

**TRUST ADMINISTRATION
WORKSHEET**

Trustee's name: _____

Decedent's name: _____

Date of Death: _____ Deceased's SS No.: _____

Our services will include the following (mark only those that apply: **Tee = Trustee / √ = Attorney hourly**;

- | | |
|---|--|
| <input checked="" type="checkbox"/> Review Trust | <input checked="" type="checkbox"/> Prepare PC §16061.7 notices |
| <input type="checkbox"/> Obtain EIN | <input checked="" type="checkbox"/> File/lodge decedent's original will w/court |
| <input checked="" type="checkbox"/> Provide a list of the decedent's assets to the attorney | <input checked="" type="checkbox"/> Obtain date of death values |
| <input type="checkbox"/> Prepare Inventory of Assets | <input checked="" type="checkbox"/> Arrange Real Estate Appraisals |
| <input type="checkbox"/> Analyze and adjust values as appropriate to minimize Federal Estate & Income Tax consequences. | <input type="checkbox"/> Allocation of assets into sub-Trusts |
| <input checked="" type="checkbox"/> Prepare final personal Income Tax Returns (1040) | <input type="checkbox"/> Prepare & file a Federal Estate Tax Return (706) and State Estate Tax Return (ET-1) |
| <input checked="" type="checkbox"/> Prepare first year Fiduciary Income Tax Returns (1041) | <input type="checkbox"/> IRS audit |
| <input type="checkbox"/> Prepare a Trust certification | <input type="checkbox"/> Prepare a new Survivor's Trust |
| <input type="checkbox"/> Assist with distributions | <input type="checkbox"/> Assist with funding the sub-Trusts |
| <input type="checkbox"/> PC §17200 Pet/Probate | <input checked="" type="checkbox"/> Prepare Trust Accounting |
| <input checked="" type="checkbox"/> Medi-Cal notification letter PC 9202 | <input type="checkbox"/> Prepare Consent / Declination / Resignation of Trustee (Circle those that apply) |
| <input type="checkbox"/> Aff-DOT / Deed & PCOR & P-C Txfr | <input type="checkbox"/> OTHER (Please describe other): |

The fees to assist in the administration of a Trust vary depending on the complexities of the Trust Estate. Our fee is:

☐ A Flat fee of \$_____ OR ☐ % of the decedent's gross Estate.

OR

☐ A Flat fee of \$_____ for the services checked (√) above, **plus** on a time plus costs basis for all other items with a minimum time billed of 0.2/hour and hourly rates as follows for all other services including but not limited to meetings, telephone calls, transmittals, letters, etc.:

Attorney rate: \$300.00 per hour;
Paralegal rate: \$150.00 per hour

Other Attorney rate: \$_____ per hour.
Secretarial services at \$95.00 per hour.

We will require a retainer of \$_____. Upon consumption of the retainer, a statement will be mailed to replenish the retainer amount.

You are authorized to proceed with trust administration as outlined above.

Dated: _____, 20_____.

Attorney at Law

Trustee