

**ESTATE PLANNING CHECKLIST**

(Please Print)

Client: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen? Yes No

Spouse (if any): \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen? Yes No

Home Address: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_

Name of Client's Employer: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Name of Spouse's Employer: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

If applicable, have client or spouse ever been married to someone else? Yes No

Children, if any: (attach an additional sheet for additional children)

1. Name: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ S.S. # \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

2. Name: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ S.S. # \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

3. Name: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ S.S. # \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

4. Name: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ S.S. # \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Is client the parent of all of these children? Yes No Is spouse the parent of all of these children? Yes No

Do any members of your family have any special physical or mental challenges? Yes No

If you now support your parents or other relatives, or wish to make provisions for them in your estate plan, please provide their Names, addresses and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_

If you have minor children, please provide the Name, address, phone number and relationship of your first and second choices for guardian.

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Please provide the Name, address, phone number and relationship of your first and second choice for your Personal Representative.

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Please provide the Name, address, phone number and relationship of your first and second choice for your successor Trustee.

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Please provide the Name, address, phone number and relationship of your first and second choice for your Durable Power of Attorney.

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Please provide the Name, address, phone number and relationship of your first and second choice for your Patient Advocate Designation.

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If all of the beneficiaries you have indicated above predecease you or perish with you, please provide the Name, City, State and relationship of those to whom you would leave your estate (final takers) and the percentages for each.

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If you wish to make any charitable contributions, please indicate the charity and the percentage you wish to donate.

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CPA: \_\_\_\_\_

Insurance Professional: \_\_\_\_\_

Financial Planner: \_\_\_\_\_

**ASSETS\***

(List Approximate Fair Market Value in Column)  
(Attach additional pages, if necessary)

<b>Assets</b>	<b>Owned Jointly By Client and Spouse</b>	<b>Owned by Client Only</b>	<b>Owned by Spouse Only</b>
Cash			
Bank Accounts			
Money Markets Accounts			
Residence (Net of Mortgage Amount)			
Other Real Estate			
Partnerships			
Stocks and Bonds			

<b>Assets</b>	<b>Owned Jointly By Client and Spouse</b>	<b>Owned by Client Only</b>	<b>Owned by Spouse Only</b>
Closely Held Business			
Pension and Profit Sharing Benefits			
IRA Accounts			
Automobiles			
*Life Insurance			
Expected Inheritance in future?			
Debts			

\* Values for Life Insurance should be the face value of the policies.

