



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:
