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*Licensed to practice in Maryland and
in the District of Columbia*

**CONFIDENTIAL QUESTIONNAIRE
FOR TRUSTEES**

Date: _____

Please print or type the information requested.

**There may be some areas which may not be applicable to your situation, if so,
please mark n/a as appropriate.**

PART A. TRUSTEE'S INFORMATION

1. Trustee or Successor Trustee(s), Addresses/Telephone/Fax/E-Mail :

Full Name:	
Business Address:	
Business Telephone:	
Fax:	
Business E-Mail:	
Profession/Your title	
Residence Address:	
Residence Telephone:	
Cell Phone:	
Your Social Security No.: (for estate tax return, if necessary)	
Home E-Mail:	

PART B. DECEDENT INFORMATION

1. **Full Name of decedent:**
2. **Date of Death:**
3. **Place of Death:**
4. **Date of Birth:**
5. **Was decedent married on date of death? Yes [] No []**
Name of spouse:
Date of Marriage:
Place:
6. **Decedent's home address:**
7. **Year Maryland Residence Established:**
8. **Citizenship: U.S. Yes [] No [] Other:**
Citizenship of spouse:
9. **Decedent's Social Security No.:**
10. **Was decedent a veteran?**
Service Number:
VA Number:
12. **Location of Safe Deposit Box:**
13. **Who has access to the Safe Deposit Box?**
14. **Did decedent have a will (pour-over)? Yes [] No []**
15. **Who has custody of the ORIGINAL Will and Trust?**
Please attach at copy of the Will to this Questionnaire.

PART C. FAMILY INFORMATION (use additional sheets if necessary)

1. Decedent's children (Including those legally adopted):

Name	Age	Address	Marital Status

2. Are any children deceased? Yes [] No []
Names: _____

3. Grandchildren:

Name of Grandchild	Name of Parent	Date of Birth

4. Living Parents of Decedent:

Name	Age	Address	Martial Status

5. Brothers and Sisters of Decedent:

Name	Age	Address	Martial Status

6. Prior Marriages (If Applicable)

Prior Spouse	
Children of Prior Marriage	
Name	
Address	
Date of Marriage	
Place	
Date of Dissolution	

PART D. ASSET INFORMATION (Add additional sheets if necessary)

1. Did the decedent:

- (a) **Expect to receive benefits from a retirement plan? Yes [] No []**
(specify at no. 8 below)
- (b) **Have powers of appointment? Yes [] No []**
- (c) **Have beneficial interests in trusts? Yes [] No []**
- (d) **Have an interest in a Buy-Sell Agreement? Yes [] No []**

2. Did the decedent have any marriage agreements?

Prior to marriage? Yes [] No []
After marriage? Yes [] No []

3. Real Estate:

Address	Current Market Value	Tax Appraised Value	Cost Basis (Purchase Price)	How Was Title Held? (Trustee/Sole/Joint; indicate co-owner(s))

4. Life Insurance:

Company and Policy Number	Death Benefit	Approx. Cash Value	Person Insured	Policy Owner	Beneficiary

5. Checking/Money Market/ Savings Accounts:

Institution	Approximate Balance	How Was Title Held? (Trustee/Sole/Joint; indicate co-owner(s))

6. Securities/Mutual Funds:

Company	No. of Shares	Original Cost	Approximate Market Value	Date of Purchase	How Was Title Held? (Trustee/Sole/Joint; indicate co-owner(s))

7. Approximate Values of Personal Property (vehicles, jewelry, art, collections, other household goods):

Description	Original Cost	Appx. Fair Market Value

8. Notes, Retirement Plans, and Other Assets:

Description	Value

9. Mortgages and Debts:

Type and to Whom Owed	Approximate Amount

PART E. BENEFICIARIES OF THE TRUST

Name	Age	Address	Marital Status