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ESTATE PLANNING CHECKLIST

Please complete this form to the best of your ability. It is intended to guide you and your attorney in discussing and developing your estate plan. If you do not have certain information, or if you have any questions about the information being requested, please make a note in that section and your attorney will discuss this with you at your meeting. If you currently have a Will, Trust, and/ or Powers of Attorney, please provide copies of those documents as well.

I. BASIC PERSONAL INFORMATION

A. Testator/Testatrix

1. Full Name and Birthdate:

(Name)

(Birthdate)

2. Spouse (if applicable) Name, Birthdate, and Phone Number:

(Name)

(Birthdate)

(Email Address)

(Phone Number)

3. Residence and Domicile

(Street Address)

(Phone Number)

(City)

(State)

(Zip)

(Email Address)

4. If any former marriages, please state name of former spouse and date marriage was terminated:

B. Children

State name, age, and address, if different from yours, of your children. If you have step children or adopted children, please specify the relationship as well.

II. ASSETS & LIABILITIES

A. Tangible Personal Property (cars, boats, etc.)

Property	Form of Ownership (sole, joint)	Approximate Value	Loan/ Lien

B. Real Property

	Property 1	Property 2	Property 3
Address			
Estimated Value			
Form of Ownership (sole, joint, etc.)			
Mortgage, encumbrances or liens			

C. Bank Accounts

Type of Account/ Financial Institution	Form of Ownership (Joint or Sole, POD or Beneficiaries?)	Balance (Approximate)

D. Securities/Stocks

Financial Institution	Form of Title	Value (Approximate)

E. Insurance Policies

Policy/ Issuing Company	Death Benefits	Beneficiaries	Ownership	Term or Whole Life

F. Business Interests

Name and Nature of Business	Additional Owners/Employees	Existing Business Agreements	Value of Business

G. Pension, Profit Sharing and Corporate Benefits

Benefits (Approximate)	Beneficiaries	Client Contribution

H. Trusts (please provide a copy if applicable)

1. Have you previously created a Trust, revocable or irrevocable?

a. Title of Trust: _____

b. Type of Trust: _____

2. Are you the beneficiary of a Trust?

a. Title of Trust: _____

b. Type of Trust: _____

I. Other Assets (Expectancies, Contracts, Patents, Tort Claims)

J. Other Advisors (Insurance, Accountant, Attorney, Investment, Pension, Trust)

(Name & Contact Info)

(Type of advisor)

(Name & Contact Info)

(Type of advisor)

IV. BENEFICIARIES

There are numerous ways to define beneficiaries and distribution, and your attorney will discuss all of these various options with you in detail. However, the questions below will help guide you and your attorney in this discussion more effectively.

1. Do you have any *specific bequests* (a specific amount of money or property to be left to a specific person before the distribution of the balance of your estate)?

2. Please name the desired beneficiaries of your *residuary estate* (the balance of your estate assets after costs of administration, enforceable debts, and any specific bequests are paid) and in what manner?

3. Are there any legal heirs you do not wish to provide for?

4. Are there any beneficiaries with special needs/ requirements that you would like to provide for?

V. PERSONAL REPRESENTATIVES, TRUSTEES & GUARDIANS

A. Last Will and Testament

1. Personal Representative:
The person who administers your will in the probate process

Name & Relation to You

Address

Phone Number

2. Two Substitute Personal Representatives:
If your primary P.R. is unable or unwilling to serve

Name & Relation to You

Address

Phone Number

Name & Relation to You

Address

Phone Number

3. Guardian(s) for minor children

Name & Relation to You

Address

Phone Number

4. Substitute Guardian(s) for minor children

Name & Relation to You

Address

Phone Number

5. Trustee (for any trusts created under the will):

Name & Relation to You

Address

Phone Number

6. Substitute Trustee:

Name & Relation to You

Address

Phone Number

B. Healthcare Power of Attorney

1. Power of Attorney:

Person directing your health care if you become unable to do so

Name & Relation to You

Address

Phone Number

2. Substitute Power of Attorney:

Name & Relation to You

Address

Phone Number

C. Financial Power of Attorney

1. Power of Attorney:

Person managing your financial, business, and real estate matters if you become unable to do so

Name & Relation to You

Address

Phone Number

2. Substitute Power of Attorney:

Name & Relation to You

Address

Phone Number

VI. FINAL ARRANGEMENTS

1. Your estate will pay, if funds are available, all expenses for a funeral and burial, unless otherwise specified below.

Date Completed