



**IF THERE ARE ANY
QUESTIONS ABOUT
THIS REQUEST PLEASE
CONTACT US
IMMEDIATELY AT
312.338.7878**

INITIAL DOCUMENT REVIEW REQUEST
Insert Date when received or N/A if not applicable.
Leave blank if document is missing

Account Name _____

Attorney Member _____

Trust Document _____

Will/Letters of Office _____

Powers of Attorney/Healthcare _____

Assessment of Living Arrangements _____

Tax Returns personal and/or fiduciary prior two years _____

Asset Inventory

Real Estate-Residence and Income Property _____

Bank Statements _____

Brokerage Statements _____

Annuity Statements _____

Retirement Plan/Pension Statements/401k/403b/IRA _____

Bonds/Stock Certificates _____

Insurance _____

Other _____

Liabilities

Mortgage outstanding _____

Debt Outstanding _____

Other _____

Gathering of these documents may cause requests for additional information. Documents and additional information will allow ATG Trust to reach a decision on acceptance of office as fiduciary