



Advising Tillamook County for over 35 years

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LIVING TRUST INTERVIEW FORM

(Death of the Trustor)

PETITIONER/CLIENT:

Name: _____ SSN: _____

Address: _____

Relationship to deceased: _____

DECEASED:

Name: _____ SSN: _____

Residence address: _____

Residence at death: _____

Date of birth: _____ Marital status: _____

Date of death: _____ Age at death: _____

Place of death: _____

Spouse: _____ Date of spouse's death: _____

Decedent's occupation: _____

Decedent's employer & address: _____

Are employee death benefits provided by employer?: Y/N

If yes, what are they? _____

Name, SSN, age & address for all heirs (children, parents, siblings):

TRUST INFORMATION:

Were there any amendments to the Trust? Y/N? Date of Amendment(s):

Did deceased have a will? Y/N Date of Will: _____

Attesting Witnesses (name & address):

Name, SSN & address for all beneficiaries of the Trust:

ADVISORS:

Accountant: _____

Stock Broker: _____

Trustee: _____

Insurance Agent: _____

ASSET LIST (use date of death values):

Bank accounts – in the Trust (list bank, branch, account numbers & balance):

Bank accounts - subject to probate (not in the Trust list bank, branch, account numbers & balance):

Bank accounts – held jointly with others) list bank, branch, account numbers, owners & balance):

Safe Deposit Box? Y/N Location & Number: _____

Contents: _____

Real Property – in the Trust (need location, legal description & value of decedent's interest):

Real Property - subject to probate (not in the Trust need location, legal description & value of decedent's interest):

Real Property – held jointly with others (tenancy in common or joint tenancy need location, legal description & value of decedent’s interest):

Stocks or Bonds – in the Trust (need account number, CUSIP No., location & value):

Stocks or Bonds - subject to probate (not in the Trust need account number, CUSIP No., location & value):

Stocks or Bonds – held jointly with others (tenancy in common or joint tenancy need owners, account number, CUSIP No., location & value):

Life Insurance (name of owner, company, policy number & value):

Vehicles (owners, make, model, VIN number & value):

Loans (list debtor and creditor (Trust, decedent) amount owed and terms):

Contracts (list buyer and payee, and the amount owed and terms and whether or not the seller or buyer is the Trust):

Personal items (list items worth over \$300 each or collectively, e.g., clothing, jewelry, tools, collections, furniture, household items, specify values and whether or not they're held by the Trust):

Other (list the owner and as much information as needed to identify & value):

DEBTS: (for each item, list amount, name and address of creditor)

Expenses of last illness: _____

Funeral expenses: _____

Taxes (specify type): _____

Credit cards: _____

Mortgage: _____

Notes: _____

Contracts: _____

Other: _____
