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Date: \_\_\_\_\_

**ESTATE PLANNING CHECKLIST**

1. NAME: \_\_\_\_\_
2. MARITAL STATUS: \_\_\_ Married \_\_\_ Single
3. NAME OF HUSBAND: \_\_\_\_\_
4. NAME OF WIFE: \_\_\_\_\_
5. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
6. WORK ADDRESS:  
(a) Husband: \_\_\_\_\_  
\_\_\_\_\_  
(b) Wife: \_\_\_\_\_  
\_\_\_\_\_
7. DATE OF BIRTH: Husband: \_\_\_\_\_  
Wife: \_\_\_\_\_
8. U.S. CITIZEN: Husband: Yes \_\_\_ No \_\_\_  
Wife: Yes \_\_\_ No \_\_\_
9. TELEPHONE NUMBER: Home: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_ (husband)  
( ) \_\_\_\_\_ (wife)  
Cell: ( ) \_\_\_\_\_ (husband)  
( ) \_\_\_\_\_ (wife)

10. SOCIAL SECURITY NUMBER(S): Husband: \_\_\_\_\_  
Wife: \_\_\_\_\_

11. DRIVERS' LICENSE NUMBER(S): Husband: \_\_\_\_\_  
Wife: \_\_\_\_\_

**A. TRUST**

12. Full names And Addresses of Settlers (persons creating the trust):

(a) \_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_

(i) Type of Trust: \_\_\_\_\_

13. Names of children of your marriage, including their addresses and telephone numbers.

(a) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ (wife)

(e) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Names of children through other relationships including address and telephone numbers. Please specify whose child they are, i.e. either husband or wife.

(a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Names of any deceased children, stepchildren, adopted children and/or foster children.

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

16. Did deceased child leave any children surviving?

Yes \_\_\_\_\_ No \_\_\_\_\_

( ) \_\_\_\_\_ (wife)

Names and addresses of any such children:

(a) \_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_

17. Names of Trustees (Besides the Surviving Spouse, if any):

Please have at least two alternatives.

(a) \_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_

(d) \_\_\_\_\_  
\_\_\_\_\_

18. Do you want them to be Co-Trustees?

Yes \_\_\_\_ No \_\_\_\_

19. Assets to be included in the trust.

Real Property:      Please provide full addresses and provide  
copies of any document that contains the legal  
description and Assessor's Parcel Number  
of each property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(     ) \_\_\_\_\_

(wife)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_

(wife)

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20. Bank Accounts: Please provide name of Bank(s), account number(s) and name(s) on account(s):

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21. Stocks and Bonds: Please provide name of each stock and/or bond, addresses of brokers, account numbers and how title is held.

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22. Life Insurance:

Name & Address of Company, Policy No. And Amount of Policy and Who The Policy Insures:

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( ) \_\_\_\_\_ (wife)

23. Named Beneficiaries of Life Insurance:

Primary: \_\_\_\_\_

Secondary/Contingent: \_\_\_\_\_

24. Annuities:

Name and Address of Company, Amount of Annuity And  
Whose Name is On The Account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Named Beneficiaries of Annuity:

Primary: \_\_\_\_\_

Secondary/Contingent: \_\_\_\_\_

\_\_\_\_\_

26. Any Specific Beneficiary of Jewelry, Antiques And/Or Collectibles?

Yes \_\_\_ No \_\_\_

Item Name of Specific Beneficiary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ (wife)

27. Any Specific Beneficiary of Any Item Of Personal Property?

Yes \_\_\_\_ No. \_\_\_\_

Item Name of Specific Beneficiary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Business Interest and Percentage of Interest:

**PERCENTAGE**

_____	_____
_____	_____
_____	_____
_____	_____

29. Any Specific Beneficiary of Business Interest?

Yes \_\_\_\_ No \_\_\_\_

30. Name(s) of Specific Beneficiary(ies) of Business Interest

**PERCENTAGE**

_____	_____
_____	_____
_____	_____

( ) \_\_\_\_\_ (wife)



31. List Of General Beneficiaries (people you want to inherit your property). Please Include Their Names, Addresses And Phone Numbers.

PERCENTAGE

(a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(g) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(h) \_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ (wife)

\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ (wife)

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32. Terms for Distribution:

Age Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College Incentive: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. If any of your children predecease you, do you want their share of your estate to go to their children (i.e., your grandchildren), or your other living children?

\_\_\_\_\_

34. If both of you die and your children are deceased without having any children, who do you want to inherit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_

(wife)

**B. WILL**

35. Names, addresses and phone numbers of Executors. Please List at least two alternatives.

Husband:

(a) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(d) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wife:

(a) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_

(wife)

(d) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. List of beneficiaries. Please include addresses and phone numbers. (Use extra pages if needed)

(a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_

37. Nomination of Guardians for physical custody of minor children (please provide at least two (2) alternative persons and give their names, addresses and phone numbers):

(a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) \_\_\_\_\_

( ) \_\_\_\_\_ (wife)

\_\_\_\_\_  
\_\_\_\_\_

(    ) \_\_\_\_\_ (wife)

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38. Nomination of Guardians for financial estates of minor children (please provide at least two (2) alternative persons and give their names, addresses and phone numbers):

(a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. Any special requests regarding burial (for example, cremation or religious preferences)?

Husband: \_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ (wife)

**C. FINANCIAL POWER OF ATTORNEY**

40. List of agents (persons to manage your affairs):  
Please provide at least two alternative persons and give their names, addresses and phone numbers.

Husband:

- (a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (d) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife:

- (a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ (wife)



(d) \_\_\_\_\_  
\_\_\_\_\_

41. When should it become effective?

Husband:

Immediately? \_\_\_\_\_  
Upon Incapacitation? \_\_\_\_\_  
How Many Physicians? \_\_\_\_\_

Wife:

Immediately? \_\_\_\_\_  
Upon Incapacitation? \_\_\_\_\_  
How Many Physicians? \_\_\_\_\_

42. Any other concerns: \_\_\_\_\_  
\_\_\_\_\_

**D. ADVANCED HEALTH CARE DIRECTIVE (MEDICAL POWER OF ATTORNEY).**

43. List of agents (persons to make health care decisions for you).  
Please provide at least two alternative persons and give their  
names, addresses and phone numbers:

Husband:

(a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ (wife)

(d) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife:

(a) \_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_

(d) \_\_\_\_\_  
\_\_\_\_\_

44. When should it become effective?

Husband:

Immediately? \_\_\_\_\_  
Upon Incapacitation? \_\_\_\_\_  
How many physicians? \_\_\_\_\_

Wife:

Immediately? \_\_\_\_\_  
Upon Incapacitation? \_\_\_\_\_  
How many physicians? \_\_\_\_\_

( ) \_\_\_\_\_ (wife)

45. Name, address and phone number of primary physician.

Husband: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

46. Desires concerning life support. Please Circle One.

Husband:

- (a) Prolong Life
- (b) Do Not Prolong Life

Wife:

- (a) Prolong Life
- (b) Do Not Prolong Life

47. Desires concerning organ donation.

Husband: Donate: \_\_\_\_\_  
Do not donate: \_\_\_\_\_

Wife: Donate: \_\_\_\_\_  
Do not donate: \_\_\_\_\_

48. Any other special concerns.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_

(wife)

\_\_\_\_\_  
\_\_\_\_\_

**E. MISCELLANEOUS/OTHER INCLUDING ANY QUESTIONS YOU MAY HAVE:**

Husband:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(     ) \_\_\_\_\_ (wife)