PRIVETTE LEGACY PLANNING

ESTATE PLANNING AUDIT REVIEW CHECKLIST

CONTACT INFORMATION (*mark any changes or updates to your contact information*)

Name: ____ Email: ___________________________________

Address: ____ Phone #: ___________________

The hard copy of my estate plan is stored: ____

STATUS UPDATE: Please answer each of the questions below.

Yes	No	
☐	☐	Any change in your job status?
☐	☐	Any change in your family or in your relationships?
☐	☐	If yes, does that change require an update to the terms of your Will or Trust?
☐	☐	If yes, does that change require an update to the roles assigned in your estate plan?
☐	☐	If yes, are there any changes needed to your beneficiary designations?
☐	☐	Any change in your health?
☐	☐	If yes, does your Living Will still match your wishes?
☐	☐	If yes, does your Health Care Power of Attorney cover all of your needs?
☐	☐	Are you interested in safely and securely storing a copy of your estate plan in the cloud?
☐	☐	Are you concerned about how your medical directives (Living Will, Health Care Power of Attorney, HIPAA Authorization Form) will be accessed in event of an emergency?
☐	☐	If your plan includes a Revocable Living Trust, have you completed all necessary funding? If not, what remains?
☐	☐	If your Trust holds title to your home, have you added the trust(s) as an additional insured or additional endorsee on your homeowner's insurance policy?

Any issues you want to discuss with the attorney:

ASSET CHART

Please note the Fair Market Value of each asset identified below. If you have multiple assets for a category, please break them down individually (*for example, if you have two checking accounts, list the two accounts separately rather than combining the balance of the two accounts into one sum*).

Even if the asset is titled or owned in a trust's name, you will still list the asset under the "Husband" or "Wife" column based on whose trust the asset is held in. If the asset is in both trusts (for example, a home may be owned 50% in each trust), then list the value of the asset under the "Joint" column. **PLEASE LABEL THE ASSETS HELD IN TRUST WITH A [T].**

DESCRIPTION OF ASSET	CURRENT VALUE		
	Husband	Wife	Joint
1. Checking Accounts			
2. Savings Accounts			
3. Money Market Accounts			
4. Certificates of Deposit			
5. Treasury Bills / Notes			
6. Individual Stock Certificates and Bonds			
7. Brokerage Accounts a. Account Balance b. Current named beneficiary or Transfer on Death designee?			
8. IRA, 401(k), Other Retirement Accts a. Account Balance b. Current named beneficiary?			
9. 529 Accounts			
10. Health Savings Accounts a. Current named beneficiary?			
11. Real Estate – Personal Residence a. Value b. <Mortgage Balance, if any> c. <Home Equity Line Balance >	 < > < >	 < > < >	 < > < >

DESCRIPTION OF ASSET	Husband	Wife	Joint
12. Other Real Estate a. Value b. <Mortgage Balance> c. <Home Equity Line Balance > d. Is this used as rental property?	 < > < >	 < > < >	 < > < >
13. Tangible Personal Property (basic furnishings and personal belongings)			
14. Household Items of Special Value (stamps, art, antiques, jewelry, etc.) – **APPRAISED VALUE, if appraisal exists**			
15. Life Insurance Policies a. Policy Death Benefit b. Cash Surrender Value c. Type of Policy (Term, Whole, etc.) d. Who is the named beneficiary?	 < >	 < >	 < >
16. Annuities			
17. Long-Term Care Insurance (*list only if there is a death benefit payout*)			
18. Motor Vehicles a. Value b. <Loan Balance, if any>	 < >	 < >	 < >
19. Business Interests (e.g., family business not publicly traded, corporation or partnership interest) a. PLLC, LLC, S-Corp, C-Corp, Partnership, Other? b. Your ownership percentage c. <Notes Payable>	 < >	 < >	 < >
20. Other Assets – *please specify* (Bitcoin, Timeshare, rewards points, etc.):			
GRAND TOTAL OF ASSETS			

______________________________________ ____________________

Client Signature **Date**

______________________________________ ____________________

Client Signature **Date**