Estate Planning Checklist

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Fax 985-580-3324

Client’s Name ________________________________________________

Client’s Home Phone Number (___) ______________________________

Client’s Work Phone Number (___) ______________________________

Client’s Mobile Phone Number (___) ______________________________

Best Number to Call   ___ Home   ___ Work   ___ Mobile

E-Mail Address (Home) ________________________________________

E-Mail Address (Work) ________________________________________

Fax Number (___) ____________________________________________

Certification

The following pages of this checklist and attachments comprise a complete list of all of the assets and liabilities, both separate and community, of which I have an ownership interest. It also contains a complete list of all of the assets and liabilities, both separate and community, of which my spouse has an ownership interest. I understand that you will rely on this information in making estate planning recommendations and/or in preparing estate planning documents. I also understand that if the information provided is not complete and accurate the recommendations and/or estate planning documents prepared in reliance on this information may be inappropriate or adversely affected.

Client Signature ____________________________________________ Date ____________________

Client Signature ____________________________________________ Date ____________________
Full formal name ____________________________________________________________

Name normally used _________________________________________________________

Primary residence address ___________________________________________________

Have you lived in other states? ______ If yes, when and where? _________________________________

Date and place of birth __________________________________________________________

Social Security Number ___________________________ Are you a United States citizen? ______

Employer ___________________________ Occupation ________________________________

Anticipated retirement date _______________________________________________________

If you are married, complete the following for your spouse:

Spouse’s full formal name _______________________________________________________

Name normally used ____________________________________________________________

Date and place of marriage _______________________________________________________

Has your spouse lived in other states? ______ If yes, when and where? __________________________

Spouse’s date and place of birth _________________________________________________

Spouse’s Social Security Number ___________________________ Is your spouse a United States citizen? ____

Spouse’s employer ___________________________ Occupation ______________________________

Spouse’s anticipated retirement date _______________________________________________

If you are currently not married, were you previously married? ____________________

If you were previously married, did your prior marriage end in _____ death_____ or divorce? _____

If your prior marriage ended in divorce, indicate the name of the divorced spouse and the date of divorce. _______________________________
If your prior marriage ended with the death of a spouse, indicate the name of the predeceased spouse and the date of death.

________________________________

Was a succession completed? ________ If yes, attach a copy of the succession documents.

If your spouse was previously married, did the marriage end in _____ death_____ or divorce?

If your spouse’s prior marriage ended in divorce, indicate the name of the divorced spouse and the date of divorce.

If your spouse’s prior marriage ended in the death of a spouse, indicate the name of the predeceased spouse and the date of death.

Was a succession completed? ________ If yes, attach a copy of the succession documents.

Do you have a pre-nuptial or post-nuptial agreement?_____ Yes _____ No. If yes, attach a copy.

Children (If Applicable)

1) Child’s Name __________________________ Date of Birth __________________________

Address ____________________________________________________________

Social Security Number __________________________ Whose Child? □ Both □ Husband □ Wife

Phone Number __________________________ E-Mail __________________________

Marital Status _______________ Spouse’s Name __________________________

Names and Dates of Birth of Children_____________________________________

_______________________________________________________________

_______________________________________________________________

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2) Child’s Name __________________________ Date of Birth __________________________

Address ____________________________________________________________

Social Security Number __________________________ Whose Child? □ Both □ Husband □ Wife

Phone Number __________________________ E-Mail __________________________

Page 3
Marital Status ___________ Spouse’s Name ____________________________________________

Names and Dates of Birth of Children ________________________________________________

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

3) Child’s Name ___________________________ Date of Birth ____________________________

Address ____________________________________________________________

Social Security Number ___________________________ Whose Child? □ Both □ Husband □ Wife

Phone Number ___________________________ E-Mail ________________________________

Marital Status ___________ Spouse’s Name __________________________________________

Names and Dates of Birth of Children ________________________________________________

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4) Child’s Name ___________________________ Date of Birth __________________________

Address ____________________________________________________________

Social Security Number ___________________________ Whose Child? □ Both □ Husband □ Wife

Phone Number ___________________________ E-Mail ________________________________

Marital Status ___________ Spouse’s Name __________________________________________

Names and Dates of Birth of Children ________________________________________________

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
5) Child’s Name ___________________________ Date of Birth ____________________________

Address ____________________________________________________________

Social Security Number ________________________ Whose Child? □ Both □ Husband □ Wife

Phone Number _______________________________ E-Mail ____________________________

Marital Status _______________ Spouse’s Name ____________________________________

Names and Dates of Birth of Children ____________________________________________

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6) Child’s Name ___________________________ Date of Birth ____________________________

Address ____________________________________________________________

Social Security Number ________________________ Whose Child? □ Both □ Husband □ Wife

Phone Number _______________________________ E-Mail ____________________________

Marital Status _______________ Spouse’s Name ____________________________________

Names and Dates of Birth of Children ____________________________________________

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Are any of your children adopted? _____________________________________________

Are any of your children handicapped or in poor health? __________________________

Do you have any illegitimate children? _________________________________________

Are any illegitimate children formally or informally acknowledged? ____________________
Have any children predeceased? _______ If yes, list their name, date of death, date of birth, surviving spouse’s name and the pre-deceased’s children’s names and dates of birth. ____________________________

__________________________________________________________________________________

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Any special concerns regarding children (financial difficulties, drugs, alcohol, etc.)?

__________________________________________________________________________________

Do you wish to favor one or more children and, if so, in what manner? ______________________

__________________________________________________________________________________

Do you wish to disinherit one or more children? ___________________________________________

In the event both you and your spouse die leaving minor children, who do you wish to name as the tutor/guardian of your minor children? ___________________________________________

Tutor/Guardian’s name, address and phone number ________________________________________

__________________________________________________________________________________

Successor Tutor/Guardian’s name, address and phone number ________________________________

__________________________________________________________________________________

**Prior Gifts**

Have you made any gifts in amounts over the annual exclusion ($15,000 [2019] per year)? ______

If so, list the donee, amount and date of the gifts _____________________________________________

__________________________________________________________________________________

Were gift tax returns filed? _____ Yes _____No. If yes, attach a copy of gift tax returns.
Usufruct Provisions

Do you wish to leave the usufruct of your community property to your surviving spouse?______ Will the usufruct terminate upon ____ remarriage or ____ death?

Do you wish to provide your surviving spouse with the power to dispose of non-consumable community property assets (e.g. allow your spouse to sell real estate or investments without the consent of the children) _____ Yes _____ No.

Do you wish to leave the usufruct of your separate property to your surviving spouse?______ Will the usufruct terminate upon ____ remarriage or ____ death?

Do you wish to provide your surviving spouse with the power to dispose of non-consumable separate property assets (e.g. allow your spouse to sell separate property real-estate or investments without the consent of the children) _____ Yes _____ No.

Special Bequests
(Leaving a special asset or sum of money to someone)

List any special bequests ________________________________________________________________

____________________________________________________________________________________

List any charitable bequests __________________________________________________________

____________________________________________________________________________________

Executors

Who do wish to name as Executor of your estate? (provide name, address and relationship to you) _____

____________________________________________________________________________________

Who do you wish to name as Successor Executor? (provide name, address and relationship to you) _____

____________________________________________________________________________________

Shall your Executor be required to post bond? ____________________________________________
Is your estate to be administered as an independent administration? ____________________________

**Safe Deposit Boxes**

Bank_________________________________________ Number ______________________________________

Who has access?________________________________________________________________________

**Trusts**

Do you wish to leave any portion of your assets in trust for your children or your spouse?
____________________________________________________________________________________

____________________________________________________________________________________

Any specific trust provisions? ________________________________________________________________
____________________________________________________________________________________

Who do you wish to name as trustee? ________________________________________________________

Who do you wish to name as successor trustee? ________________________________________________

**Powers of Attorney**

Do you have a general power of attorney?_______ Date _____________________ If yes, attach a copy.

If not, do you wish to execute one? ________ Who will act on your behalf as attorney-in-fact?_______
____________________________________________________________________________________

Who will act on your behalf as successor attorney-in-fact? ______________________________________

Do you have a medical power of attorney?_______ Date _____________________ If yes, attach a copy.

If not, do you wish to execute one? ________ Who will act on your behalf as attorney-in-fact?_______
____________________________________________________________________________________

Who will act on your behalf as successor attorney-in-fact? ______________________________________
Living Wills

Do you have a living will?__________________________________________________________

To whom have you given copies? ____________________________________________________

If not, do you wish to execute one? __________________________________________________

Other Advisors
(Please provide name, address and phone number)

Other Attorney ________________________________________________________________

Investment Advisor ____________________________________________________________

Accountant _________________________________________________________________

General Insurance Agent _________________________________________________________

Life Insurance Agent ___________________________________________________________

Trust Officer _________________________________________________________________

Do you currently have a will? ______Yes______ No. If yes, attach a copy.

Provide a copy of the prior two year’s income tax returns.
## Assets and Liabilities Worksheet

**Cash**
(savings accounts, checking accounts, CDs, money market accounts)
Attach a copy of the most recent statement

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Name of Institution</th>
<th>Separate or Community Property</th>
<th>Name on Account</th>
<th>Value</th>
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**Investments**
(stocks, bonds, mutual funds, ETFs, etc.)
Attach a copy of the most recent statement

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Name of Institution</th>
<th>Separate or Community Property</th>
<th>Name on Account</th>
<th>Value</th>
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</table>
### Annuities
Attach a copy of the most recent statement

<table>
<thead>
<tr>
<th>Company</th>
<th>Owner</th>
<th>Annuitant</th>
<th>Beneficiary</th>
<th>Current Value</th>
<th>Amount Invested</th>
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### Life Insurance
Attach a copy of the policy face sheet

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Insured</th>
<th>Owner</th>
<th>Beneficiary</th>
<th>Face Amount</th>
<th>Cash Value</th>
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</table>
## Retirement Assets
(IRA, 401(k)s, 403(b)s, pensions, etc.)
Attach a copy of the most recent statement

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Owner</th>
<th>Beneficiary</th>
<th>Value</th>
<th>% Vested</th>
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## Real Estate
Attach a copy of the deed (act of sale, donation or succession documents)

<table>
<thead>
<tr>
<th>Location</th>
<th>Date Acquired</th>
<th>Fair Market Value</th>
<th>Community or Separate Property</th>
<th>Cost Basis</th>
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Closely Held Business Interests
Attach copies of formation documents, by-laws or operating agreement, and most recent tax documents

1) Name of Business___________________________________________________________
   Type of Business ____________________________ Total Value __________________________
   Structure (LLC, Corporation, Partnership or Sole Proprietorship) __________________________
   Your Percentage of Ownership _________ Spouse’s Percentage of Ownership _________
   Other owners and percentages of ownership ____________________________________________

2) Name of Business___________________________________________________________
   Type of Business ____________________________ Total Value __________________________
   Structure (LLC, Corporation, Partnership or Sole Proprietorship) __________________________
   Your Percentage of Ownership _________ Spouse’s Percentage of Ownership _________
   Other owners and percentages of ownership ____________________________________________

3) Name of Business___________________________________________________________
   Type of Business ____________________________ Total Value __________________________
   Structure (LLC, Corporation, Partnership or Sole Proprietorship) __________________________
   Your Percentage of Ownership _________ Spouse’s Percentage of Ownership _________
   Other owners and percentages of ownership ____________________________________________

Does a buy-sell agreement exist on any business? ______ If so, what type? ________________
How is the buy-sell agreement funded? ____________________________________________
**Personal Assets**
(automobiles, boats, jewelry, antiques, firearms, collections, etc.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Community or Separate Property</th>
<th>Cost Basis</th>
<th>Current Value</th>
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</table>

**Other Assets**
depts due to you, royalties, inheritances, interests in trusts, etc.

<table>
<thead>
<tr>
<th>Description</th>
<th>Name of Creditor</th>
<th>Balance Due</th>
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**Liabilities**
Additional Instructions

Upon your death, to whom do you wish to distribute your community property? ______________________

____________________

Upon your death, to whom do you wish to distribute your separate property? ______________________

____________________

Do you wish to place any restrictions on your spouse or your children’s use of inherited property (e.g. limit access to the assets through the use of a trust or distributions of only income unless a special need arises)? ______________________

____________________

If you and your spouse die prematurely, are your children to receive property at the age 18 or should property be placed in trust until they reach a more mature age?

____________________

____________________

Will your surviving spouse and/or children need assistance with asset or investment management?

____________________

____________________

Are there concerns about long-term care expenses and/or Medicaid spend-down? ________________

If none of your children are living at the time of your spouse’s death, to whom do you wish to distribute your assets? ______________________

____________________

Primary estate planning goal ______________________

____________________

____________________

Other financial, retirement or estate planning issues ______________________

____________________

____________________

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