

Estate Plan Checklist

- 1. Testator or Grantor \_\_\_\_\_ Your Name
- 2. DOB \_\_\_\_\_ SSN \_\_\_\_\_
- 3. Address \_\_\_\_\_  
\_\_\_\_\_
- 4. USA Citizen \_\_\_\_\_
- 5. Family - Spouse \_\_\_\_\_  
Children \_\_\_\_\_  
Grandchildren \_\_\_\_\_

For above provide name, address, DOB, marital status, if grandchild list what child they were born to.

5. Beneficiaries \_\_\_\_\_ WHO WILL RECEIVE YOUR PROPERTY  
\_\_\_\_\_

6. Executor \_\_\_\_\_

WHO ADMINISTERS YOUR ESTATE

6A. Are you aware if your proposed executor has ever been convicted of a felony?

7. Alternate Executor \_\_\_\_\_

8. Trustee \_\_\_\_\_

WHO FINANCIALLY HANDLES ANY  
MONEY OR PROPERTY THAT GOES TO  
MINORS (OR IS OTHERWISE RESTRICTED)

9. Alternate Trustee \_\_\_\_\_

10. Specific Bequests \_\_\_\_\_

11. Residuary \_\_\_\_\_

11A. Has anyone told you, or suggested to you, how to dispose of your property prior to executing this Will?

12. Health Care Proxy \_\_\_\_\_

AUTHORITY TO MAKE MEDICAL DECISIONS  
ON YOUR BEHALF

13. Guardian \_\_\_\_\_

PHYSICAL CUSTODY OF MINOR CHILDREN

14. Alternate Guardians \_\_\_\_\_

15. Net Assets \_\_\_\_\_

16. Current Health Status \_\_\_\_\_  
For above - are there any chronic, long term or terminal conditions that we need to be aware of

17. Long Term Care Insurance \_\_\_\_\_

18. Life Insurance \_\_\_\_\_  
For insurances above, if any is owned - who is the owner, what is the benefit, waiting period, maximum benefit, etc.

19. Social security income \_\_\_\_\_

20. Other income \_\_\_\_\_  
Break down other income become earned or business income and investment income.

**SCHEDULE OF ASSETS**

	H	W	JT	VALUE
Residence	_____	_____	_____	
Other Real Estate	_____	_____	_____	
Stocks	_____	_____	_____	
Business	_____	_____	_____	
Cash	_____	_____	_____	
IRA	_____	_____	_____	
Insurance	_____	_____	_____	
Other	_____	_____	_____	
Liabilities	_____	_____	_____	
Mortgage	_____	_____	_____	
Other	_____	_____	_____	