

**Estate/Trust Supplement**

**Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this Supplement if any lawyer listed on the application shows a percentage in the Estate/Trusts area of practice.**

1. **Please list the five largest estates/trusts to which any member of the firm provided legal services in the last twenty-four (24) months.**

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| **Estate/Trust** | **Name of Attorney** | **Trustee/Executor/****Personal Rep****Y/N** | **Co-trustee****Y/N** | **Type of Trust** | **Size of Trust/Value of Assets** | **Date Services began** | **Annual Firm Billings** | **% of Firm Billings** | **Description of Services Provided** |
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| 1. Is a written agreement of the duties as trustee in place?
 | Yes [ ]  No [ ]  |
| **3.** Does the firm use engagement letters that clearly define the scope of the services that will be provided? | Yes [ ]  No [ ]  |
| **4.** Does the firm have the authority to write checks, provide investment advice, make investments, or have discretionary  control of funds? | Yes [ ]  No [ ]  |
| **5.** Does a second firm member review all trust and estate documents drafted by a firm member? | Yes [ ]  No [ ]  |
| **6.** Are dual signatures required on all trust documents? | Yes [ ]  No [ ]  |
| **7.** Is an independent audit of the trust conducted? | Yes [ ]  No [ ]  |
| **8.** Is a report to a court or outside authority required? | Yes [ ]  No [ ]  |
| **9.** Does the firm receive compensation from the purchase or sale in the form of a commission or fee? | Yes [ ]  No [ ]  |
| **10.** Do firm members acting as Trustees/Personal Representatives/Executors engage in the following:  | Yes [ ]  No [ ]  |
|  **a.** Use of Trust funds to invest in entities related in any way to the firm? | Yes [ ]  No [ ]  |
|  **b.** Employment by the Trust or anyone related in any way to a firm member? | Yes [ ]  No [ ]  |
|  **c.** Use of Trust funds as loans to any firm client, firm member or person related in any way to a firm member? | Yes [ ]  No [ ]  |
|  **d.** Delegation of Trustee duties to others? | Yes [ ]  No [ ]  |
|  **If yes to any of the above, please explain in detail on a separate sheet of paper.** | Yes [ ]  No [ ]  |
| Please describe on a separate sheet of paper the controls in place to monitor trust activity by a third party, trust beneficiaries, or other parties who are not trust beneficiaries. For the estates/trusts listed above, please provide on a separate sheet of paper a narrative description of the purpose of each trust. |