

ESTATE PLANNING CHECKLIST FOR SINGLE PERSONS

Date prepared: _____

This document is for informational purposes only. This information will be used in a confidential manner to facilitate discussion of your estate planning. This checklist cannot serve as a legal document and should not be interpreted as providing legal advice.

Please forward this checklist and accompanying documents to us prior to your meeting or scheduled telephone call so that we can review same before such time.

I. BACKGROUND INFORMATION

Full Legal Name Nickname/Name
You Go By Birth Date Social Security #

Mr. Ms. Miss Mrs. Dr. Other _____

	Home	Business	Vacation home/other
Address			
Telephone #			
Fax #			
Email			

State in which residency is declared: _____ years _____ months

Have you previously been married? Yes No If yes, are you now _____ divorced? _____ a widow(er)?

Are you a U.S. citizen? Yes No

Children (attach additional sheet, if necessary):

Child's Full Legal Name Birth Date Address (if different than yours) Legal name and birthdate of such child's children

Full Legal Name

City/State (if living)

Father

Mother

Siblings

Employer

Annual Compensation

Telephone

List your Professional Advisors:

Estate Planning Attorney:

Insurance Professional/
Financial Planner:

Accountant:

II. GENERAL QUESTIONS

A. Do you have any medical conditions that may affect your life expectancy?

Yes No If yes, please explain: _____

B. Are you currently active in the armed forces or a veteran?

Yes No If yes, what is/was your branch and date of discharge, if applicable:

C. Is anyone, other than your minor children, dependent on you for financial support and/or regular care (i.e. parent(s), family member(s), friend(s), etc.)?

Yes No If yes, please explain: _____

D. Are you the custodian or trustee of any Uniform Gift to Minor Accounts (U.G.M.A.), Uniform Transfer to Minor Accounts (U.T.M.A.) or other custodial or trustee arrangement?

Yes No If yes, provide the following for each account:

Who is/are the custodian(s)/trustee(s)? _____

Who is the minor or the beneficiary? _____

What is the estimated value of the assets? _____

Who contributed to the accounts and in what amounts?

E. Prior to January 1, 1982, did you make a gift of cash or property with a value in excess of \$3,000 to any one person during a single calendar year?

Yes No If yes, please explain: _____

F. On or after January 1, 1982, did you make a gift in excess of \$10,000 to any one person during a single calendar year?

Yes No If yes, please explain: _____

G. On or after January 1, 2002, did you make a gift in excess of \$11,000 to any one person during a single calendar year?

Yes No If yes, please explain: _____

H. Do you have any power to direct the disposition of assets of the estate for any person?

Yes No If yes, please explain: _____

I. Are you designated as Power of Attorney for any other individual(s)?

Yes No If yes, please explain: _____

J. Do you have a safe deposit box(es)? Yes No If yes, please indicate the location and who has access to it/them _____

K. Where are your important papers kept (i.e. insurance policies, estate plan documents, deeds, titles, notes, etc.)?

III. CONFIDENTIAL FINANCIAL STATEMENT

An estimate of your current net worth will assist in identifying estate planning issues. Estimates are sufficient for initial planning purposes; you need not obtain precise values at this time. If you have a recent financial statement, you may supply that instead of using our statement, but it is important that you indicate current ownership and beneficiary designation or pay on death designation, if any.

<u>ASSETS</u>	<u>INSTITUTION/ FIRM NAME</u>	<u>TITLE/BENEFICIARY</u> <u>Individual name/ trust name or joint</u>	<u>ESTIMATED VALUE OF ASSETS</u>
Residence: _____	_____	_____	\$ _____
Other real estate, partnerships, land contracts, personal loans or other receivables: _____	_____	_____	\$ _____
Stocks & Bonds: _____	_____	_____	\$ _____
Mutual Funds: _____	_____	_____	\$ _____
Bank Accounts: _____	_____	_____	\$ _____
Other Investments: _____	_____	_____	\$ _____
Pension/Profit Sharing Accounts: _____	_____	_____	\$ _____
IRAs: _____	_____	_____	\$ _____
Personal Property: _____	_____	_____	\$ _____
Vehicles: _____	_____	_____	\$ _____
Life Insurance (face value): _____	_____	_____	\$ _____
Trusts of which you are named a beneficiary: Any inheritance expected and from whom: _____	_____	_____	\$ _____
Business Interests: Company name _____ Type of organization _____ % owned _____	_____	_____	\$ _____
TOTAL ASSETS			\$ _____
 <u>LIABILITIES</u> 			
Residence Mortgage: _____	_____	_____	\$ _____
Other Liabilities: _____	_____	_____	\$ _____
MINUS TOTAL LIABILITIES			\$ _____
TOTAL NET WORTH			\$ _____

IV. ITEMS TO BE CONSIDERED IN ESTATE PLANNING

A. The Personal Representative (formerly referred to as the executor or executrix) is responsible for probate which might be required upon death and for filing the final income tax return and other such matters. You may name co-Personal Representatives if you desire. List your choices in order here, including his/her relationship to you:

Name	Relationship
_____	_____
_____	_____
_____	_____

B. If you have minor children, you should designate a guardian or guardians (and a successor guardian or guardians) in the event that you are not able to care for your children. List them here including his/her relationship to you:

Name	Relationship
_____	_____
_____	_____
_____	_____

C. Are there any items of tangible personal property (i.e. clothing, cars, jewelry, books, boats, etc.) which you would like to give to someone other than your surviving children upon your death? If so, prepare a list and attach.

D. Do you have specific instructions for funeral arrangements?

Yes No If yes, please explain: _____

E. Who would you want to act on your behalf (Power of Attorney) if you are unavailable or unable to handle your own financial affairs? List them here including his/her relationship to you:

Name	Relationship
_____	_____
_____	_____
_____	_____

F. Who would you want to act on your behalf if you are unable to make your own medical treatment decision(s)? List him/her here including relationship to you:

Name	Relationship
_____	_____

You may select one (1) alternate to the person named above. List him/her here including his/her relationship to you:

Name	Relationship
_____	_____

Do you want the above person(s) to authorize the withholding of life sustaining measures including artificial nutrition, such as feeding tubes?

Yes No If no, please explain: _____

G. How do you want your assets to be distributed after your death? Attach another sheet if necessary.

H. In the event that assets are to go to children or other beneficiaries, are you comfortable with them receiving their entire share when they reach age eighteen (18), or would you like to delay distribution of the principal amount? Keep in mind that a trust can be set up to provide for use of assets within the discretion of a trustee (which you name) so that the beneficiaries have limited use of the assets, but not the unrestricted right to withdraw them. The trust income can also be paid out each year to the beneficiaries, distributed as needed or accumulated in the trust. If you would like this type of trust arrangement, consider at what ages you are comfortable with distributions of principal to the beneficiaries. You may designate any number of ages and any percentage or amount.

People often hold assets in one trust until the youngest beneficiary reaches age 25, and then divide the assets into separate trusts for the beneficiaries. Distributions will occur at ages you choose (25, 30, 35, etc.). List your thoughts here based upon the ages when you feel your beneficiaries will best be able to handle principal distributions they would receive from your estate.

I. Do any of your beneficiaries have any special needs, health problems or financial problems that would require special care or planning?

Yes No If yes, please indicate if any of these people are currently receiving some form of Government aid, such as Medicaid, SSI, Social Security Disability, etc. Also, please explain, including your understanding of the impact that the receipt of assets or unearned income may have on your beneficiaries receipt of such aid:

J. If you have children, do you want to limit your children who will inherit from you to (1) now living children, or (2) now living and hereafter born children?

Yes No If yes, please explain: _____

K. Do you or any of your children have any adopted children? Yes No

Do you want to treat adopted children, including any that may be adopted in the future, any differently from natural children in your estate plan?

Yes No If yes, please explain: _____

L. Giving to a charity has philanthropic purpose, plus it offers many financial and tax benefits. Are there any charitable bequests you desire to make upon your death to any charities, schools, etc.?

Yes No If yes, consider to what charities (please give full name and amounts or percentages of your estate you desire to contribute).

M. In the event that neither you nor any of your descendants survive, to whom would the assets go? This is a "final takers" clause which can provide for distributions to any individual(s), organization(s) or charity(ies). Unless otherwise decided by you, the assets would be distributed to your heirs at law. List your wishes here:

N. In the event that a revocable trust is established, you are normally the initial trustee during your lifetime. Upon your death or disability, a successor trustee or co-successor trustee will act. The trustee can be an individual or an institution. You should also name successor trustee(s) to act in the event that the person named first is unwilling or unable to serve. You may name co-trustees if you desire.

Name Relationship

O. Please attach a copy of the following, if applicable:

- wills •trusts •other estate planning documents •real estate deeds •land contracts •other receivables •most recent personal income tax returns (optional) •retirement plan summary plan descriptions (optional) •pre-nuptial or post-nuptial agreement •divorce decrees •business arrangements (such as buy/sell agreements) •most recent business income tax return (optional) •other agreements which may significantly affect your estate •gift tax returns (Form 709) that have been filed.