2 - TRUST PETITION CONSULTATION WORKSHEET

[8-2023 Revision]

DATE COMPLETED	
TRUST NAME	
TRUST DATE	

DECEDENT'S INFORMATION

Full Legal Name			
Date of Birth		**Date of Death**	
Decedent's County of Residence at death			
County where Decedent died (if different from county of residence)			
Street Address at death			
City, State, Zipcode			
Marital Status	☐ **Single (never married)** ☐ **Single and cohabitating with life partner** ☐ **Married with a Surviving Spouse** ☐ **Registered Domestic Partnership with a Surviving Domestic Partner:** ☐ **Previously married and widowed** ☐ **Previously married and divorced** ☐ **Previously in a registered domestic partnership and widowed** ☐ **Previously in a registered domestic partnership that was terminated** ☐ **Unknown** ☐ **Other:**		

If Decedent was married or in a Registered Domestic Partnership <u>at the time of Decedent's death,</u> please provide the following information about Decedent's spouse or partner:

Date and place of marriage or registration:					
Name of Spouse/Partner					
Still living? ☐ **YES** ☐ **NO, spouse is deceased**					
Street Address					
City, State, Zipcode					
Home Phone		**Work Phone**		**Cell Phone**	
Best Email					

INSTRUCTIONS FOR COMPLETION:

This worksheet and questionnaire is used for one or both of the following types of ex parte Probate Court petitions:

- **Heggstad petitions (Probate Code Section 850) to request Probate Court action to confirm assets of a Decedent as assets of a Decedent's trust**
- **Trust Modification petitions (Probate Code Section 15403 or 15409) to request Probate Court action to modify an irrevocable trust (typically after death of a trustor).**

Unless otherwise indicated in this Worksheet, all sections are relevant to both types of petitions.

DECEDENT'S ESTATE PLANNING DOCUMENTS

Please put a check next to each document that you are providing to me prior to the Consultation, either by mail, fax (408-416-4591) or email to heggstad@lawbob.com:

FOR ALL PETITIONS (Probate Code 850, 15403 or 15409):

☐ **A copy of Decedent's Certificate of Death (original not necessary)**

☐ **A copy of Decedent's original trust agreement**

☐ **Copies of all amendments to Decedent's original trust**

☐ **A copy of Decedent's amended and restated trust agreement (if any)**

☐ **Copies of all amendments to Decedent's amended and restated trust agreement (if any)**

FOR HEGGSTAD PETITIONS ONLY (Probate Code 850):

☐ **Copy of Decedent's Last Will, Pour-Over Will, or other Will**

☐ **Copies of any asset schedules of Decedent's trust that identify any of the assets in Decedent's name or payable to Decedent's estate**

☐ **Copy of any document signed by Decedent states that it is an assignment of Decedent's property into Decedent's trust**

☐ **Copy of Decedent's amended and restated trust agreement (if any)**

☐ **Copy of any other written document signed by Decedent that identifies any of the assets in Decedent's name or payable to Decedent's estate and indicates that the asset is intended to be in Decedent's trust (could include a letter from Decedent)**

☐ **If real property was previously owned Decedent's trust and removed for a refinance or other purpose, a copy of the deed that first put the property into Decedent's trust, of a copy of the signed deed that was never recorded**

PROPOSED FIRST PETITIONER'S CONTACT INFORMATION

1ST Petitioner's Name	
Relationship to Decedent	
Street Address	
City, State and Zip Code	
County of Residence	
Best Contact Telephone	
Best Contact Email	

Check all that apply:

- ☐ **I am Decedent's surviving spouse or domestic partner**
- ☐ **I am a successor trustee of Decedent's trust**
- ☐ **I am a beneficiary of Decedent's trust**

PROPOSED SECOND PETITIONER'S CONTACT INFORMATION

2ND Petitioner's Name	
Relationship to Decedent	
Street Address	
City, State and Zip Code	
County of Residence	
Best Contact Telephone	
Best Contact Email	

Check all that apply:

- ☐ **I am a successor trustee of Decedent's trust**
- ☐ **I am a beneficiary of Decedent's trust**

HOW DID YOU HEAR ABOUT MY LAW OFFICES?

- ☐ **Referred by my attorney (information below)**
- ☐ **Referred by a financial advisor or accountant (information below)**
- ☐ **Referred by a title or escrow officer (information below)**
- ☐ **Referred by a friend (information below)**
- ☐ **Heard on your "Plan Your Estate Radio" show on 1220AM KDOW**
- ☐ **On social media (Facebook, Linkedin, or other)**
- ☐ **From website www.lawbob.com**
- ☐ **From website www.heggstadhelp.com**
- ☐ **Other**

REFERRING PARTY CONTACT INFORMATION (if relevant)

Name (provide name only for a friend)	
☐ **Attorney** ☐ **Financial Advisor** ☐ **Accountant** ☐ **Friend** ☐ **Title or Escrow Officer** ☐ **Realtor** ☐ **Other**	
Name of Firm	
Street Address	
City, State Zipcode	
County	
Work Phone	
Fax Number	
Email	

IF DECEDENT HAD CHILDREN OR STEPCHILDREN, PLEASE COMPLETE THIS PAGE

Child's Full Legal Name	Other Information (check all that apply)
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent
	☐ Minor ☐ Adult ☐ Son ☐ Daughter ☐ Stepchild of Decedent

FOR HEGGSTAD PETITION ONLY: Is there a reason for the petition to be urgently granted? ☐ NO ☐ YES

If "YES," what is the urgency?

☐ **Real Property was sold and was already in escrow when problem discovered**

☐ **Assets of Decedent are only monies available to pay for expenses**

☐ **Other:**

FOR HEGGSTAD PETITION [PROBATE CODE 850]

Please list all California real property and/or personal property being held in decedent's individual name or payable to decedent's estate (e.g., life insurance proceeds, retirement plans, etc.)

Include the name of financial institution, type of account, and account number that you wish to have declared as an asset of decedent's trust in a Heggstad petition.

FOR TRUST MODIFICATION PETITION
[PROBATE CODE SECTION 15403 OR 15409 PETITION]

What type of relief is requested for a trust modification? Please provide general or specific requests as desired.

Office Use Only

OFFICE USE ONLY

HEGGSTAD: Documentary evidence

☐ **Asset Schedule, Exhibit _____**

☐ **General Assignment, Exhibit _____**

☐ **Section _____ of Pour-Over Will, Exhibit _____**

☐ **Described in Trust Agreement** ☐ **Prior Deed** ☐ **Other Exhibit _____**

☐ **Other _____ Exhibit _____**

TRUST MODIFICATION PETITION

Purpose of Proposed Modifications

☐ **To eliminate a Bypass Trust in favor of a Survivor's Trust**

☐ **To create a power of power of appointment over a Bypass Trust to cause estate inclusion**

☐ **To create a special needs trust where one did not exist**

☐ **To fill a vacancy in the office of the trustee**

☐ **To modify the power/duties of the trustee(s)**

☐ **Other: _____**

AUTHORITY: ☐ **PC17200** ☐ **PC 15403** ☐ **PC15409**

WAIVER OF BOND

☐ **Decedent's trust waives bond in Section _____, Exhibit _____**

☐ **All interested parties waive bond**

☐ **GAL waives bond for minor/incapacitated/missing interested parties**