

# Remote Estate Consult Prep Checklist

Prepare this form to the best of your ability prior to your consult. If you do not have all the items – don't fret! We can still work it out as your consult.

Name of Client(s): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Residence Email: \_\_\_\_\_

Preferred Method of Contact:  Email  Phone

Marital Status:  Single  Married  Divorced  Widowed

Years Married: \_\_\_\_\_

|                      | Client 1 | Client 2 (if married) |
|----------------------|----------|-----------------------|
| Full Name            |          |                       |
| Former / Other Names |          |                       |
| S.S.N.               |          |                       |
| Veteran's ID No.     |          |                       |
| Birthplace           |          |                       |
| Occupation           |          |                       |
| Prior Marriages      |          |                       |

## Assets

If necessary, attach additional information on separate sheet.

| Property                                     | Institution / Description / Account Number | In Name of: | \$ Value |
|--|--|-------------|----------|
| <b>Residences</b><br>1.<br>2.                |  |             |          |
| <b>Other Real Property</b><br>1.<br>2.       |  |             |          |
| <b>Bank Accounts</b><br>1.<br>2.<br>3.<br>4. |  |             |          |
| <b>Investment Accounts</b><br>1.<br>2.<br>3. |  |             |          |

Do you own a business? Yes \_\_\_ No \_\_\_

Entity Type (LLC, Corporation, Etc.): \_\_\_\_\_

Number of Owners: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_

Estimated Value: \_\_\_\_\_

Are there governing documents that may affect the estate plan? Yes \_\_\_ No \_\_\_

## Life Insurance, Death Benefits and Annuities

If necessary, attach additional information on separate sheet.

| Company | Type                  | Insured | Beneficiary | Contingent Beneficiary | Cash Value | Face Value |
|---------|-----------------------|---------|-------------|------------------------|------------|------------|
|         | ___ Term<br>___ Whole |         |             |                        |            |            |
|         | ___ Term<br>___ Whole |         |             |                        |            |            |
|         | ___ Term<br>___ Whole |         |             |                        |            |            |
|         | ___ Term<br>___ Whole |         |             |                        |            |            |

## Retirement Benefits, IRA accounts, and 401(K)

If necessary, attach additional information on separate sheet.

| Company | Insured | Beneficiary | Contingent Beneficiary | \$ Value |
|---------|---------|-------------|------------------------|----------|
|         |         |             |                        |          |
|         |         |             |                        |          |
|         |         |             |                        |          |
|         |         |             |                        |          |

## Identify Personal Representative

Like the CEO of Estate, they manage the property, pay debts, and fulfill duties as specified in will.

| <b>Client 1</b>   | <b>Client 2</b>   |
|---|---|
| <p><b>1<sup>st</sup> Choice Personal Representative</b><br/><i>(Typically, spouse if married)</i></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p> | <p><b>1<sup>st</sup> Choice Personal Representative</b><br/><i>(Typically, spouse if married)</i></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p> |
| <p><b>2<sup>nd</sup> Choice Personal Representative</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p>   | <p><b>2<sup>nd</sup> Choice Personal Representative</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p>   |
| <p><b>3<sup>rd</sup> Choice Personal Representative</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p>   | <p><b>3<sup>rd</sup> Choice Personal Representative</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p>   |

## Identify Beneficiaries

If children already identified, you can simply reference them by name.

| <b>Client 1</b>  | <b>Client 2</b>  |
|--|--|
| <p>___ All to Client 2 if survives (reciprocal)</p> <p>___ If Client 2 has passed, all to children equally</p> <p>___ <b>Other disposition:</b> (please specify who you want to be a beneficiary and how you want your estate divided to them)</p> | <p>___ All to Client 1 if survives (reciprocal)</p> <p>___ If Client 1 has passed, all to children equally</p> <p>___ <b>Other disposition:</b> (please specify who you want to be a beneficiary and how you want your estate divided to them)</p> |

## Identify Attorneys in Fact With Financial Responsibility

(These are the people appointed to act as your Attorney-in-Fact under the durable power of attorney. #1 is first to serve, if unable/unwilling, #2 serves, then #3.)

| Client 1   | Client 2   |
|--|--|
| <p><b>1<sup>st</sup> Choice Attorney-in-Fact</b><br/><i>(Typically, spouse if married)</i></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p>   | <p><b>1<sup>st</sup> Choice Attorney-in-Fact</b><br/><i>(Typically, spouse if married)</i></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p> |
| <p><b>2<sup>nd</sup> Choice Attorney-in-Fact</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p>   | <p><b>2<sup>nd</sup> Choice Attorney-in-Fact</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p>   |
| <p><b>3<sup>rd</sup> Choice Attorney-in-Fact</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p>   | <p><b>3<sup>rd</sup> Choice Attorney-in-Fact</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p>   |
| <p><b>Do want the Power of Attorney to take effect upon signing the right over to Attorney-in-Fact or only upon your becoming disabled or incapacitated?</b></p> <p style="text-align: right;"> <input type="checkbox"/> Upon Signing<br/> <input type="checkbox"/> Upon Disability         </p> |  |

## Identify Attorneys in Fact With Health Care Responsibility

(These are the people appointed to act as your Attorney-in-Fact under the durable power of attorney. #1 is first to serve, if unable/unwilling, #2 serves, then #3.)

| <b>Client 1</b>  | <b>Client 2</b>  |
|--|--|
| <p><b>1<sup>st</sup> Choice Attorney-in-Fact</b><br/><i>(Typically, spouse if married)</i></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p> | <p><b>1<sup>st</sup> Choice Attorney-in-Fact</b><br/><i>(Typically, spouse if married)</i></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p> |
| <p><b>2<sup>nd</sup> Choice Attorney-in-Fact</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p>   | <p><b>2<sup>nd</sup> Choice Attorney-in-Fact</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p>   |
| <p><b>3<sup>rd</sup> Choice Attorney-in-Fact</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 1:</p>   | <p><b>3<sup>rd</sup> Choice Attorney-in-Fact</b></p> <p>Name:<br/>Date of Birth:<br/>Relationship to Client 2:</p>   |
| <p><b>Any Special Provisions you wish to Include?</b></p>  |  |

## Identify Guardians for Minor Children

(Person(s) that you would want to have custody and care of your children.)

| <b>Client 1</b>  | <b>Client 2</b>   |                |
|--|---|----------------|
| <b>1<sup>st</sup> Choice Guardian</b><br>Name:<br>Date of Birth:<br>Relationship to Client 1:  | <b>1<sup>st</sup> Choice Attorney-in-Fact</b><br>Name:<br>Date of Birth:<br>Relationship to Client 2: |                |
| <b>2<sup>nd</sup> Choice Guardian</b><br>Name:<br>Date of Birth:<br>Relationship to Client 1:  | <b>2<sup>nd</sup> Choice Guardian</b><br>Name:<br>Date of Birth:<br>Relationship to Client 2:         |                |
| <b>3<sup>rd</sup> Choice Guardian</b><br>Name:<br>Date of Birth:<br>Relationship to Client 1:  | <b>3<sup>rd</sup> Choice Guardian</b><br>Name:<br>Date of Birth:<br>Relationship to Client 2:         |                |
| <b>Do you currently have any prenuptial agreements, community property agreements, trusts, or any other documents effecting property ownership or succession?</b>  |   | ___ Yes ___ No |
| <b>Do you want a Community Property Agreement?</b>   |   | ___ Yes ___ No |
| <b>Is there anyone you specifically want to exclude from your estate?</b>  |   | ___ Yes ___ No |
| <b>Do you want a clause that says a beneficiary will be excluded if they dispute the will or the contents of the will?</b>   |   | ___ Yes ___ No |
| <b>Are any of your designated beneficiaries minors?</b>  |   | ___ Yes ___ No |
| <b>Do any of your designated beneficiaries require special needs, have substance abuse issues, financial responsibility issues, or other unique circumstances that make you concerned about them receiving a share of your estate?</b> |   | ___ Yes ___ No |
| <b>Do you intend to leave anything for charity?</b>  |   | ___ Yes ___ No |

## Administrative Items

(Person(s) that you would want to have custody and care of your children.)

Special Funeral Arrangements: \_\_\_\_\_

Location of Safety Deposit Box: \_\_\_\_\_ In Name of: \_\_\_\_\_

Location of Keys: \_\_\_\_\_

Special Bequests:

Special Family Problems:

Special Provisions of Will:

**Please bring the following documents with you when you come in:**

Previous Will(s), if any.

Divorce decrees(s), if any.

Previous Community Property Agreement(s), if any.