

# MULLAVEY, PROUT, GRENLEY & FOE LLP

## TRUST ACCOUNTING QUESTIONNAIRE

INSTRUCTIONS: Please complete this Questionnaire and return it to our office so that we may prepare your trust accounting. If you have any questions, please contact us.

**\*\*IF YOU HAVE NOT ALREADY PROVIDED US WITH A COPY OF ALL TRUST DOCUMENTS (INCLUDING THE WILL AND ANY CODICILS IN THE CASE OF A TESTAMENTARY TRUST OR THE INITIAL TRUST DOCUMENT AND ANY AMENDMENTS AND/OR RESTATEMENTS IN THE EVENT OF A LIVING OR IRREVOCABLE TRUST) PLEASE PROVIDE A COPY WHEN YOU RETURN THIS QUESTIONNAIRE. \*\***

Attorney: \_\_\_\_\_

### A. BASIC TRUST INFORMATION

1. Name of Trust: \_\_\_\_\_

2. Date of Trust Creation: \_\_\_\_\_

3. Type of Trust (e.g. Testamentary, Living, Irrevocable): \_\_\_\_\_

4. Name of Trustor(s): \_\_\_\_\_

5. Name of Trustee(s): \_\_\_\_\_

6. Address of Trustee:

a. Home \_\_\_\_\_

\_\_\_\_\_

b. Mailing: \_\_\_\_\_

\_\_\_\_\_

7. Telephone of Trustee: \_\_\_\_\_

a. Home/Cell: \_\_\_\_\_

b. Work: \_\_\_\_\_

**B. BENEFICIARIES**

1. Current Income Beneficiaries

a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

b. Name: \_\_\_\_\_

Address: \_\_\_\_\_

c. Name: \_\_\_\_\_

Address: \_\_\_\_\_

d. Name: \_\_\_\_\_

Address: \_\_\_\_\_

2. Residuary Beneficiaries

a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

b. Name: \_\_\_\_\_

Address: \_\_\_\_\_

c. Name: \_\_\_\_\_

Address: \_\_\_\_\_

d. Name: \_\_\_\_\_

Address: \_\_\_\_\_

**C. PAST ACCOUNTING**

Have you ever done an accounting for the Trust in the past? \_\_\_\_\_

If yes, when was the last accounting done? \_\_\_\_\_

If yes, what time period did the last accounting cover? \_\_\_\_\_

If yes, the accounting approved by a court? \_\_\_\_\_

Name of Court	Cause Number

**D. CURRENT ACCOUNTING (Answer these questions for the time period since the former accounting, or if no former accounting, from the inception of you becoming Trustee of the Trust)**

1. Have you taken any compensation for your work as Trustee? \_\_\_\_\_

If yes, how much compensation have you received: \$ \_\_\_\_\_

If yes, how did you charge for your compensation?

- Hourly Basis: Number of Hours: \_\_\_\_\_; Hourly rate: \$ \_\_\_\_\_
- Flat Monthly Fee: \$ \_\_\_\_\_ per month
- Other (explain): \_\_\_\_\_

2. Have you hired any agents to work on behalf of the Trust? \_\_\_\_\_

If yes, please complete the following table:

Agent	Relationship to Trustee (if any)	Services Performed	Compensation Paid
			\$
			\$
			\$
			\$
			\$

3. Have you granted or entered into any pledge, mortgage, option, or lease of trust property, or other agreement affecting trust property binding for a period of five years? \_\_\_\_\_

If yes, please complete the following table:

Beneficiary	Relationship to Trustee (if any)	Description (e.g. Pledge, Mortgage, Option, Lease)	Term

**\*\* Please provide us with copies of any pledges, mortgages, options, and leases.\*\***

3. Has the trust been a party to any transaction to which you or one of your family members benefited or were there any transactions in which your interests might conflict with the interest of the Trust? \_\_\_\_\_

If yes, please complete the following table:

Beneficiary	Relationship to Trustee	Description of Transaction	Date of Transaction

**\*\* Please provide us with copies of any documents related to the transaction.\*\***