

Estate Planning Checklist

Date: [Insert Date]

To: [Your Name]

From: [Your Estate Planner's Name]

1. Personal Information

- Full Name: _____
- Address: _____
- Date of Birth: _____
- Social Security Number: _____

2. Estate Planning Documents

- Will: Valid Needs Update
- Trust: Valid Needs Update
- Power of Attorney: Valid Needs Update
- Healthcare Proxy: Valid Needs Update

3. Beneficiary Designations

- Life Insurance Policies: _____
- Retirement Accounts: _____
- Bank Accounts: _____

4. Asset Inventory

List major assets below:

- Home: _____
- Investment Accounts: _____
- Other Valuable Assets: _____

5. Additional Considerations

- Minor Children Guardianship: _____
- Digital Assets: _____
- Funeral Wishes: _____

Next Steps

Please review your checklist and contact your estate planner to discuss updates and any required actions.

Sincerely,

[Your Name]