



Fillable Version

ESTATE PLANNING CHECKLIST

Ten important documents to get your affairs in order.

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE (Married Couple)

Client Information

IMPORTANT: How do you prefer written correspondence be sent to you? Email US mail Either

Husband's Legal Name (First, Middle, Last) Date of Birth

Residential Address City State ZIP

Home Phone Number Cell Phone Number Work Phone Number

Email Address Occupation

Employer Name Preferred Phone Contact Home Cell Work

Wife's Legal Name (First, Middle, Last) Date of Birth

Residential Address City State ZIP

Home Phone Number Cell Phone Number Work Phone Number

Email Address Occupation

Employer Name Preferred Phone Contact Home Cell Work

1. Who referred you to our office?

2. Are you both United States citizens?	Yes	No
3. Do you currently have a Will or Trust?	Yes	No
4. Do you have a pre/post nuptial agreement in place?	Yes	No
5. Have there been any previous marriages?	Yes	No
6. Are there any children from previous relationships?	Yes	No
7. Do you own real estate located outside of Tennessee?	Yes	No
8. Are you a pet owner?	Yes	No

Advisor Information

C.P.A./Tax Preparer	Company/Firm	Location (City, State)
Financial Planner/Broker	Company/Firm	Location (City, State)
Life Insurance Agent	Company/Firm	Location (City, State)
Attorney (For Non-Estate Planning Purposes)	Company/Firm	Location (City, State)

Beneficiary Information

1. At the death of the first spouse, do you want the surviving spouse to inherit everything? Yes No

If 'no', what % of your estate do you want the surviving spouse to inherit?

2. If 'no' in #1 above, please list below additional beneficiaries.

If 'yes', please list below secondary beneficiaries to inherit after the death of the surviving spouse:

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE (Continued..)

Legal Name (First, Middle, Last)	Relationship	Age	% Percentage Of Estate
Legal Name (First, Middle, Last)	Relationship	Age	% Percentage Of Estate
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Legal Name (First, Middle, Last)	Relationship	Age	% Percentage Of Estate
Legal Name (First, Middle, Last)	Relationship	Age	% Percentage Of Estate

3. Please describe any specific cash or property bequests you would like to make to individuals or charities:

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4. Are you considering leaving property to any beneficiary in trust? Yes No

5. Do any beneficiaries suffer from any physical or mental disabilities? Yes No

6. Are any beneficiaries or their spouses in bankruptcy or having serious financial problems? Yes No

7. Are any beneficiaries in divorce proceedings, legally separated or contemplating a divorce? Yes No

8. Are any beneficiaries suffering from alcohol or drug related issues? Yes No

9. Please describe any other concerns or issues regarding the beneficiaries:

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Guardian Appointment for Minors (If both parents deceased)

First Choice (First, Middle, Last)	Relationship	Location (City, State)
Second Choice (First, Middle, Last)	Relationship	Location (City, State)

Executor Appointment

1. At the death of the first spouse, do you want the surviving spouse to serve as executor? Yes No

2. If 'yes' in #1 above, please list below second choice. If 'no', please list below first and second choice:

First Choice (First, Middle, Last)	Relationship	Location (City, State)
Second Choice (First, Middle, Last)	Relationship	Location (City, State)

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE (Continued..)

Financial Power of Attorney

Husband's Agent

Wife's Agent

First Choice (First, Middle, Last)	Relationship	First Choice (First, Middle, Last)	Relationship
Second Choice (First, Middle, Last)	Relationship	Second Choice (First, Middle, Last)	Relationship

Husband

Wife

1. Do you want your Financial Power of Attorney to take effect now or at a later date (only if you become incompetent)?
2. Do you want to allow your Agent reasonable compensation for services?
3. Do you want to allow your Agent the power to make gifts on your behalf?

Now Later

Now Later

Yes No

Yes No

Yes No

Yes No

Healthcare Power of Attorney

Husband's Agent

Wife's Agent

First Choice (First, Middle, Last)	Relationship	First Choice (First, Middle, Last)	Relationship
Second Choice (First, Middle, Last)	Relationship	Second Choice (First, Middle, Last)	Relationship

1. Do you want to allow your Agent reasonable compensation for services?

Yes No

Living Will

Husband

Wife

1. Do you want a Living Will to specify your last wishes concerning deathbed medical assistance and organ donation?
2. If you have a terminal illness and there is no reasonable medical expectation of recovery do you desire to authorize the withholding of artificially provided food, water or other nourishment or fluids?
3. Do you desire to donate your organs and/or tissues for transplantation; provided there is no added cost to your estate, family or heirs?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE (Continued..)

Life Insurance

Insured	Whole / Term / Other	Primary Beneficiary	Contingent Beneficiaries	Value Of Death Benefit \$
Insured	Whole / Term / Other	Primary Beneficiary	Contingent Beneficiaries	Value Of Death Benefit \$
Insured	Whole / Term / Other	Primary Beneficiary	Contingent Beneficiaries	Value Of Death Benefit \$
Insured	Whole / Term / Other	Primary Beneficiary	Contingent Beneficiaries	Value Of Death Benefit \$

Retirement Accounts (IRA, Roth IRA, 401(k), Keogh, etc.)

Owner	Account Type / Desc.	Primary Beneficiary	Secondary Beneficiaries	Est. Market Value \$
Owner	Account Type / Desc.	Primary Beneficiary	Secondary Beneficiaries	Est. Market Value \$
Owner	Account Type / Desc.	Primary Beneficiary	Secondary Beneficiaries	Est. Market Value \$
Owner	Account Type / Desc.	Primary Beneficiary	Secondary Beneficiaries	Est. Market Value \$

Real Estate

Residence Address	Est. Market Value \$	How titled: (Please Check One)	Jointly	Husband	Wife
Other Real Estate Address	Est. Market Value \$	How titled: (Please Check One)	Jointly	Husband	Wife

Bank Accounts, Stocks, Bonds, Trusts, Business Interests & All Other Assets

[illegible]

ESTATE PLANNING CHECKLIST

1. Last will and testament

Name a guardian for minor children.
Name a guardian for your pets.
List all personal property and decide which people/charities you want to receive each asset.
Name an executor to carry out the terms of your will.

When was the last time these documents were updated?

3. Beneficiary designations

Name a beneficiary for all non-probate assets, including:

- 401(k) and IRA accounts
- Life insurance policies
- Pensions

When was the last time these documents were updated?

5. Financial power of attorney

Choose a financial agent to make important financial decisions for you.

If you want your agent to donate to charity for you, specify which charities and how much they should receive.

When was the last time these documents were updated?

7. Proof of identity documents

Gather your proof of identity documents:

- Social Security Card
- Birth, marriage, and divorce certificates
- Prenuptial agreements

When was the last time these documents were updated?

9. Digital logins and password

Consider naming a digital executor in your will.

Create a list of all your digital assets:

- Bank & financial accounts
- Social media & email accounts
- Logins for streaming services
- Digital files, like photos & documents

When was the last time these documents were updated?

Do you have a sense about how much your estate may be eroded at your death? Would you like to examine strategies to minimize estate expenses and taxes due at your death?

(If there are children) What would you like to see happen at your death? (receive assets immediately, receive assets at set times, receive income at set times, use assets for set purposes?)

Does your current estate plan reflect all of your wishes for what you want to happen when you pass away?

2. Revocable living trust

List all personal property and decide which people/charities you want to receive each asset.
Transfer your personal property into the trust.
Name a successor trustee to manage your trust after you pass away.

When was the last time these documents were updated?

4. Advance healthcare directive

Outline your medical care preferences in your living will.
Name a healthcare agent to make important medical decisions for you in your medical power of attorney.

When was the last time these documents were updated?

6. Insurance policies / finance info

Gather copies of your life, health, car, and home insurance policy documents.

Create a list of your financial accounts and institutes (e.g., bank accounts, credit cards, mortgages, loan)

When was the last time these documents were updated?

8. Titles and property deeds

Gather the titles and deeds for your homes, vehicles, and real estate. Confirm the listed owner is correct.

If you've established a trust, retitle your property so the trust is the owner.

When was the last time these documents were updated?

10. Funeral Instructions

Create a list of your funeral preferences:

- Burial, cremation, etc.
- What type of service you'd prefer
- Passages you want read
- Preferred charities for donations
- Whether or not you prefer flowers

When was the last time these documents were updated?

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