

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 during 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		

Children

Please identify all children, both biological and adopted, of Client 1 and Client 2, and include the requested information. In the notes space, please include any information that may affect a child's ability to receive or handle an inheritance or might otherwise be relevant. For example: bad with money, potential addiction problem, gambling problems, etc.

Name:	Parent			DOB:
Name _____	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Both	_____
Name _____	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Both	_____
Name _____	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Both	_____
Name _____	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Both	_____
Name _____	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Both	_____

Notes:

Assets

If necessary, attach additional information on separate sheet.

Property	Institution, Description, & Account Number	In Name of:	\$ Value	\$ Debt
Residence:	1. 2.			
Other Real Property:	1. 2.			
Bank Accounts:	1. 2. 3. 4.			
Investment Accounts:	1. 2. 3.			
Other Misc. Assets:				

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 ___ Whole					
	___ Term ___ Whole					
	___ Term ___ Whole					
	___ Term ___ 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.

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

Identify Beneficiaries

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

Client 1

- All to Client 2 if survives (reciprocal)
- If Client 2 has passed, all to children equally
- Other disposition:** (please specify who you want to be a beneficiary and how you want your estate divided to them)

Client 2

- All to Client 1 if survives (reciprocal)
- If Client 1 has passed, all to children equally
- Other disposition:** (please specify who you want to be a beneficiary and how you want your estate divided to them)

Notes:

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

Client 1	Client 2
<p>1st Choice Attorney-in-Fact <i>(Typically, spouse if married)</i></p> <p>Name: Date of Birth: Relationship to Client 1:</p>	<p>1st Choice Attorney-in-Fact <i>(Typically, spouse if married)</i></p> <p>Name: Date of Birth: Relationship to Client 2:</p>
<p>2nd Choice Attorney-in-Fact</p> <p>Name: Date of Birth: Relationship to Client 1:</p>	<p>2nd Choice Attorney-in-Fact</p> <p>Name: Date of Birth: Relationship to Client 2:</p>
<p>3rd Choice Attorney-in-Fact</p> <p>Name: Date of Birth: Relationship to Client 1:</p>	<p>3rd Choice Attorney-in-Fact</p> <p>Name: Date of Birth: Relationship to Client 2:</p>
<p>Any Special Provisions you wish to Include?</p>	
<p>Do want the Power of Attorney to take effect upon signing or only upon your becoming disabled or incapacitated?</p>	<p><input type="checkbox"/> Upon Signing <input type="checkbox"/> Upon Disability</p>

Identify Guardians for Minor Children

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

Client 1	Client 2	
1st Choice Guardian Name: Date of Birth: Relationship to Client 1:	1st Choice Attorney-in-Fact Name: Date of Birth: Relationship to Client 2:	
2nd Choice Guardian Name: Date of Birth: Relationship to Client 1:	2nd Choice Guardian Name: Date of Birth: Relationship to Client 2:	
3rd Choice Guardian Name: Date of Birth: Relationship to Client 1:	3rd Choice Guardian Name: Date of Birth: Relationship to Client 2:	
Do you currently have any prenuptial agreements, community property agreements, trusts, or any other documents effecting property ownership or succession?		___ Yes ___ No
Do you want a Community Property Agreement?		___ Yes ___ No
Is there anyone you specifically want to exclude from your estate?		___ Yes ___ No
Do you want a clause that says a beneficiary will be excluded if they dispute the will or the contents of the will?		___ Yes ___ No
Are any of your designated beneficiaries minors?		___ Yes ___ No
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?		___ Yes ___ No
Do you intend to leave anything for charity?		___ 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.