

Estate Planning Values & Goals Checklist

This worksheet helps you think through your estate planning priorities, assets, and decision-makers. Complete as much as you can before meeting with your attorney or advisor.

1. Personal Information

Full Legal Name(s): _____

Date of Birth: _____

Address: _____

Marital Status: _____

Children or Dependents of (names and ages): _____

Do all children/dependents have the same parents? If not, indicate who the parents are for each child.

2. What Are Your Estate Planning Priorities? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Provide for spouse or partner | <input type="checkbox"/> Plan for long-term care or disability |
| <input type="checkbox"/> Provide for children or dependents | <input type="checkbox"/> Provide for charitable giving |
| <input type="checkbox"/> Protect assets for future generations | <input type="checkbox"/> Protect beneficiaries from divorce |
| <input type="checkbox"/> Avoid probate if possible | <input type="checkbox"/> Protect beneficiaries from creditors |
| <input type="checkbox"/> Maintain privacy in estate administration | <input type="checkbox"/> Ensure responsible management of assets |
| <input type="checkbox"/> Reduce estate taxes | |
| <input type="checkbox"/> Other priorities: _____ | |

3. Asset Inventory

Monthly Income

Source of Income	Owner (Applicant / Spouse / Joint)	Monthly Amount	Notes

Total Monthly Income (Applicant): _____ (Spouse/Partner): _____

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Bank Accounts

Financial Institution	Account Type	Owner	Approximate Balance

Investments

Investment Type	Institution	Owner	Approximate Value

Retirement Accounts

Account Type	Institution	Owner	Approximate Value

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Real Estate

Property Address	Type (Home, Rental, Land)	Owner	Estimated Value	Mortgage Balance

Vehicles and Personal Property

Asset	Owner	Estimated Value

Life Insurance (Including Burial Plans)

Company	Type (Term / Whole)	Owner	Cash Value	Death Benefit

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Debts and Liabilities

Creditor	Type of Debt	Owner	Balance	Monthly Payment

Ownership and Beneficiaries

Asset	Owner	Beneficiary (if any)

4. Are there any minor children? Yes No If yes, who should care for them if something happens to you? _____

5. Decision Makers

Who should manage your estate (Personal Representative / Executor)?

1st choice: _____

2nd choice: _____

3rd choice: _____

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Who should serve as Trustee (if using a trust)? _____

1st choice: _____

2nd choice: _____

3rd choice: _____

Who should make financial decisions if you cannot (Power of Attorney)?

1st choice: _____

2nd choice: _____

3rd choice: _____

Who should make medical decisions for you (Healthcare Agent)?

1st choice: _____

2nd choice: _____

3rd choice: _____

Who would you trust to care for minor children?

1st choice: _____

2nd choice: _____

3rd choice: _____

6. Existing Estate Planning Documents

I have a Will

Living Will / Advance Directive

I have a Revocable Living Trust

HIPAA Authorization

Financial Power of Attorney

Community Property Agreement

Health Care Power of Attorney

Other: _____

Location of documents: _____

7. Additional Planning Considerations

Are there family dynamics we should be aware of? _____

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Do any beneficiaries have special needs? _____

Do you own property in another state? _____

Do you want to include charitable gifts? _____

Anything else your attorney should know? _____

Do you want to exclude anyone from serving or being a beneficiary? _____

8. Final Reflections

What matters most about how your assets are managed and distributed? _____