

ESTATE PLANNING CHECKLIST

LONG REIMER WINEGAR BEPPLER LLP

Cheyenne Office

2120 Carey Avenue, Suite 300
PO Box 87, Cheyenne, WY 82001
(307) 635-0710 TELEPHONE NUMBER
(307) 635-0413 FACSIMILE

Evanston Office

724 Front Street, Suite 200
PO Box 1040, Evanston, WY 82931
(307) 789-6300 TELEPHONE NUMBER
(307) 789-6333 FACSIMILE

Park City, Utah Office

1776 Park Avenue, Suite 209
PO Box 684249, Park City, UT
84068 (435) 214-5048 TELEPHONE
NUMBER
(435) 214-5049 FACSIMILE

Jackson Office

270 West Pearl Street, Suite 103
PO Box 3070, Jackson, WY 83001
(307) 734-1908 TELEPHONE NUMBER
(307) 733-3752 FACSIMILE

Denver, Colorado Office

1899 Wynkoop Street, Suite 225
Denver, CO 80202
(720) 287-2165 TELEPHONE NUMBER
(720) 524-3861 FACSIMILE

PERSONAL INFORMATION

Husband's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Married: Date of Marriage _____

Wife's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

CHILDREN/GRANDCHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name:

Name	Birth date	Relationship
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you now or have you ever been in the military or married to a person who was or is in the military? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you or your spouse signed a pre-post marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) previously been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you (or your spouse) completed previous wills, trusts, or other estate planning documents? <i>Please furnish copies of these documents</i>		
Do we have your consent to share the financial information included on this checklist with a financial planning firm if we believe it would be beneficial to you or us? <i>(We will not disclose your identity and will provide you with the results of any such analysis at no cost to you)</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or</i>		

<i>Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children or grandchildren have special educational, medical, or physical needs?		
Do any of your children or grandchildren receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

PROPERTY INFORMATION INSTRUCTIONS

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. You probably will not own property under all the headings, if not just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

“Owner” of Property

How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
Husband's name alone, with no other person	H
Wife's name alone, with no other person	W
Joint Tenancy with spouse	JT
Tenancy in common with spouse	TIC
Joint tenancy with someone other than a spouse, i.e. a child, parent, etc.	JT-O

Tenancy in common with someone other than a spouse, i.e. a child, parent, etc.	TIC-O
If you cannot determine property ownership	?

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and lien on property, if any:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRA's or 401(k)'s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

		<i>Total</i>	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
			<i>Total</i>	

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

	<i>Total</i>	

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

	<i>Total</i>	

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit.

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Huband	Wife	
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* *For jointly owned property enter values 1/2 in husband's column and 1/2 in wife's column.*

PLANNING INFORMATION

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

FOR HUSBAND:

Individual or Charity	Amount or Property	Contingent of Wife predeceasing?

FOR WIFE:

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address

Relationship

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. This allows you to maintain control over your assets during life.

Name and Address

Relationship

DISABILITY TRUSTEE(S): If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? Please name the individuals/entities in the order they are to serve. If they are to serve together, please indicate.

FOR HUSBAND

Name and Address

Relationship

FOR WIFE

Name and Address

Relationship

SUCCESSOR TRUSTEE(S): After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? Please name the individuals/entities in the order they are to serve. If they are to serve together, please indicate.

FOR HUSBAND

Name and Address

Relationship

FOR WIFE

Name and Address

Relationship

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

PERSONAL REPRESENTATIVE(S) If you would like to name initial and successor personal representatives in your will that are different than those named as trustees above, please name those persons below. Otherwise we will name the same persons you name as trustees as personal representatives. Please name the individuals/entities in the order they are to serve. If they are to serve together, please indicate.

FOR HUSBAND

Name and Address

Relationship

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

FOR WIFE

Name and Address

Relationship

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

TRUST PROTECTOR: Would you like to name a Trust Protector, or person who shall have powers over your trust, including the power to remove a trustee? If so please indicate below. Please name the individuals/entities in the order they are to serve. If they are to serve together, please indicate. (Note: Trust Protectors are usually named when a person is naming a corporate trustee, such as a bank.)

FOR HUSBAND

Name and Address

Relationship

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

FOR WIFE

Name and Address

Relationship

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

FOR HUSBAND

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR WIFE

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVANCE HEALTH CARE DIRECTIVE: If you become unable to make medical treatment decisions for yourself in any circumstance not covered by your living will, who would you want to make those medical treatment decisions for you?

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER ITEMS TO INCLUDE OR DISCUSS: Please list any other items you would like to bring to our attention or discuss:

