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New Estate & Trust Checklist

Date: _____ Office: _____ Client #: _____

Estate Name: _____

Address: _____

EIN: _____ State(s) filing: _____

Trustee/Executor Name: _____

Phone number: _____ Email: _____

SSN: _____

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary SSN: _____ Beneficiary Phone: _____

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary SSN: _____ Beneficiary Phone: _____

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary SSN: _____ Beneficiary Phone: _____

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65 Madison Ave, Suite 570, Morristown, NJ 07960

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