnomah County, Oregon) | |
| Decedent had a Trust? Decedent had a Will? Was the Decedent married? Did the Decedent own firearms How are you related to the Decedent Please tell us about the Decedent | edent? | | Are the fi | | |
| Please let us know of any speci | al concerns | you may have | e regarding | the Decedent's estate. | |



YOUR INFORMATION (SUCCESSOR TRUSTEE)

| Full name: | | | | |
|--|--------------------------------|--------------------|--------------------------------|---|
| Birth date: | SSN: | | (neede | ed to obtain estate tax ID #) |
| Street address: | | | | |
| City: | | State: | Zip | code: |
| Mailing address: | | | | |
| | our street address) | | | |
| City: | | State: | Zip | code: |
| Home phone: | | Cell phone: _ | | |
| Can we leav | ve confidential message Yes | s at the above No | phone numbers | ? |
| Email: | | | | |
| Have you been convicted of an | | | If probate is requires that we | g asked these questions? needed, Oregon Statute must inform the court that qualified from serving as entative. |
| Are you a US Citizen? | | | □ Yes | □ No |
| Did the Decedent own or ope continue as fiduciary? | rate a business that you | intend to | □ Yes | □ No |
| Are you indebted to the Dece | dent? | | \square Yes | \square No |
| To the best of your knowledg | ge, is the estate insolven | nt? | □ Yes | \square No |
| Are there any disputes among | g the heirs that you are | aware of? | □ Yes | \square No |
| Have you ever filed for bankı | | | ☐ Yes | □ No |



DECEDENT'S PRIMARY BENEFICIARIES

(Those who will receive a gift or inheritance under the decedent's Trust)

| FULL NAME | RELATIONSHIP TO DECEDENT | MAILING ADDRESS, EMAIL ADDRESS, AND PHONE NUMBER | DATE OF BIRTH IF A MINOR |
|-----------|--------------------------|---|--------------------------|
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Please review the decedent's Trust document and locate any provisions that give, bequeath, devise or distribute assets, money, belongings, or property to an individual or entity.

Any individual or entity receiving anything from decedent's estate is a Primary Beneficiary.





DECEDENT'S SECONDARY BENEFICIARIES

(Those who would receive a gift or inheritance under the decedent's Trust if a Primary Beneficiary is deceased. The Secondary Beneficiaries are often referred to be "second in line" to receive a gift or inheritance from the Trust)

| FULL NAME | RELATIONSHIP TO DECEDENT | MAILING ADDRESS, EMAIL ADDRESS, AND PHONE NUMBER | DATE OF BIRTH IF A MINOR |
|-----------|-----------------------------|---|--------------------------|
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A Secondary Beneficiary will inherit assets only if certain conditions are met, such as the death of the primary beneficiary or the primary beneficiary's decision to disown or disclaim the assets to which they are entitled.

A Secondary Beneficiary is also considered to be a contingent beneficiary.

Article VI

our Trustee shall
distribute...
all remaining trust
property...

COLLIER LAW 1020 Liberty Street SE Salem, OR 9 730 Telephone: (503) 485-7224 Fax: (503) 967-1155



TRUST ASSETS

(If you don't have an exact value, an estimate is fine)

| | Bank Accounts |
|------------------------------------|----------------------------|
| BANK NAME AND ACCOUNT NUMBER | VALUE AS OF DATE OF DEATH |
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| | Investment Accounts |
| INVESTMENT FIRM AND ACCOUNT NUMBER | VALUE AS OF DATE OF DEATH |
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| | Real Property |
| Address | VALUE AS OF DATE OF DEATH |
| ADDICESS | VALUE AS OF BATE OF BEATTI |
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| | |
| | Vehicles |
| MAKE, MODEL, AND YEAR | VALUE AS OF DATE OF DEATH |
| | |
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| | |
| | Miscellaneous/Firearms |
| DESCRIPTION OF ASSET | VALUE AS OF DATE OF DEATH |
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| | |
| | Personal Property |
| | VALUE AS OF DATE OF DEATH |
| | |



ASSETS HELD OUTSIDE OF THE TRUST

(Any assets held by the decedent under his or her individual name)

| ASSET | TITLED AS / OWNED BY | VALUE (\$) |
|-------|----------------------|------------|
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For example: California Home
1234 Main Street
Roseville, CA 00000

Titled as: John Doe Value: \$500,000.00

Any assets not properly transferred from the decedent to his or her Trust must pass through probate to place them into the Trust. The assets will then be distributed according to the instructions of the Trust.



DECEDENT'S DEBTS OR KNOWN CREDITORS

(A debt may be a mortgage, credit card account, loan, etc.; a creditor is a person or company who is owed money)

| CREDITOR NAME AND ADDRESS | ACCOUNT NUMBER | AMOUNT OWED (\$) |
|---------------------------|----------------|------------------|
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Please send us originals of the following documents (if available):

- Death Certificate
- Last Will and Testament (if decedent had one) with Witness Affidavit
- Trust

Please send us copies of the following documents (if available):

- Investment/Financial Statements (from date of death through today)
- Utility Statements (electric, gas, water, etc.)
- Loan and Creditor Statements (from date of death through today)
- Deeds to real property

Note: Using this form does not constitute or create an attorney-client relationship. We welcome the opportunity to review this information and consider providing legal counsel to you.

This form may be provided to the trust's CPA at a future date.