

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 N_0							
		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 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).

PLEASE LABEL ANY AND ALL ASSETS HELD IN YOUR REVOCABLE LIVING TRUST WITH A [T].

<u>DESCRIPTION OF ASSET</u>	CURRENT VALUE
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. <margin account="" any="" balance,="" if=""></margin>	< >
c. Who is the named beneficiary or Transfer on Death designee?	
8. IRA, 401(k), Other Retirement Accts	
a. Account Balance	
b. <loan amounts,="" any="" if=""></loan>	
c. Current named beneficiary?	
9. 529 Accounts	
10. Health Savings Accounts	
a. Current named beneficiary?	
11. Real Estate – Personal Residence	
a. Value	
b. <mortgage any="" balance,="" if=""></mortgage>	< >
c. <home balance="" equity="" loan=""></home>	< >

<u>DESCRIPTION OF ASSET</u>	CURRENT VALUE
12. Other Real Estate	
a. Value	
b. <mortgage balance=""></mortgage>	< >
c. <home balance="" equity="" loan=""></home>	< >
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 any="" balance,="" if=""></loan>	< >
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=""></notes>	< >
20. Other Assets – please specify (e.g., percentage interest in family trust, digital	
assets, virtual currency, promissory notes or other outstanding debts/loans	
payable to you, judgments awarded to you that have not yet been paid,	
Timeshares, transferrable airline miles, reward points, etc.):	
GRAND TOTAL OF ASSETS	
GRAND TOTAL OF ASSETS	

		GRAND TOTAL OF ASSETS	
Client Signature Date	Client Signature		Date