
1717 NW Grant Avenue, Corvallis, Oregon 97330

TRUST ADMINISTRATION INFORMATION SHEET

Below please find a list of information that we need to know so that we may provide you with meaningful assistance. Please be as complete as possible, however, if you are unsure of the information, please discuss that with the attorney. Thank you!

ABOUT YOU

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email: _____

Relationship to Settlor: _____

ABOUT SETTLOR *(person who made the trust)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County Settlor Resided: _____

Phone Number(s): _____

Birth Date: _____ If applicable, Date of Death: _____

Social Security No. _____

SETTLOR'S SPOUSE and/or 2ND SETTLOR ON THE TRUST

Check here if there are no other creators of the trust

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County Settlor Resided: _____

Phone Number(s): _____

Birth Date: _____ If applicable, Date of Death: _____

Social Security No. _____

TRUSTEE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Birth Date: _____ Social Security No. _____

ASSETS

Please only list assets that were properly added to the Trust. Do not include assets outside of the Trust.

Real Property that belongs to the Trust:

Address: _____

Value \$ _____

Address: _____

Value \$ _____

Address: _____

Value \$ _____

Other Assets that belong to the Trust:

Bank Accounts:

Bank or Institution Name:

Balance: \$ _____

Bank or Institution Name:

Balance: \$ _____

Brokerage Accounts in the name of the Trust:

Broker Name:

_____ Balance: \$ _____

Broker Name:

_____ Balance: \$ _____

Other Assets in the Trust:

Description:

Value: \$ _____

Description:

Value: \$ _____

SETTLORS'S CHILDREN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

TRUST BENEFICIARIES *(people receiving gifts under the Trust)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

KNOWN CREDITORS *(please attach a list)*

Name: _____ Amount Owed: \$ _____

Name: _____ Amount Owed: \$ _____

Name: _____ Amount Owed: \$ _____

Are there any special/emergency circumstances we need to know about?

Yes No

If yes,
Explain: _____
