

Estate Planning Documentation

Client 1

Client 2

	*Name/Date	Attorney	*Name/Date	Attorney
Will				
Executor				
Power of Attorney				
To Whom Delegated				
State Health Care Proxy				
To Whom Delegated				
Living Will				
Living Trust				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				

Are your assets retitled to Trust? Yes / No

Are beneficiary designations consistent with latest estate planning documents? Yes / No

Life Insurance Trust				

Life Ins ownership changed to Trust? Yes / No

Is your attorney the same for all documents? Yes / No

Where are your original estate planning documents stored? Yes / No

Tax Data

Tax Filing Status: (Check one) Single: _____ Joint: _____ Head of Household: _____

Other Tax Adjustments:

Self employment medical ins premiums (Total Amt/Increase Rate) \$ _____ _____ %
 Alimony - Payable to Age: _____ Amount/Increase Rate \$ _____ _____ %

*Name/Date - Please use which ever one may apply