

969 13<sup>th</sup> ST. SE ♦ SALEM, OR 97302 ♦ (503) 588-5670 ♦ FAX (503) 588-5673 ♦ www.evansbatlangetchell.com

**ESTATE PLANNING CHECKLIST**

\*\*\*\*\* PERSONAL INFORMATION \*\*\*\*\*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_ Did you sign a premarital agreement? \_\_\_\_\_  
(If so, please provide a copy.)

Do you own any property acquired in a community property state? \_\_\_\_\_  
(Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If so, please see last page of this form.)

Date and Place of any Divorces (indicate which spouse): \_\_\_\_\_

**CHILDREN OR NEXT OF KIN:**

Name	Address/ Email	Birthdate/ SSN	Cell Phone/ Home Phone/ Work Phone	His/ Hers/ Ours

Do you have any deceased children? \_\_\_\_\_ If so, do they have any children? \_\_\_\_\_

\*\*\*\*\* **DIRECTIONS FOR DISTRIBUTION** \*\*\*\*\*

*Please help me understand your goals, motivations, and wishes.*

What is the most important thing that you want to accomplish in your planning process? \_\_\_\_\_

Please rank the following goals, with "1" being the least important and "5" being the most important to you:

	Least Important . . . . . Most Important				
	1	2	3	4	5
Directing who is to receive your estate after you are gone, and how they are to receive it					
Avoiding court involvement: conservatorship (lifetime disability) and probate (transfer of assets after death)					
Saving estate taxes (for estates over \$1,000,000)					
Charitable Giving					

The biggest task we have is to make sure that your plan will match your goals. Think about and share with me your feelings about:

- If you are married, should the surviving spouse be given outright ownership of all assets when the first of you dies? While outright ownership is simpler for the surviving spouse, it also means that you cannot know who might inherit when both of you have died. *Should assets pass outright to the spouse? Or should they pass in trust, so that the spouse can use the assets but not own those assets?*
- Who should receive your assets after your death? *Your children? Other family? Friends? Charity? Any gift to charity will qualify as a deduction on your estate tax return and can be fashioned in any number of ways.*
- How much should they receive? *Equal division of all assets? Specific asset, dollar amount, or fractional gift?*
- How should they receive this gift? *Outright? In trust? A trust can provide management of assets, protection from the claims of creditors, control over what happens to assets if a beneficiary should die, and can potentially save estate taxes. It can be tailored any way you wish for the benefit of the ones you love, lasting their entire lifetimes, or ending at a certain age, date, or specific accomplishment.*

If you would like to review a Decision-Making Checklist, designed to address these questions, please call, and ask for it to be sent to you. Be sure to let me know about any specific concerns you have about your beneficiaries, such as health concerns, or prior gifts or loans made to that person.

\*\*\*\*\* **FIDUCIARIES** \*\*\*\*\*

If your children are minors, who should be the **guardian**, *the person who will physically care for your children?*  
 (Please tell me about any special concerns or instructions you may have.)

	Name	Address	Phone
First Choice			
Second Choice			

Who should be your **personal representative**, *the person who handles the administration of your estate through probate?*

	Name	Address	Phone
First Choice			
Second Choice			

If you establish a trust, who should be the **trustee**, *the person who will take care of all financial matters relating to the trust?*

	Name	Address	Phone
First Choice			
Second Choice			

\*\*\*\*\* **HEALTH CARE PLANNING** \*\*\*\*\*

I recommend that everyone sign an **Advance Directive**, so you can appoint another person to make health care decisions for you, if you cannot, and thereby avoid the need for a guardianship in many instances. You can also give your own instructions on health care issues, or you can delegate the decision-making power. Who should your health care representatives be?

	Name	Relationship	Address	Home Phone	Work Phone	Cell Phone	Email
First							
Next							

Do you have a chronic illness or disease? \_\_\_\_\_

Do you wish to make any anatomical gifts? \_\_\_\_\_

Do you have any special instructions regarding burial or cremation? \_\_\_\_\_

Are there any other special instructions you wish to give to me? \_\_\_\_\_

\*\*\*\*\* **FINANCIAL INFORMATION** \*\*\*\*\*

**Real Property:** (Because we need to confirm ownership, it is helpful if you could provide copies of your deeds as well as your most recent property tax statement.)

Owner(s)	Address	Equity

**Stocks/Bonds/Mutual Funds/Investment Accounts:** (In order for us to do a complete, thorough, and efficient job, it helps if you can provide copies of your certificates or your most recent account statement, if you hold your stocks in street name.)

Name of Owner(s)	Brokerage Account, or if Certificate Held, then Name of Corporation	Value

**Retirement Benefits (IRA's, 401K's, pensions, etc.):** (We need to understand the nature of your interest, whether there is a death benefit available, and how to contact the plan holder. A copy of most recent statement will help us do our job properly.)

Owner	Current Beneficiary	Account Name and Number	Value

**Life Insurance:** (In order to review this properly, please provide copies of your policy or your most recent statement.)

Owner/ Insured	Current Beneficiary	Company/Policy #	Cash Value	Policy Amount

**Business Interests:** (Please attach any documentation you may have.)

Owner(s)	Name/Nature of Business

**Banking Information:** (Please attach copies of most recent statements or Certificates of Deposit.)

	Owner(s)	Bank/Branch	Acct. #	Value
Checking				
Savings				
Money Market				
Certificates of Deposit				

Safe Deposit Box (*Location and Number*): \_\_\_\_\_

**Other Assets of Significant Value:**

Do you have any rights arising out of the military service? \_\_\_\_\_

Are you the beneficiary under any trust? \_\_\_\_\_

Do you expect an inheritance from anyone? \_\_\_\_\_

Do you act as a fiduciary for anyone (trustee, guardian, conservator, etc.)? \_\_\_\_\_

Are you involved in any lawsuits? \_\_\_\_\_

**Income:**

Owner(s)	Source	Amount	Direct Deposit

**Professional Advisors:**

	<b>Name</b>	<b>Address</b>	<b>Phone</b>
CPA			
Financial Advisor			
Life Insurance Agent			

**Liabilities:** (Please attach copies of notes, mortgages, credit cards, etc.)

<b>Owner(s)</b>	<b>Creditor</b>	<b>Collateral</b>	<b>Amount</b>

**Other:** Please list any other pertinent information on additional pages.

**Community Property:** If you have moved to Oregon from a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), please make a complete inventory of property acquired in that state. As you register your property in Oregon, you should also execute a contemporaneous agreement, stating your intention to maintain that property's community status, as it contains substantial tax benefits for you. Maintaining records of that property, especially as you buy and sell, is essential to preserve that status.

**Importance of Information:** When filling out this checklist, it is very important that you take the time to attach support documents pertaining to your assets. The process that our office will undertake to begin the transfer of assets depends on accurate support documentation. The more information that you are able to supply to us, the more efficiently we can do our job. For cash and security assets, it is imperative to know who owns the accounts, account numbers, addresses where the accounts are located and amounts contained in those accounts. (A current statement should provide all of that information.) For retirement benefits, it is important to know the nature of the account (*e.g.*, IRA, 401(k), profit sharing plan). We need to know if you have made elections, whether you are drawing benefits, and whether or not this plan has a death benefit. Amounts, account numbers and an address for contact purposes are needed. (Again, a current statement should contain that information.) For real property, accuracy in how the title is held and legible legal descriptions are needed. (Copies of the original deeds or title policies, as well as a current property tax statement would be very helpful.) For life insurance, it is best to have a copy of the policy or a current statement which would provide us with the name of the owner of the policy, the policy number, amount, and address of contact.