

DATE OF CHECK-UP:	Financial Advisor Name:
Client Name:	Contact:
Address:	
Phone:	

“Estate Protection Check-Up”

Please circle your responses to the following. SKIP any questions that are not applicable.		Yes	No	Don't Know
I have a current Advanced Healthcare Directive to permit my spouse/children/family to make emergency health care decisions for me in the event I am unable to do so for myself.				
I have a current Durable Power of Attorney to permit my spouse/children/family to handle my financial affairs in the event I become ill or disabled.				
My spouse/children/family know what to do if I become disabled, and they have access to a professional advisor who can provide them with guidance needed to properly carry out their duties as Power of Attorney holders.				
I know that my Power of Attorney and Healthcare Directive specifies who will determine my disability, and I accept their decision if they say I am disabled.				
I have a plan to fund my retirement, healthcare expenses, and long term care expenses in case I become ill or disabled.				
I have a current Revocable Trust prepared by an Estate Planning Professional;				
SKIP IF “NO”	— I know that my Revocable Trust has the provisions needed to protect me and my property in the event my spouse or I become ill or disabled.			
	— I know that my Revocable Trust will minimize federal estate taxes, property taxes, and capital gains taxes, including taxes on my house, life insurance and IRA's;			
	— I know that my Revocable Trust is fully funded so that my family can avoid the delays and expenses of probate			
	— I have all my original Trust related documents stored in a safe location, that my family can access in case of any emergencies.			
	— I have a plan in place for updating my Trust in case of changes.			

“Estate Protection Check-Up” - Continued...

I am certain that all my property is properly titled to the proper owners.	Yes	No	Don't Know
I have taken steps to avoid possible property disputes among survivors.	Yes	No	Don't Know
My children's inheritance will be protected even if my surviving spouse chooses to remarry.	Yes	No	Don't Know
I have a plan to provide creditor and lawsuit protection for assets passed to my surviving spouse.	Yes	No	Don't Know
I have a plan to provide creditor and lawsuit protection for my children's inheritance.	Yes	No	Don't Know
I have a plan to protect my children's inheritance from their divorcing spouse/s.	Yes	No	Don't Know
I have recently checked the beneficiary designations of my retirement plans and life insurance policies, and I am confident that the designations are correct and that I have not listed my estate or any minor children as either primary or secondary beneficiaries.	Yes	No	Don't Know
I am satisfied that my current plan provides protection for minor children/special needs children, without their having to go to court.	Yes	No	Don't Know
I am satisfied that my grandchildren are protected in the event my children become unable to care for them.	Yes	No	Don't Know
I have a life insurance trust which has been properly maintained each year.	Yes	No	Don't Know
I am satisfied that my parents have a plan that provides for their care, maintenance and support, and protects their estate.	Yes	No	Don't Know