

ESTATE PLANNING CHECKLIST

I. FAMILY MEMBERS

Husband

Wife

Age -----

Age -----

Address

Tel. No. (Home) -----

(Business) -----

Children:

Name	Address	Age	Marital Status	# of Their Children
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Family Remarks: Please note whether you or any of your children had a previous marriage or have special problems as to health or otherwise. If a spouse is deceased, state date of death. If either spouse is not a U.S. Citizen please so indicate:

State whether any minor child of yours has separate assets, and if so, where are they held:

II. REAL ESTATE

Location*	Approx. Value	Mortgage Balance	Form of Ownerships**
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1. _____	\$ _____	\$ _____	_____
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Primary Residence

2. _____	\$ _____	\$ _____	_____
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Secondary Residence

3. _____	\$ _____	\$ _____	_____
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Investment Property

* Indicate if rental property.

** I.E.: joint, tenants by the entirety, individual trust.

List any additional real estate you own on a separate page, and please bring in copies of all deeds. If property is held in trust, please bring a copy of the trust as well.

III. INCOME AND ASSETS

A. Income and Source of Income

Husband _____

Wife _____

Any anticipated extraordinary increases or decreases in income?

Occupation:

Husband _____

Wife _____

B. Assets

For estate tax purposes, it is important to have some idea of the value of your total assets, including all real estate, cash, securities, proceeds from insurance that would be paid to a beneficiary on your death, and your personal property of significant value.

Do you estimate your total assets at over \$850,000? _____

If so, at over \$1.5 million? _____

(You can compile more detailed information at **section IX** of this checklist if you wish; filling in the additional information may help you determine the total value of your assets.)

IV. DISPOSITION OF ASSETS

Please indicate, in a general way, your wishes regarding the disposition of your property, i.e., the desired shares of your children, charity, etc.

And bring in your present Wills or Trusts, if any, and any gift tax returns you have previously filed.

V. EXECUTORS, TRUSTEES, AGENTS, GUARDIANS

You will need to name an individual or individuals to serve as your Executor, to have Power of Attorney over your business and legal affairs, and to act as Health Care Agent. In addition, if you have minor children, you will need to name a Guardian or Guardians for them, and a Trustee or Trustees to administer any trust you set up for their benefit.

In addition to names, please supply addresses of proposed Executors, Trustees, Health Care Agents, and Guardians, and their relationship to you:

Executor:

Alternate:

Guardian(s):

Alternate:

Trustee(s):

Alternate:

Power of Attorney:

Alternate:

Health Care Agent:

Alternate:

Note: In the event you choose a bank to serve as your Executor or Trustee, a copy of this form will be sent to that bank, if requested, unless you indicate otherwise.

VI. SAFE DEPOSIT

Safe Deposit Box location, persons who have access, and contents:

VII. ADDITIONAL COMMENTS

Include below any additional comments, special concerns, information, or specific questions you wish to have answered:

ASSETS CHECKLIST

NOTE: FILLING IN THE REMAINING INFORMATION ON THIS CHECKLIST IS HELPFUL BUT NOT REQUIRED TO BEGIN THE PROCESS OF DRAFTING YOUR ESTATE DOCUMENTS.

You can fill in some or all of this information at this time if you wish.

VIII. ADDITIONAL ASSET AND LIABILITY INFORMATION

A. Public Stocks, Bonds, Mutual Funds, etc., (approximate total value)

Husband \$ _____

Wife \$ _____

Joint \$ _____

Remarks:

(If you have a statement or other schedule of your holdings, please attach that. Also, please note any special situations, such as very cost-basis stock or stock options.)

B. Cash and Bank Accounts

Bank & Type of Account (Money Mkt., Savings, etc. use additional sheet if necessary)	Approximate Balance	In whose name or names
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

C. Life Insurance

Person Insured	Face Amount	Beneficiary	Owner	Type of Policy: Term or Permanent and Name of Company
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1. _____

2. _____

3. _____

4. _____

D. Family Business Interests

Name of Business and Location

Your Share of Business

Your Position

Desired Disposition of Business

Your Estimate of Value \$

Is there a Buy/Sell Agreement?

(Bring in a copy of most recent financial statement and tax return from the business, and a copy of the Buy/Sell Agreement, if any.)

E. Pension, Profit Sharing, IRA, Keogh or other Retirement Plans

Indicate Company, type of plan, lump sum value or monthly payments, and beneficiary

Husband

Wife

F. Tax Shelter Information (including limited partnerships)

Indicate briefly any tax shelters you have (i.e., type of real estate, oil/gas, etc.) and amount invested

G. Miscellaneous

(i.e., expectancies, powers of appointment; valuable personal property; promissory notes; annuities; significant past gifts made by you; any other special factors which may affect your situation - use last page for additional comments)

H. Liabilities

Indicate any significant debts including debts of others guaranteed by you, as well as lawsuits, present or anticipated:

IX. OTHER PROFESSIONAL ADVISORS

CPA _____

Tel # _____

Insurance
Advisor _____

Tel # _____

Stockbroker _____

Tel # _____

Other _____

Tel # _____

X. If first time client, please indicate how you were referred:

ADDITIONAL COMMENTS: