

Estate Checklist

To protect and control the financial future of your family and loved ones, keep track of your progress on creating important estate checklist documents.

Will	Client: <input type="text"/>	Co- Client: <input type="text"/>
Document Created?	<input type="checkbox"/>	<input type="checkbox"/>
Name of Executor	<input type="text"/>	<input type="text"/>
Name of Guardian	<input type="text"/>	<input type="text"/>
Document Last Updated	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Power of Attorney	Client: <input type="text"/>	Co- Client: <input type="text"/>
Document Created?	<input type="checkbox"/>	<input type="checkbox"/>
Name of Power of Attorney	<input type="text"/>	<input type="text"/>
Document Last Updated	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Living Will	Client: <input type="text"/>	Co- Client: <input type="text"/>
Document Created?	<input type="checkbox"/>	<input type="checkbox"/>
Document Last Updated	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Health Care Proxy	Client: _____	Co- Client: _____
Document Created?	<input type="checkbox"/>	<input type="checkbox"/>
Name of Health Care Proxy		
Document Last Updated	___ / ___ / ____	___ / ___ / ____

Beneficiary Designations	Client: _____	Co- Client: _____
Created and Reviewed?	<input type="checkbox"/>	<input type="checkbox"/>

Living Trust	Client: _____	Co- Client: _____
Document Created?	<input type="checkbox"/>	<input type="checkbox"/>
Document Last Updated	___ / ___ / ____	___ / ___ / ____

Additional Notes

[illegible]

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