



The Peninsula Center
for Estate and Lifelong Planning
Attorney and Counselor at Law

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ESTATE PLANNING CHECK-UP

Client(s): _____ Date: _____

Personal Information:

Mailing Address: _____

Phone Numbers: _____

E-mail Address: _____

Assets:

Type of Asset	Owned Separately	Owned Jointly	Owned by Trust(s) (indicate ownership)	Jointly Owned	Total
Financial Accounts					
CD's					
Mutual Funds					
Annuities					
Stocks					
Bonds					
Personal Residence					
Other Real Estate					

Automobiles					
Boat					
Business Interests					
Antiques/Collectibles					
Household Effects					
Other Assets					
TOTAL					

Life Insurance:

Insured	Beneficiary	Owner	Company	Type*	Cash Value	Death Benefit

*P=Permanent; U=Universal; T=Term; G=Group

Retirement Plan Assets (IRA's, 401K's, Deferred Annuities, etc.)

Participant/ Owner	Beneficiary	Company	Type*	Value

*Type = IRA, 401K, 403b, TSP, Deferred Annuity, or other qualified retirement plan

Other:

Yes / No

Do you own any real estate situated outside the Commonwealth of Virginia:

If so, please identify: _____

How titled: _____

Do you own any property jointly with someone other than your spouse:

If so, please explain: _____

Do you possess or own an interest in any corporation, partnership, limited liability company, or other entity:

If so, please identify: _____

Have you ever filed a federal gift tax return?

If so, please provide copies

If you have a revocable/living trust-centered estate plan, have you funded your trust(s)?

What assets, if any, remain in your individual name(s)?

Do you have any special medical conditions or health issues (terminal illness; dementia diagnosis; etc.)?

If so, please explain: _____

Do any of your children, grandchildren, or other beneficiaries have any special medical conditions or health issues?

If so, please explain: _____

Do any of your children, grandchildren, or other beneficiaries receive SSI, SSDI, Medicaid, or any other form of governmental assistance?

If so, please explain: _____

Do you have long-term care insurance?

If so, please list coverage: _____

Please list any changes in circumstances or assets since you executed your current estate planning documents: _____

Please list any questions/concerns that you would like to specifically address:
