

ESTATE PLANNING CHECKLIST

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you considered the benefits of a revocable living trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you have a revocable living trust, have you titled all your assets in the trust's name? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a Will? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you have a Will, has it been updated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your Will name a guardian for your minor children? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you comfortable with the executors, guardians, and trustees you have selected? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you reviewed your estate plan recently? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you taking full advantage of the estate marital deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you want to limit your spouse's flexibility over his or her inheritance, have you created a qualified terminable interest property (QTIP) trust in your Will? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are both spouses' estate plans designed to take full advantage of the \$675,000 (increasing to \$3,500,000 by 2009) applicable exclusion amount? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wisconsin Residents: Do you have a Marital Property Agreement? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Minnesota residents: Do you and your spouse each own enough assets titled in your own names so you can each take advantage of the \$675,000 exclusion amount? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have the right amount and type of life insurance? Disability insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you considered an irrevocable life insurance trust to prevent life insurance proceeds from being taxed in your estate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you considered the benefits of charitable trusts? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you taking advantage of the \$10,000 annual gift tax exclusion? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you made gifts of assets that are likely to appreciate in the future? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a management succession plan for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a buy-sell agreement for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you considered a gift program involving your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a Durable Financial Power of Attorney? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a Power of Attorney for Healthcare? |

ESTATE PLANNING ANALYSIS

CLIENT NAME: _____

DATE: _____

PERSONAL AND FAMILY HISTORY

Husband

Wife

Name	_____	_____
Residence	_____	_____
Date of Birth	_____	_____
Occupation	_____	_____
Business Address	_____	_____
Residence Phone	_____	_____
Business Phone	_____	_____
Social Security Number	_____	_____

Safe Deposit Box:	YES / No	Where Located _____
Existing Wills:	YES / No	Where Located _____
Name of Attorney:	_____	Phone #: _____

Children

Date of Birth

Address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Health Problems To Be Considered:

Lineal Decedents - Next-of-Kin:

Liabilities of/for Relatives:

Life Insurance

<u>Company</u>	<u>Policy #</u>	<u>Policy Type</u>	<u>Policy Owner</u>	<u>Face Amount</u>		<u>Beneficiary</u>
				<u>H</u>	<u>W</u>	
Total:						

Life Insurance Agent: _____ Phone: _____

Unincorporated Business Interests, Partnerships (including limited) and Tax Shelters

<u>Name</u>	<u>Date Acq.</u>	<u>Cost Basis</u>	<u>Present Market Value</u>		
			<u>H</u>	<u>W</u>	<u>J</u>
Total:					

Pension, Profit Sharing and Retirement Benefits

<u>Name and Type</u>	<u>Contributions</u>		<u>Method Payout</u>	<u>% Vested</u>	<u>Present Market Value</u>		
	<u>Employer</u>	<u>Employee</u>			<u>H</u>	<u>W</u>	<u>J</u>
Total:							

<u>Summary</u>	<u>Cost Basis</u>	<u>Present Market Value</u>		
		<u>H</u>	<u>W</u>	<u>J</u>
Real Estate	_____	_____	_____	_____
Checking, Savings, Cash	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
Common and Preferred Stocks	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Unincorporated Businesses, etc.	_____	_____	_____	_____
Pension, Profit-Sharing	_____	_____	_____	_____
Other	_____	_____	_____	_____
Prior Taxable Gifts	_____	_____	_____	_____
Total:	=====	=====	=====	=====
Liabilities	_____	_____	_____	_____
Total Net Assets	=====	=====	=====	=====