

PUGH MOAK P.C.
WILLS AND TRUSTS CHECKLIST

Please fill out this Checklist to the best of your ability prior to your Estate Planning interview so that we may more readily assist you in formulating your plans.

DATE OF INTERVIEW: _____

NAME DATE OF BIRTH SOCIAL SECURITY #

CLIENT 1: _____

Full Legal Name (First, Middle and Last)

CLIENT 2: _____

Full Legal Name (First Middle and Last)

ADDRESS: _____

HOME PHONE NUMBER _____

BUSINESS PHONE NUMBER: (Client 1) _____ (Client 2) _____

CELL PHONE NUMBER: (Client 1) _____ (Client 2) _____

E-MAIL ADDRESS (Client 1) _____ (Client 2) _____

U.S. CITIZEN? Client 1 _____ Y _____ N Client 2 _____ Y _____ N

ARE CLIENTS MARRIED TO EACH OTHER _____ Y _____ N

CHILDREN: (First, Middle and Last Names)

Name	Date of Birth	Address & Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANDCHILDREN: (First, Middle and Last Names)

Name	Date of Birth	Names of Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please list additional grandchildren on the back of this page, and if any grandchildren do not reside with your child, please list the grandchild's address as well.

Do you have any deceased Children? _____
Living Children of deceased Children _____

DO YOU PRESENTLY HAVE A WILL OR A TRUST? _____. If yes, please bring a copy to the interview, if possible, and inform us of the date of execution and where you lived at the time of execution.

YOUR ASSETS

LIFE INSURANCE:

<u>NAME OF INSURED</u>	<u>AMOUNT</u>	<u>BENEFICIARY</u>	<u>COMPANY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and Phone Number of Life Ins. Agent, if any:

VALUE OF HOUSE: _____ **PLEASE BRING IN LEGAL DESCRIPTION FROM A DEED, TITLE POLICY OR MORTGAGE AND NOT FROM A TAX BILL.**
IN WHOSE NAME(S) IS THE HOUSE TITLED? _____

VALUE OF CONTENTS: _____

VALUE OF ANY COLLECTIONS NOT LISTED IN CONTENTS: _____

DO YOU HAVE A SAFE DEPOSIT BOX? _____ LOCATION _____

VALUE OF STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES AND OTHER INVESTMENT ACCOUNTS: \$ _____

Please Attach List Showing Securities, Value and Names of Owners.

Name and Phone Number of Broker, If Any: _____

OTHER REAL ESTATE: IF ANY, BRING IN LEGAL DESCRIPTION FROM A DEED

Address	Value	Names of all owners
_____	_____	_____
_____	_____	_____

BANK ACCOUNTS, SAVINGS AND LOAN OR CREDIT UNIONS:

<u>FINANCIAL INSTITUTION</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>OWNER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any gift tax return filed _____ Y _____ N Years filed _____

<u>VEHICLES</u>	<u>VALUE</u>	<u>OWNER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>VALUE OF BUSINESS:</u>	<u>HOW OWNED?</u>
_____	_____
_____	_____

ANY BUSINESS BUY-SELL AGREEMENTS?: _____

Please Bring a Copy of the Buy-sell Agreement, If Any, to the Interview.

If there are any IRA, pension plan or profit sharing agreements in existence for your benefit, please list the present value of the plan, whether or not you are vested and whether there is any death benefit or continuing benefit for your spouse.

<u>PLAN</u>	<u>OWNER</u>	<u>VALUE</u>	<u>VESTED?</u>	<u>BENEFICIARY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Assets Not Previously Listed, Such as Amounts Owed to You by Others, Etc.:

<u>ASSET</u>	<u>VALUE</u>	<u>OWNER(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Value of Any Memberships Which Could Be Sold at Your Death: _____

AMOUNTS OWING BY YOU:

HOUSE: _____

OTHER REAL ESTATE: _____

AUTOMOBILES: _____

OTHER LIABILITIES INCLUDING ANY LOANS YOU MAY HAVE CO-SIGNED ON FOR OTHERS:

<u>AMOUNT</u>	<u>LIEN HOLDER</u>	<u>SECURED ASSETS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the lien holder offer insurance on the outstanding balance? _____

LIST SIGNIFICANT DEBTS OR OBLIGATIONS OTHER THAN MORTGAGES LISTED ABOVE.

At the time of the interview you should be in a position to discuss previous marriages, if any, specific situations involving children or other beneficiaries which could affect your estate plan, any expected inheritances, and all primary beneficiaries and contingent beneficiaries, including relatives friends and charities.

If you have ever lived in a state which has a community property law, such as California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, or Idaho, please be prepared to discuss assets brought from those states into this state.

You should be in a position to list specific assets, if any, which definitely should go to one beneficiary as opposed to any others.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
Agent Power of Attorney: _____	_____	_____
Alternate Agent Power of Attorney: _____	_____	_____
Guardian: _____	_____	_____
Alternate Guardian: _____	_____	_____
Executor: _____	_____	_____
Back up Executor: _____	_____	_____
Medical POA _____	_____	_____
Back up Medical POA _____	_____	_____

If you are married, you and your spouse may name different people to act in the roles above. Please bring names, addresses and phone numbers for the people who you would each like to name.

Please use the space below to outline any specific wishes you may have with regard to the proposed disposition of your estate. If there are any charities to which you would like to leave a gift, please specify the charity(ies) by proper name and the amount of the gift either as a dollar value or percentage of your estate in the space below.

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