Estate Planning Checklist

John E. Sirois, JD, MBA, CFP, CIMA, CIMC
Estate and Elder Law Attorney
Certified Financial Planner
Certified Investment Management Consultant

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 __________________________

Page 1
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. __________________________

Page 2
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 ________________________________
<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Spouse’s Name</th>
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</thead>
<tbody>
<tr>
<td>Names and Dates of Birth of Children</td>
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<td>Names and Dates of Birth of Children</td>
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</tbody>
</table>

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 ___________________________
   Names and Dates of Birth of Children ___________________________
   Names and Dates of Birth of Children ___________________________
   Names and Dates of Birth of Children ___________________________

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 ___________________________
   Names and Dates of Birth of Children ___________________________
   Names and Dates of Birth of Children ___________________________
   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__________________________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

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__________________________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

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.

_________________________

________________________________

________________________________

________________________________

________________________________

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 [2020] 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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<tbody>
<tr>
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</table>

## 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>
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</tbody>
</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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</table>

### 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
(IRAs, 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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</table>

## 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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</table>
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>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Other Assets**
(debts due to you, royalties, inheritances, interests in trusts, etc.)

1) ____________________________________________

2) ____________________________________________

3) ____________________________________________

4) ____________________________________________

**Liabilities**

<table>
<thead>
<tr>
<th>Description_of_Property</th>
<th>Name_of_Creditor</th>
<th>Balance_Due</th>
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</thead>
<tbody>
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</table>
**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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