

# Estate Planning Checklist

Please check corresponding box...

| Client A |    |  | Client B |    |
|----------|----|--|----------|----|
| Yes      | No | My goal is to...   | Yes      | No |
|          |    | Update Wills and/or Trusts                                       |          |    |
|          |    | Preserve Estate Assets for Children                              |          |    |
|          |    | Provide for Care of Children after Death                         |          |    |
|          |    | Provide for Children with Special Needs                          |          |    |
|          |    | Provide Special Planning for Children from Prior Marriage(s)     |          |    |
|          |    | Protect assets from Children and/or Children's Spouses           |          |    |
|          |    | Preserve Estate Assets for Grandchildren                         |          |    |
|          |    | Provide for Specific Bequests to Specific Heirs                  |          |    |
|          |    | Provide for Charitable Bequests                                  |          |    |
|          |    | Create a Long-Term Health Care Plan                              |          |    |
|          |    | Develop Sources of Secure Retirement Income                      |          |    |
|          |    | Provide for Ease of Asset Management                             |          |    |
|          |    | Provide Sufficient Liquidity to Pay off Debt and/or Estate Taxes |          |    |
|          |    | Minimize Estate Taxes  |          |    |
|          |    | Transfer Business Interests                                      |          |    |
|          |    | Pay off all Mortgages  |          |    |
|          |    | Provide for parents  |          |    |
|          |    | If Yes, do your parents have Long-term Care Health Plans?        |          |    |
|          |    | Do your Parents have an Estate Plan?                             |          |    |