

➤ **General Information**

1. Has relevant personal information been gathered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Name and age	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Dependents and family members	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Has decedent's financial situation been assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Liabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Insurance information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ **Immediate Concerns**

1. Have family members, friends, and employer been contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Were written wishes of the deceased reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Has a funeral home/funeral director been engaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Is the funeral service organized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Have burial, interment, or cremation arrangements been made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Has the obituary been drafted and sent to the appropriate newspapers/publishers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Are funeral expense payment arrangements complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. If deceased was a business owner, have provisions been made for the short-term continuation of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ Getting Organized

1. Have the appropriate records been gathered and organized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Birth certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Marriage certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Divorce decree	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Military service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Death certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Life insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Investment documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Will/trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Tax information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Employee benefits information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have appropriate advisors been contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Accountant/tax advisor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Insurance professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Other(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

➤ Insurance Considerations

1. Have claims been filed with insurance companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Individual life insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Group life insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Employer-based life insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Accidental death and dismemberment policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Travel insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Mortgage life insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Credit life insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have surviving spouse's insurance needs been re-evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Life insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Disability insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Homeowners insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Auto insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Liability insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Long-term care insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Have beneficiary designations been reviewed and changed as appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ Other Available Benefits

1. Have other available benefits been claimed and/or agencies notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Social Security survivor's benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Social Security death benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Federal employee benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Civil service benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ State government employee benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Military benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Deceased spouse employee benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Qualified retirement plan/IRA benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ Retirement Planning Concerns

1. Have retirement planning needs been re-evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have beneficiary designations for existing IRAs and retirement plans been updated as appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ Settling the Estate

1. Have the executor/administrator, trustee(s), guardians, and heirs been contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Has an attorney and/or other advisor(s) been contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Have the appropriate records been gathered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Is probate necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Has a Taxpayer Identification Number (TIN) been obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Have creditors been notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Have other institutions been notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Have assets been distributed to heirs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Have appropriate tax returns been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ **Surviving Spouse’s Estate Planning Concerns**

1. Is there an updated will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have advanced medical directives been prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Durable power of attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Living will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Health care proxy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Have letters of instruction been prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Does a plan for estate tax need to be reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ **Tax Planning Concerns**

1. Has a tax advisor been contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Has a change in filing status been evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Have the tax consequences of making gifts been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Has surviving spouse inherited retirement plan assets (income in respect of a decedent)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ **Reassessing the Financial Situation**

1. Have jointly owned assets been retitled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Real estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Bank accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Has budget been re-evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Income sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Expenses: fixed and variable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Have other financial goals/needs been reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Readjustment period	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Emergency fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ College	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Other purchases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Vacations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Has survivor's credit situation been discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Obtain credit reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Contact existing creditors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Establish separate credit if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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