

Law Offices of Roy W. Litherland
Estate Plan Review or Amendment Questionnaire

Thank you for requesting an Estate Plan Review Questionnaire. When we receive your completed questionnaire, we will review both your current estate plan and this questionnaire and we will contact you to let you know if it is necessary for you to schedule an appointment to come in to see us. We will also answer any questions you may have regarding the recent law changes and your estate planning goals.

PARTNER A, please print your full name:					
Phone #:		Please circle Home, Work, Cell	Alternate Phone #		Please circle Home, Work, Cell
Email:					
PARTNER B, please print your full name:					
Phone #:		Please circle Home, Work, Cell	Alternate Phone #		Please circle Home, Work, Cell
Email:					
Mailing Address:					
Home Address: (If different)					
What is the net value of all of your assets?					

	Yes	No
Do you wish to change your Trustees, Executors or Financial Agents? (If "yes" please complete next page)	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to change your Health Care Agents? (If "yes" please complete next page)	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to change your Beneficiaries (who inherits from you)? (If "yes" please complete next page)	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to make Specific Gift Bequests or change existing Bequests? (If "yes" please complete next page)	<input type="checkbox"/>	<input type="checkbox"/>
Has your Citizenship changed since you created your estate planning documents?	<input type="checkbox"/>	<input type="checkbox"/>
Have you purchased new real estate since establishing your Living Trust?	<input type="checkbox"/>	<input type="checkbox"/>
Is all of your real estate in the name of your Living trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are all of your bank accounts, stocks, bonds, brokerage accounts, etc. in your Trust?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have questions about funding your Trust (titling your assets in your Trust)	<input type="checkbox"/>	<input type="checkbox"/>
Have you reviewed the "location list" within your Estate Planning Portfolio binder to be sure it is up to date as to where all of your important papers can be found?	<input type="checkbox"/>	<input type="checkbox"/>
Has anything major changed since the creation of your trust? (death, marriage, beneficiary developed substance abuse or financial problems, anything else we should know?)	<input type="checkbox"/>	<input type="checkbox"/>

In the event of your death or incapacity, who would you want to handle your financial affairs (i.e., act as trustee, executor and holder of your power of attorney)?			
PARTNER A:	1 st Choice:		2 nd Choice:
	3 rd Choice:		4 th Choice:
PARTNER B:	1 st Choice:		2 nd Choice:
	3 rd Choice:		4 th Choice:

If you were unable to make your own health care decisions, who you would you choose to act as your Health Care Agent (the person who makes medical decisions for you) until you regain capacity?			
PARTNER A:	1 st Choice:		2 nd Choice:
	3 rd Choice:		4 th Choice:
PARTNER B:	1 st Choice:		2 nd Choice:
	3 rd Choice:		4 th Choice:

In this space, please list any questions you would like answered, or any changes you wish to make to your Beneficiaries or Specific Gift Bequests:

Other changes you wish (i.e. new guardian for minor children, or something not otherwise addressed):

*** YOUR ADULT CHILDREN ARE WELCOME TO ATTEND AN ESTATE PLAN REVIEW APPOINTMENT IF YOU WOULD LIKE THEM TO ATTEND ***