

# ESTATE PLANNING CHECKLIST

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## LONG REIMER WINEGAR BEPPLER LLP

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Dear Prospective Client:

You have engaged our firm to consult with you in order to develop a recommendation as to your estate plan. Please fill out this checklist and return it to our office, or bring it with you to our initial meeting. If you have not scheduled an initial meeting with us, please call our office at your earliest convenience to do so.

In this checklist, we ask you many questions about your assets and how you would like to eventually distribute your property. For purposes of our initial meeting, do not agonize over the exact value of each of your assets. Please be as thorough as possible regarding the current ownership of assets (*i.e.* in whose name are assets currently titled), and the identification of assets (bank account numbers, insurance policy numbers, etc.) Finally, we anticipate that you may need further explanation at our initial meeting regarding answering the questions in the section entitled "Planning Information," so again do not agonize if you are unsure as to how you would like to answer those questions.

At our initial meeting, we plan to go over your checklist and give you a recommendation as to your estate planning needs. If at that point you should decide to retain our firm to draft and implement an estate plan, we will then discuss our firm's fee arrangements.

Please do not hesitate to call if you have any questions or concerns about this checklist or about your estate planning in general. We look forward to working with you soon.

Very truly yours,

LONG REIMER WINEGAR, LLP

## 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 \_\_\_\_\_

## CHILDREN/GRANDCHILDREN AND/OR OTHER FAMILY MEMBERS

*(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)*

| Name            | Birthdate | Parent or Relationship |
|-----------------|-----------|------------------------|
| 1. _____        | _____     | _____                  |
| Comments: _____ |           |                        |
| 2. _____        | _____     | _____                  |
| Comments: _____ |           |                        |
| 3. _____        | _____     | _____                  |
| Comments: _____ |           |                        |
| 4. _____        | _____     | _____                  |
| Comments: _____ |           |                        |
| 5. _____        | _____     | _____                  |
| Comments: _____ |           |                        |
| 6. _____        | _____     | _____                  |
| 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 and your spouse signed a pre- or 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 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 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/grandchildren have special educational, medical, or physical needs? |  |  |
| Do any of your children/grandchildren receive governmental support or benefits?             |  |  |
| Do you provide primary or other major financial support to adult children or others?        |  |  |

### ADDITIONAL RELEVANT INFORMATION

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### 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. If you do not own property under a particular heading, just leave that section 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 can not 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, airplane, 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.



## 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.

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*Total* \_\_\_\_\_

## MONEY OWED TO YOU

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

| 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 or your spouse expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit.

**Description** \_\_\_\_\_

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*Total estimated value* \_\_\_\_\_

## OTHER ASSETS

**TYPE:** Other property is any property that you (or your spouse) have that does not fit into any listed category.

| Type  | Owner | Value              |
|-------|-------|--------------------|
| _____ | _____ | _____              |
| _____ | _____ | _____              |
| _____ | _____ | _____              |
| _____ | _____ | _____              |
| _____ | _____ | _____              |
|       |       | <b>Total</b> _____ |

## SUMMARY OF VALUES

| ASSETS                         | Amount* |      | Total Value |
|--------------------------------|---------|------|-------------|
|                                | Husband | 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                   |         |      |             |
| <b>Total Assets:</b>           |         |      |             |

\* *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. Indicate whether these gifts are to be made even if the other spouse is alive.

**FOR HUSBAND:**

| Individual or Charity | Amount or Property | Contingent on 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**

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**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**

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**DISABILITY TRUSTEE:** 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**

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**FOR WIFE**

**Name and Address**

**Relationship**

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**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**

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**FOR WIFE**

**Name and Address**

**Relationship**

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**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 |
|------------------|--------------|
| _____            | _____        |
| _____            | _____        |
| _____            | _____        |

**FOR WIFE**

| Name and Address | Relationship |
|------------------|--------------|
| _____            | _____        |
| _____            | _____        |
| _____            | _____        |

**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 |
|------------------|--------------|
| _____            | _____        |
| _____            | _____        |
| _____            | _____        |

**FOR WIFE**

| Name and Address | Relationship |
|------------------|--------------|
| _____            | _____        |
| _____            | _____        |
| _____            | _____        |

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

**HUSBAND'S AGENT**

| Name  | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____        | _____                      |
| _____ | _____        | _____                      |
| _____ | _____        | _____                      |

**WIFE'S AGENT**

| Name  | Relationship | Instructions or Guidelines |
|-------|--------------|----------------------------|
| _____ | _____        | _____                      |
| _____ | _____        | _____                      |
| _____ | _____        | _____                      |

**ADVANCE HEALTH CARE DIRECTIVE:** If you become unable to make medical treatment decisions for yourself, 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_