

ESTATE PLANNING CHECKLIST

CLIENT/HUSBAND

Date: _____
Name: _____ Birthdate: _____
Address: _____ Telephone: _____
Other names you have been known by: _____
Place of birth and citizenship: _____
Social Security number: _____
Date of current marriage: _____
Previous marriages (name of spouse; approximate years of marriage; whether marriage was terminated by death or divorce): _____

CLIENT/WIFE

Name: _____ Birthdate: _____
Other names you have been known by: _____
Place of birth and citizenship: _____
Social Security number: _____
Previous marriages (name of spouse; approximate years of marriage; whether marriage was terminated by death or divorce): _____

CHILDREN

<u>Name, Address and Telephone</u>	<u>Birthdate</u>	<u>Deceased</u>	<u>Child's Descendants, if any</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are all above children the product of your current marriage? If not, please indicate: _____

Describe any physical or mental handicaps, financial problems, or other relevant difficulties your children may have: _____

Asset	Community Property (\$)	Husband's Separate Property (\$)	Joint Tenancy (\$)	Wife's Separate Property (\$)
MARKETABLE SECURITIES (e.g., stocks, bonds, certificates of deposit)				
CASH (e.g., bank accounts, money market funds)				
RETIREMENT PLANS Profit Sharing Plans beneficiary _____				
Individual Retirement Accounts beneficiary _____				
Pension Plan beneficiary _____ May beneficiary be changed? ___ Yes ___ No Lump sum payment available? ___ Yes ___ No Method and amount of payment:				

Asset	Community Property (\$)	Husband's Separate Property (\$)	Joint Tenancy (\$)	Wife's Separate Property (\$)
Insurance on Husband's life (face amount) beneficiary _____				
Insurance on Wife's life (face amount) beneficiary _____				
Primary Residence Lender _____ Remaining Balance _____				
Other Real Estate (e.g., vacation home, investment realty) Indicate below the address and any mortgages or deeds of trust (remaining balance and lender).				
Tax Shelter Partnership Interests				
Business Interests (e.g., professional practice, closely held corporation) (Describe below the interest, existence of buy-sell agreement, management succession plan, etc; if corporation, indicate whether subchapter S or C.)				
Personal Effects, including automobiles and collections Describe below assets of significant value				

Asset	Community Property (\$)	Husband's Separate Property (\$)	Joint Tenancy (\$)	Wife's Separate Property (\$)
Other Assets				
Describe assets below				
Subtract Any Debts Not Reflected Above	(_____)	(_____)	(_____)	(_____)
TOTAL NET ASSETS				

Have you or your spouse made any gifts in excess of the annual exclusion amount

Comments on assets; discussion of special assets; description of interests in trusts and expected inheritances; general or special powers of appointment.

Choice of Executor/Trustee: _____

Second Choice of Executor/Trustee: _____

Choice of Guardian for Minor Children: _____

Second Choice of Guardian: _____

Safe Deposit Boxes, location of: _____

CPA or tax advisor: _____

Insurance agent: _____

As your primary estate planning document, are you contemplating:

_____ a will? _____ a trust? _____ undecided.

