



PRIVETTE LEGACY PLANNING
ESTATE PLANNING ANNUAL REVIEW CHECKLIST

CONTACT INFORMATION (mark any changes or updates to your contact information)

Name: _____ Email: _____

Address: _____ Phone #: _____

The hard copy of my estate plan is stored: _____

STATUS UPDATE: Please answer each of the questions below.

Yes **No**

<input type="checkbox"/>	<input type="checkbox"/>	Any change to your financial status, including changes in sources of income? If the answer is yes, please complete the attached Asset Chart.
<input type="checkbox"/>	<input type="checkbox"/>	Any change to the location of your assets or how your assets are allocated? If the answer is yes, please complete the attached Asset Chart.
<input type="checkbox"/>	<input type="checkbox"/>	Any change in your job status?
<input type="checkbox"/>	<input type="checkbox"/>	Any change in your family or in your relationships?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, does that change require an update to the terms of your Will or Trust?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, does that change require an update to the people you've assigned to roles in your plan?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, are there any changes needed to your beneficiary designations?
<input type="checkbox"/>	<input type="checkbox"/>	Any change in your health?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, does your Living Will still match your wishes?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, does your Health Care Power of Attorney cover all of your needs?
<input type="checkbox"/>	<input type="checkbox"/>	Have you activated your DocuBank membership? This is necessary to access your cloud storage capabilities and to make sure your emergency card works so your medical directives can be accessed in an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	If your plan includes a Revocable Living Trust, have you completed all necessary funding? If not, what remains?
<input type="checkbox"/>	<input type="checkbox"/>	If your trust holds title to your home, have you added the trust(s) as an additional insured or additional endorsee on your homeowner's insurance policy?

Any issues you want to discuss with the attorney:

ASSET CHART

Please note the **Fair Market Value** of each asset identified below. If you have multiple assets for a category, please break them down individually (for example, if you have two checking accounts, list the two accounts separately rather than combining the balance of the two accounts into one sum).

Even if the asset is titled or owned in a trust’s name, you will still list the asset under the “Husband” or “Wife” column based on whose trust the asset is held in. If the asset is in both trusts (for example, a home may be owned 50% in each trust), then list the value of the asset under the “Joint” column. **PLEASE LABEL THE ASSETS HELD IN TRUST WITH A [T].**

<u>DESCRIPTION OF ASSET</u>	<u>CURRENT VALUE</u>		
	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Checking Accounts			
2. Savings Accounts			
3. Money Market Accounts			
4. Certificates of Deposit			
5. Treasury Bills / Notes			
6. Individual Stock Certificates and Bonds			
7. Brokerage Accounts a. Account Balance b. Current named beneficiary or Transfer on Death designee?			
8. IRA, 401(k), Other Retirement Accts a. Account Balance b. Current named beneficiary?			
9. 529 Accounts			
10. Health Savings Accounts a. Current named beneficiary?			
11. Real Estate – Personal Residence a. Value b. <Mortgage Balance, if any> c. <Home Equity Line Balance >	< > < > < >	< > < > < >	< > < > < >
<u>DESCRIPTION OF ASSET</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>

12. Other Real Estate			
a. Value			
b. <Mortgage Balance>	< >	< >	< >
c. <Home Equity Line Balance >	< >	< >	< >
d. Is this used as rental property?			
13. Tangible Personal Property (basic furnishings and personal belongings)			
14. Household Items of Special Value (stamps, art, antiques, jewelry, etc.) – APPRAISED VALUE, if appraisal exists			
15. Life Insurance Policies			
a. Policy Death Benefit			
b. Cash Surrender Value			
c. Type of Policy (Term, Whole, etc.)			
d. Who is the named beneficiary?	< >	< >	< >
16. Annuities			
17. Long-Term Care Insurance (<i>list only if there is a death benefit payout</i>)			
18. Motor Vehicles			
a. Value			
b. <Loan Balance, if any>	< >	< >	< >
19. Business Interests (e.g., family business not publicly traded, corporation or partnership interest)			
a. PLLC, LLC, S-Corp, C-Corp, Partnership, Other?			
b. Your ownership percentage			
c. <Notes Payable>	< >	< >	< >
20. Other Assets – <i>please specify</i> (Bitcoin, Timeshare, rewards points, etc.):			
GRAND TOTAL OF ASSETS			

Client Signature

Date

Client Signature

Date