

# Estate Planning Checklist

The following is a checklist of information and items that will be needed to plan your Estate and prepare your Estate Plan documents.

1. A copy of your latest Will or Trust (if you have either)
2. Your name as it should appear on the documents, including your middle name (unless you prefer to exclude it)

\_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

The address states your domicile, unless you indicate otherwise: \_\_\_\_\_

### 3. Beneficiaries

#### A. Primary

\_\_\_\_\_

Relation: \_\_\_\_\_

\_\_\_\_\_

Relation: \_\_\_\_\_

#### B. Any successor beneficiaries

\_\_\_\_\_

Relation: \_\_\_\_\_

\_\_\_\_\_

Relation: \_\_\_\_\_

#### C. Any charitable beneficiaries, with amount or formula

\_\_\_\_\_

\_\_\_\_\_

### 4. Trustees

#### A. You will be the first Trustee for your Trust

#### B. You must name the Successor Trustee(s) who takes charge upon your death

##### i. You may name more than one person to serve as co-Trustees

\_\_\_\_\_

Relation: \_\_\_\_\_

\_\_\_\_\_

Relation: \_\_\_\_\_

#### C. Your second Successor Trustee (not required)

\_\_\_\_\_  
Relation: \_\_\_\_\_  
\_\_\_\_\_  
Relation: \_\_\_\_\_

5. Personal Representatives - Will

A. You must name your Personal Representative(s)

- i. You may name more than one Personal Representative

\_\_\_\_\_  
Relation: \_\_\_\_\_  
\_\_\_\_\_  
Relation: \_\_\_\_\_

B. You should name at least one successor Personal Representative

\_\_\_\_\_  
Relation: \_\_\_\_\_  
\_\_\_\_\_  
Relation: \_\_\_\_\_

C. We will need addresses for all Trustees and Personal Representatives

6. Real estate holdings

- A. Provide copy of deeds

- B. In the alternative, provide addresses or property descriptions

7. Bank and Investment Accounts

- A. Provide the last statement of each account

- B. In the alternative, provide identifying information for each account

- C. Do you own any property or accounts outside MI?

8. Special Will designations

A. Any special organ or body part donations

- i. For science or donation only?

B. Any personal requests with respect to funeral, cremation, other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Patient Advocate form

A. Name Patient Advocate

\_\_\_\_\_ Relation: \_\_\_\_\_

B. Name successor or successors

\_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_

C. Do you have any special instructions?

\_\_\_\_\_  
\_\_\_\_\_

D. General instructions for life support

\_\_\_\_\_  
\_\_\_\_\_

E. Do you spend significant time in other states? Yes \_\_\_\_\_ No \_\_\_\_\_  
(You may need a form for those states)

10. Durable Power of Attorney

A. Designate Attorney-in-Fact

\_\_\_\_\_ Relation: \_\_\_\_\_

B. Designate Successor Attorney-in-Fact (recommended)

\_\_\_\_\_ Relation: \_\_\_\_\_

**Attention:** This form is provided for purposes of showing you the basic information which must be provided to start drafting your estate plan, and can be used for that purpose. Additional information will be needed if you desire to establish an estate plan. You may submit this form with some or all of the requested information, but that submission does not establish an attorney-client relationship with anyone at this firm and does not obligate this firm to prepare your estate plan. You must have a signed retainer agreement before any attorney-client relationship is formed. Please do not send your social security number with this form.