

8.0 Estate Planning

	Client 1		Client 2	
Is there a Will in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where is the Will located?				
Is the Will current and does it reflect your wishes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
What date was the Will last reviewed?				
Who is the Executor of the Will and what are their contact details?				
Does the Will include a Testamentary Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who has been nominated as Trustee(s) and what are their contact details?				
Has a Guardian(s) been appointed for your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who has been nominated as Guardian(s) and what are their contact details?				
Is there a Power of Attorney (PoA) in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what type?	<input type="checkbox"/> Enduring <input type="checkbox"/> General	<input type="checkbox"/> Medical <input type="checkbox"/> Other	<input type="checkbox"/> Enduring <input type="checkbox"/> General	<input type="checkbox"/> Medical <input type="checkbox"/> Other
Who has been granted the PoA and what are their contact details?				
What date was the PoA last reviewed?				
Do you need estate planning services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please use the space below to draw family tree

Additional details: