

TIESENGA & TIESENGA, P.C.
ESTATE PLAN REVIEW AND CHECKLIST

PERSONAL INFORMATION

YOUR FULL NAME: _____

SINGLE _____ MARRIED _____ DIVORCED _____

Legal Residence
Address _____
City _____ State _____ Zip _____

Phone Number (____) _____

Birthdate _____ Social Security Number ____ - ____ - ____

Occupation _____

Employer _____

Employer's
Address _____
City _____ State _____ Zip _____

Business Phone (____) _____

Are you a U.S. Citizen? YES _____ NO _____

YOUR SPOUSE'S FULL NAME _____

Legal Residence Address (if different from above):

City _____ State _____ Zip _____

Phone Number (____) _____

Birthdate _____ Social Security Number ____ - ____ - ____

Occupation _____

Employer _____

Employer's
Address _____
City _____ State _____ Zip _____

Business Phone (____) _____

Is spouse a U.S. Citizen? YES _____ NO _____

CHILDREN

<u>Child's Full Name</u>	<u>Birthdate</u>	<u>Address</u>
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Are any of the children adopted? _____

Are there any children of a previous marriage?

YOU YES NO
 _____ _____

YOUR SPOUSE _____

Are your parents living?

MOTHER YES NO
 _____ _____

FATHER _____ _____

Are your Spouse's parent's living?

MOTHER YES NO
 _____ _____

FATHER _____ _____

Any family disabilities or special needs? _____

Ever filed Gift Tax Returns? _____

Ever lived in any community property states? _____

Premarital or postmarital agreements? _____

Do you expect to receive any inheritance? _____

TRUSTS (Created by You)

Do you have a Land Trust? YES NO DATE OF LAND TRUST

Who is the Trustee of the Land Trust? _____

What is the address(es) of the real estate conveyed into the Land Trust?

Who is the beneficiary or contingent beneficiary of the Land Trust?

Are you a beneficiary of a Trust? YES NO

NET WORTH - MY ASSETS

Liquid Assets (savings and checking accounts, CSs)

<u>Type of Account</u>	<u>Name of Financial Institution</u>	Joint Tenant with Rights of Survivorship	<u>Amount</u>
		OR Sole Ownership?	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL:			\$ _____

Life Insurance (please indicate any loans)

<u>Name of Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Cash Value</u>
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
TOTAL CASH VALUE:					\$ _____

Annuities

<u>Description Value</u>	<u>Purchase Price</u>	<u>Beneficiary</u>	<u>Present</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL CASH VALUE:			\$ _____

Real Estate

Description Location of Property <u>Value</u>	Date of Purchase	Original Cost	Joint Tenant with Rights of Survivorship Tenancy in Common, Land Trust		Mortgage	Fair Market Balance
			OR	Sole Ownership?		
_____	___/___/___	\$ _____	_____	_____	\$ _____	\$ _____
_____	___/___/___	\$ _____	_____	_____	\$ _____	\$ _____
_____	___/___/___	\$ _____	_____	_____	\$ _____	\$ _____
_____	___/___/___	\$ _____	_____	_____	\$ _____	\$ _____
					TOTAL:	\$ _____

Stocks and Bonds (include mutual funds)

<u>Shares</u>	<u>Company</u>	<u>Original Value</u>	<u>Title</u>	<u>Fair Market Value</u>
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
				TOTAL VALUE: \$ _____

Retirement Benefits (pension & profit-sharing, 401K, IRA, Keogh, etc.)

<u>Description</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value of Vested Interest</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			TOTAL VESTED INTEREST: \$ _____

Business Interests Owned (proprietorship, partnership, corporation)

<u>Firm Name</u>	<u>Address</u>	<u>Original Value</u>	<u>Value of Interest</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
			TOTAL: \$ _____

Debts and Receivables Due to Me (mortgages held or notes receivable)

<u>Name of Persons Owing You Money</u>	<u>Address</u>	<u>Nature of Title</u>	<u>Amount Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL DUE: \$ _____

Special and Personal Assets (automobiles, boats, jewelry, furniture, collections, etc.)

Value Description (Approximate)	Date of Purchase	Is this Owned in Your Sole Name?	Original Value	Current
_____	___/___/___	_____	\$ _____	\$ _____
_____	___/___/___	_____	\$ _____	\$ _____
_____	___/___/___	_____	\$ _____	\$ _____
_____	___/___/___	_____	\$ _____	\$ _____

TOTAL: \$ _____

Gifts You Made (in excess of \$10,000 in any one year)

Type of Tax Paid Asset	Original Value	Year of Gift	Value of Gift	To Whom	Gift If Any
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

TOTAL VALUE OF GIFTS: \$ _____

**Other Assets - Potentially includible in estate because of your interest in them
(interest in a Trust or Estate, royalties, patents, etc.)**

Description	Approximate Current Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL: \$ _____

TOTAL OF ALL ASSETS: \$ _____

LIABILITIES - MY DEBTS

(List Mortgages, Loans, Installment Debts, Current Bills, Taxes Owed, Etc.)

<u>Indebtedness To</u>	<u>Type</u>	<u>Is This in Your Sole Name?</u>	<u>Balance Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL OF ALL LIABILITIES: \$ _____