

YOUR LETTERHEAD

ESTATE ANALYSIS CHECKLIST

Full Name _____

Telephone

Spouse _____

Address

_____ (Street) (City/Town) (County) (State) (Zip)

P. O. Box _____

_____ (City/Town) (County) (State) (Zip)

Children

1. _____

2. _____

3. _____

Retirement Plans / IRA's: Yes ____ No ____

Life Insurance: Yes ____ No ____

Business Interest

(If the client has an interest in a partnership, joint venture, closely held corporation proprietorship or other similar entity, the lawyer must obtain complete information about its assets and liabilities, buy-sell agreements and all other related information including basis.)

Real Estate: **Residence:** Yes ____ No ____ **Other Real Estate Owned #** _____

Are you or your spouse Beneficiary Under any Trust? Yes ____ No ____

Do you have a Will? Yes ____ No ____ **Year executed** _____

Do you have a Revocable Trust? Yes ____ No ____ **Year executed**
