

Estate and Asset Protection Planning Checklist

Client name and address

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
County of Residence: _____

Spouse name and address

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
County of Residence: _____

Miscellaneous client information

SS#: _____ Occupation: _____
Date of Birth: _____ Date of Death: _____
Citizenship (USA or Other)? _____
AKA or other Names: _____
Previous Marriages: _____

Miscellaneous spouse information

SS#: _____ Occupation: _____
Date of Birth: _____ Date of Death: _____
Citizenship (USA or Other)? _____
AKA or other Names: _____
Previous Marriages: _____

Phone Numbers

Home: _____ Work: _____
Cell: _____ Fax: _____

Phone Numbers

Home: _____ Work: _____
Cell: _____ Fax: _____

Children

Legal Name: _____
Spouse Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Legal Name: _____
Spouse Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Legal Name: _____
Spouse Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Legal Name: _____
Spouse Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Children information

Legal Name: _____

Spouse Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Death: _____

Phone: _____ SS#: _____

Children (names & ages): _____

Legal Name: _____

Spouse Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Death: _____

Phone: _____ SS#: _____

Children (names & ages): _____

Legal Name: _____

Spouse Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Death: _____

Phone: _____ SS#: _____

Children (names & ages): _____

Legal Name: _____

Spouse Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Death: _____

Phone: _____ SS#: _____

Children (names & ages): _____

Children of Prior Marriages (if applicable)

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Name of Other Parent: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Name of Other Parent: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Name of Other Parent: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Name of Other Parent: _____

Children of Prior Marriages (if applicable)

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Name of Other Parent: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Name of Other Parent: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Name of Other Parent: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Date of Death: _____
Phone: _____ SS#: _____
Children (names & ages): _____

Name of Other Parent: _____

Client's Family Information

Father

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Mother

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Siblings

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Spouse's Family Information

Father

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Mother

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Siblings

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ SS#: _____

Potential Beneficiaries Under Will

Individuals

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____, Disabilities? _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____, Disabilities? _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____, Disabilities? _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____, Disabilities? _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____, Disabilities? _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____, Disabilities? _____

Potential Charity Beneficiaries

Charity Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ EIN: _____
Special Purpose: _____

Charity Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ EIN: _____
Special Purpose: _____

Miscellaneous Information

Do you or your spouse own a lock box? Yes No
 If Yes: Where? _____, Names on Box? _____
 What property is in the box? _____

Did you or your spouse serve in the military? Yes No
 If Yes: Branch: _____, Dates of Service: _____
 Are there any death benefits? _____

Have you or your spouse made any large lifetime gifts? Yes No
 If Yes: To Whom? _____, Amount: _____

Do you or your spouse have any ownership interests in a business (i.e. an S-Corp, Partnership, Privately Held Company)? Yes No

 If Yes, describe (name, address, restrictive agreements): _____

Did you ever live in any of the following states: California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin or Idaho?
 Yes No
 If Yes: list any major assets purchased in those states: _____

Please provide information for the following:

	<i>Name</i>	<i>Phone Number</i>	<i>Address</i>
CPA			
Broker			
Insurance Agent			
Bank Preference			

Miscellaneous Information Continued

- | | Yes | No | |
|---|--------------------------|--------------------------|----------------------------|
| 1. Is there a possibility for more children? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Do you have any adopted children? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please list below. |
| 3. Are any children or expected beneficiaries disabled, elderly, or in poor health? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, explain below. |
| 4. Have any children predeceased you? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, do they have any children of their own? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, list below. |
| 5. Do you or your spouse have pension or profit sharing plans? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, describe below. |
| 6. Are you or your spouse beneficiaries of a trust? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, describe below. |
| 7. Do you or your spouse expect any inheritances? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, describe below. |
| 8. Do you or your spouse have any powers of appointment? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, describe below. |
