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ESTATE PLANNING CHECKLIST
PERSONAL INFORMATION

Client #1

Date Completed: _____

Full Legal Name _____

How do you sign your name on legal documents? _____

Nickname _____ Birth date _____ Social Security No. _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Bus. Phone _____

Business address _____ City _____ State _____ Zip _____

Email address: _____

Married: Date _____ Divorced: Date _____

Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA, or WI

Client #2 (Spouse)

Full Legal Name _____

How do you sign your name on legal documents? _____

Nickname _____ Birth date _____ Social Security No. _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Bus. Phone _____

Business address _____ City _____ State _____ Zip _____

Email address: _____

Married: Date _____ Divorced: Date _____

Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA, or WI

CHILDREN'S INFORMATION

Child #1

Child's full name _____

Nickname _____ Birth date _____ SSN _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
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_____	_____	_____	_____
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_____	_____	_____	_____
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Child #2

Child's full name _____

Nickname _____ Birth date _____ SSN _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names Parents Ages Special Needs

Child #3

Child's full name _____

Nickname _____ Birth date _____ SSN _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names Parents Ages Special Needs

OTHER DEPENDENTS

Friends or relatives who are dependents.

Dependent #1

Dependent's Full Legal Name: _____

Relationship: _____

Nickname _____ Birth date _____ Social Security No. _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Dependent #2

Dependent's Full Legal Name: _____

Relationship: _____

Nickname _____ Birth date _____ Social Security No. _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

ESTATE PLANNING AGENTS

Health Care Power of Attorney –

who is authorized to make health care decisions for you (usually spouse first)

Agent (Name/Relation): _____

Address: _____

Alternate Agent _____

Address: _____

Living will –

who do you want to list as the persons to notify in case of an emergency

Notify 1 (Name/Relation): _____

Address: _____

Notify 2 (Name/Relation): _____

Address: _____

Durable General POA –

who do you want to have authority to access your accounts and property

Agent: (Name/Relation): _____

Address: _____

Specific powers _____

Commence/Terminate _____

Guardian for children _____

Contact info. _____

Alternate Guardian _____

Contact info. _____

Executor name

Contact Info _____

Alternate Executor _____

Contact Info _____

Trustee name

Contact info. _____

Alternate Trustee _____

Contact info. _____

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____

Company: _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____ E-Mail _____

Name of Financial Advisor: _____

Company: _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____ E-Mail _____

Name of Family Attorney: _____

Company: _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____ E-Mail _____

Name of Stock Broker: _____

Company: _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____ E-Mail _____

Name of Life Insurance Agent: _____

Company: _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____ E-Mail _____

Name of Personal Banker: _____

Company: _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____ E-Mail _____

IMPORTANT FAMILY QUESTIONS

	YES	NO
Do you have a child with a learning disability?	<input type="radio"/>	<input type="radio"/>
Do any of your children receive government support or benefits?	<input type="radio"/>	<input type="radio"/>
Do you have any adopted children?	<input type="radio"/>	<input type="radio"/>
Do any of your children have special education, medical, or physical needs?	<input type="radio"/>	<input type="radio"/>
Are any of your children institutionalized?	<input type="radio"/>	<input type="radio"/>
Are you or your spouse receiving social security, disability, or other governmental benefits?	<input type="radio"/>	<input type="radio"/>
Do you provide primary or other major financial support to adult children?	<input type="radio"/>	<input type="radio"/>
Have either you or your spouse been divorced?	<input type="radio"/>	<input type="radio"/>
Are you making payments pursuant to a divorce property settlement agreement? (Please furnish copy).	<input type="radio"/>	<input type="radio"/>
Have you and your spouse ever signed a pre and/or post marriage contract? (Please furnish copy)	<input type="radio"/>	<input type="radio"/>
Have you or your spouse been widowed? (If a Federal or State estate tax was filed, please furnish copy)	<input type="radio"/>	<input type="radio"/>
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish copy)	<input type="radio"/>	<input type="radio"/>
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies)	<input type="radio"/>	<input type="radio"/>
Are you and your spouse United States citizens?	<input type="radio"/>	<input type="radio"/>
If you answered “No,” are either you or your spouse a resident or non-resident alien?	<input type="radio"/>	<input type="radio"/>

ASSETS

	CLIENT #1 AMOUNT	CLIENT #2 AMOUNT	JOINT AMOUNT
Cash Account	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks & Bonds	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Life Insurance Cash Values	_____	_____	_____
Annuities	_____	_____	_____
Monies Owed to You	_____	_____	_____
Partnership and LLC Interests	_____	_____	_____
Closely Held Business Interests	_____	_____	_____
Anticipated Inheritance or Gift	_____	_____	_____
Real Property	_____	_____	_____
TOTAL ASSETS	_____	_____	_____

LIABILITIES

	CLIENT #1 AMOUNT	CLIENT #2	JOINT
Loans Payable	_____	_____	_____
Accounts Payable	_____	_____	_____
Real Estate Mortgages Payable	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes	_____	_____	_____
Other Obligations	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____
NET ESTATE	_____	_____	_____
ANNUAL INCOME	_____	_____	_____

LIFE INSURANCE

Company	Insured	Owner	Death Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLOSELY HELD BUSINESS INTERESTS

Entity Name _____

Address _____

Entity type _____

Ownership _____

Transfer Restrictions _____

Value / Date of Val. _____

Taxation _____

Notes _____

OTHER VALUABLE ASSETS

Asset _____

Location _____

Value _____

Asset _____

Location _____

Value _____

Asset _____
Location _____
Value _____

Asset _____
Location _____
Value _____

Asset _____
Location _____
Value _____

SPECIFIC BEQUESTS

Item of bequest _____
Location of Item _____
Unique Description _____
Value _____
Beneficiary _____

Item of bequest _____
Location of Item _____
Unique Description _____
Value _____
Beneficiary _____

Item of bequest _____
Location of Item _____
Unique Description _____
Value _____
Beneficiary _____

Item of bequest _____
Location of Item _____
Unique Description _____
Value _____
Beneficiary _____

ADDITIONAL INFORMATION, NOTES, AND QUESTIONS FOR FOLLOW UP