

CHECKLIST FOR WILLS & ESTATE PLANNING

**FOR THOSE PROVIDING SUPPORT TO THE
PERSON WITH A DISABILITY**

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To prepare a will and an estate plan, your attorney will want to know many facts about you. The following checklist should provide your attorney with the necessary information. Your attorney may also ask you to fill out his or her own checklist.

FAMILY INFORMATION

Family Members	
You	Name: _____ Address: _____ Date of birth: _____ Health status: _____ Marital status: _____ Occupation: _____ SS#: _____
Your spouse	Name: _____ Address: _____ Date of birth: _____ Health status: _____ Marital status: _____ Occupation: _____ SS#: _____
Child 1	Name: _____ Address: _____ Date of birth: _____ Health status: _____ Marital status: _____ Occupation: _____ SS#: _____ Children/Ages: _____ Adopted: <input type="checkbox"/> Yes <input type="checkbox"/> No Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Special issues: _____
Child 2	Name: _____ Address: _____ Date of birth: _____ Health status: _____ Marital status: _____ Occupation: _____ SS#: _____ Children/Ages: _____ Adopted: <input type="checkbox"/> Yes <input type="checkbox"/> No Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Special issues: _____

FAMILY INFORMATION, continued

Child 3 Name: _____
Address: _____
Date of birth: _____
Health status: _____
Marital status: _____
Occupation: _____
SS#: _____
Children/Ages: _____
Adopted: Yes No Disability: Yes No
Special issues: _____

Other Dependent Name: _____
Relationship: _____
Address: _____
Date of birth: _____
Health status: _____
Marital status: _____
Occupation: _____
SS# _____ Disability: Yes No
Special issues: _____

Other Dependent Name: _____
Relationship: _____
Address: _____
Date of birth: _____
Health status: _____
Marital status: _____
Occupation: _____
SS#: _____ Disability: Yes No
Special issues: _____

Deceased children? Yes No
Children or grandchildren of deceased children? Yes No

Previous Marriage

Previous marriage 1 Husband Wife
Terminated by: Annulment Divorce Death
Previous spouse name: _____ From _____ to _____
Children Name: _____ SS#: _____
Date of birth: _____ Living Deceased
Name: _____ SS#: _____
Date of birth: _____ Living Deceased

Outstanding obligations: _____

Previous marriage 2 Husband Wife
Terminated by: Annulment Divorce Death
Previous spouse name: _____ From _____ to _____
Children Name: _____ SS#: _____
Date of birth: _____ Living Deceased
Name: _____ SS#: _____
Date of birth: _____ Living Deceased

Outstanding obligations: _____

FAMILY INFORMATION, continued

Other Children

Children by other persons? Yes No

Family Matters

Pre-nuptial agreements _____
Ante-nuptial agreements _____
Child, parent or other relative with a disability _____
Disability _____
Public benefits Cash assistance Medicaid SSI
Other benefits SSDI Medicare Other: _____
Trusts _____
Safety deposit box location _____
Persons to be disinherited _____
Property previously transferred _____

Family Advisors	Name	City
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Accountant	_____	_____
Appraiser	_____	_____
Attorney	_____	_____
Bank	_____	_____
Doctors	_____	_____
	_____	_____
Insurance agents	_____	_____
	_____	_____
Investment counselor	_____	_____
Religious leader	_____	_____
Other:	_____	_____

REAL ESTATE INFORMATION

Residences	Address	City	County	State
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Residence	_____	_____	_____	_____
Second home	_____	_____	_____	_____
Business	_____	_____	_____	_____
Land holdings	_____	_____	_____	_____

BUSINESS INFORMATION

Business

Business name _____
Business address _____
Type of business _____
Type of ownership Sole Proprietorship Partnership Corporation
Other: _____

FINANCIAL INFORMATION (ASSETS)

Cash	You	Your Spouse	Joint	
Checking accounts	\$	\$	\$	
Savings accounts	\$	\$	\$	
Certificates of deposit	\$	\$	\$	
Money market accounts	\$	\$	\$	
Totals	\$	\$	\$	
Stocks and Bonds	You	Your Spouse	Joint	Name/Number
Stock shares	\$	\$	\$	
Stock options	\$	\$	\$	
U.S. government bonds	\$	\$	\$	
Municipal bonds	\$	\$	\$	
Mutual funds	\$	\$	\$	
Other:	\$	\$	\$	
Totals	\$	\$	\$	
Personal Property	You	Your Spouse	Joint	Name/Number
Furniture/household goods	\$	\$	\$	
Antiques	\$	\$	\$	
Jewelry	\$	\$	\$	
Motor vehicles (model/yr.)	\$	\$	\$	
Collections (art, coin, etc.)	\$	\$	\$	
Other vehicles (boats, RV, etc.)	\$	\$	\$	
Clothes and personal items	\$	\$	\$	
Other:	\$	\$	\$	
Totals	\$	\$	\$	
Real Estate (approximate value)	You	Your Spouse	Joint	Mortgage/Home Equity Line
Residence	\$	\$	\$	\$
Business	\$	\$	\$	\$
Second home	\$	\$	\$	\$
Land holding	\$	\$	\$	\$
Timeshares	\$	\$	\$	\$
Other	\$	\$	\$	\$
Totals	\$	\$	\$	\$
Other Benefits	You	Your Spouse	Beneficiaries (as appropriate)	
Pension plan	\$	\$		
Profit-sharing plan	\$	\$		
I.R.A.	\$	\$		
Social Security	\$	\$		
Union benefits	\$	\$		
Veterans benefits	\$	\$		
Other:	\$	\$		
Totals	\$	\$		
Interest in Trusts	You	Your Spouse	Beneficiaries	
Trusts	\$	\$		
Totals	\$	\$		

FINANCIAL INFORMATION (ASSETS), continued

Insurance and Annuities			
	You	Your Spouse	Joint
Life insurance	\$	\$	\$
Other:	\$	\$	\$
Totals	\$	\$	\$

Miscellaneous				Name
	You	Your Spouse	Joint	
Patents	\$	\$	\$	
Copyrights	\$	\$	\$	
Royalties	\$	\$	\$	
Other:	\$	\$	\$	
Totals	\$	\$	\$	

Current Income					
	Salary	Interest	Dividends	Social Security	Pension
You	\$	\$	\$	\$	\$
Your spouse	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$

Liabilities			
	You	Your Spouse	Joint
Promissory notes	\$	\$	\$
Mortgages	\$	\$	\$
Payments on contracts	\$	\$	\$
Charge accounts	\$	\$	\$
Loans	\$	\$	\$
Loans on insurance policies	\$	\$	\$
Business debts	\$	\$	\$
Pledges to charitable organizations	\$	\$	\$
Taxes owed	\$	\$	\$
Other (substantial)			
Totals	\$	\$	\$

Life Insurance Policies	
Company name	_____
Policy owner	_____
Insured	_____
Beneficiary	_____
Primary	_____
Secondary	_____
Type	____ Term ____ Whole Life ____ Universal ____ Other
Face amount	\$ _____
Company name	_____
Policy owner	_____
Insured	_____
Beneficiary	_____
Primary	_____
Secondary	_____
Type	____ Term ____ Whole Life ____ Universal ____ Other
Face amount	\$ _____

Other	
Are you owed money?	_____
Are you expecting a substantial inheritance?	_____

OTHER CONSIDERATIONS

Current Planning Position

Do you currently have a:	You	Your Spouse
Will?	_____	_____
Durable power of attorney for health care?	_____	_____
Living will?	_____	_____
Other estate planning documents?	_____	_____

Nominees

Executor of will	Primary	Alternate/Successor
Names	_____	_____
Addresses	_____	_____
Guardians	Primary	Alternate/Successor
Names	_____	_____
Addresses	_____	_____
Trustees	Primary	Alternate/Successor
Names	_____	_____
Addresses	_____	_____
Durable power of attorney – Health Care	Primary	Alternate/Successor
Names	_____	_____
Addresses	_____	_____
Living Will	Primary	Alternate/Successor
Names	_____	_____
Addresses	_____	_____
Durable power of attorney – Financial	Primary	Alternate/Successor
Names	_____	_____
Addresses	_____	_____