



805 Frontage Road 200A
Kenai, Alaska 99611
Office: (907) 283-3060
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ESTATE/TRUST INFORMATION

DECEDENT

Name: _____
Occupation: _____
Social Security Number: _____
Date of Birth: _____
Date of Death: _____

PERSONAL REPRESENTATIVE / TRUSTEE

Name: _____
Relationship to Decedent: _____
Social Security Number: _____
Date of Birth: _____
Contact Phone: _____
Email: _____

Personal Representative / Trustee's Mailing Address: _____
City: _____ State: _____ Zip: _____
Different Address Reported on Last Year's Return (Yes / No) Date Address Changed: _____

BENEFICIARIES

Beneficiary's Full Legal Name	Social Security or Tax ID Number	Relationship to Decedent	Date of Birth	% or \$ Amt of Estate/Trust	Mailing Address

Please ask all beneficiaries to complete a W-9 Form.

DISTRIBUTIONS

Description of Distribution	Date of Distribution	Recipient

Please be prepared to provide Tax Identification Number of estate or trust, copy of death certificate, copy of the will or trust, copy of letters of administration/letters of testamentary, prior year tax return(s) and/or final 1040 tax return of decedent for tax preparation services.