

ESTATE PLANNING CHECKLIST

NAME(S) _____ **SSN** _____

_____ **SSN** _____

DATE(S) OF BIRTH: _____

(for _____ (name) (for _____ (name)

ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

FAX: _____ **EMAIL:** _____

ARE YOU A U.S. CITIZEN? _____ Yes _____ No

CHILDREN: FULL NAMES:

_____	born _____
_____	born _____
_____	born _____
_____	born _____
_____	born _____

ARE ANY CHILDREN STEP-CHILDREN OR ADOPTED? If so, please list:

ANY DECEASED CHILDREN? If yes, please list name(s):

GRANDCHILDREN:

_____	born _____	Parents _____
_____	born _____	Parents _____
_____	born _____	Parents _____
_____	born _____	Parents _____
_____	born _____	Parents _____
_____	born _____	Parents _____

BANK ACCOUNTS: (Please attach copies of latest statement(s))

Name of Institution:	Account No.
_____	_____
_____	_____
_____	_____
_____	_____

STOCKS AND SECURITIES NOT HELD BY A BROKERAGE: (Please attach copies of latest statement(s) or share certificate(s))

Stocks and Mutual Funds

Company	Ownership	No. of Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bonds and Treasury Notes: (Please attach copies of latest statement(s) or certificate(s))

Description	Ownership	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BROKERAGE ACCOUNTS: (Please attach copies of latest statement(s))

<u>Name of Brokerage</u>	<u>Ownership</u>
_____	_____
_____	_____
_____	_____

PROMISSORY NOTES: (Please attach copies, including trust deed(s) if applicable)

<u>Payor</u>	<u>Payee</u>	<u>Principal Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

REAL ESTATE: (Please attach copies of latest deed(s) and property tax bill(s))

<u>Description</u> (Property Address and/or Assessor's Parcel No(s))	<u>Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ANNUITY POLICIES: (Please attach face page(s) of policy(ies) and latest statement(s))

<u>Name of Company</u>	<u>Primary Beneficiary</u>	<u>Annuitant</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE POLICIES: (Please attach copies of face page(s) of policy(ies))

<u>Primary Face Amount</u>	<u>Name of Company</u>	<u>Name of Insured</u>	<u>Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT PLANS: (Please attach copies of latest statement(s))

<u>Type (i.e., IRA, Institution</u>	<u>401(K), etc.)</u>	<u>Value</u>	<u>Ownership</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you own any out-of-state property? If so, describe:

Do you own any other property (besides automobiles and personal effects) not listed above, including interest in a trust? If so, describe: _____

Who is your financial advisor:

Name: _____

Telephone number: _____

Address: _____

Who is your accountant:

Name: _____

Telephone number: _____

Address: _____

INFORMATION REGARDING IMPORTANT DOCUMENTS

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. *If you don't know, take time now to find it or give enough information about it so that someone else can find it when needed.* If the document does not apply to you, put ``n/a" next to it.

ESTATE PLANNING DOCUMENTS

Document **Location**
WILL
 Yes No _____

If "yes," please provide me with a copy.

TRUST
 Yes No _____

If "yes," please provide me with a copy.

DURABLE POWER OF ATTORNEY
FOR ASSET MANAGEMENT
 Yes No _____

If "yes," please provide me with a copy.

POWER OF ATTORNEY FOR
HEALTH CARE (ADVANCE DIRECTIVE),
DIRECTIVE TO PHYSICIAN and/or LIVING WILL
 Yes No _____

If "yes," please provide me with a copy.