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Estate Plan Checklist for Married Couple

SECTION 1 - Personal & Family Information

Please indicate the name you typically use for legal documents.

Spouse 1 Name & date of birth:	
Spouse 2 Name & date of birth:	
Home address:	
Telephone (Home, Work, Cell):	
Email:	

Is this a first marriage for both spouses? If not, please explain.

Children (please indicate if any child is from a previous relationship)

Name:	Date of Birth:	Address (if different):	Phone:



GOALS & OBJECTIVES FOR THE ESTATE:

SECTION 2 - Trust Information

Name of Trust: _____ . (We suggest keeping the name short and simple, e.g. "The Johnson Family Trust".)

Beneficiaries and Distributions. We will discuss this topic when we meet but please give thought to the following:

Will all children be beneficiaries and receive equal shares of your trust assets at a set age? If not, please explain your wishes.

Please identify any other beneficiaries:

Please identify any particular personal property, money, real property, or other specific assets that certain beneficiaries are to receive:

SECTION 3 – Trustee, Executor, Guardian, and Agent

We will presume the spouses will be trustees and each will be the primary executor and agent for the other. Identify below who will serve if the spouse is unable to serve.

Successor Trustee: This person will manage and distribute the Trust Assets upon the death of the surviving spouse. You may have more than one trustee.

Trustee- include full name, address & phone:	
Alternate Trustee- include full name, address & phone:	

Executor: This personal representative named in your will ensures any property outside your Trust is transferred to it upon your death. The Trustee and Executor may be the same person.

Executor- include full name, address & phone:	
Alternate Executor- include full name, address & phone:	

Guardian for Minor Children (if applicable): Upon the death of the surviving spouse, minor children should have a designated guardian. You may name Co-Guardians.

First Guardian- include name, address & phone:	
Second Guardian- include name, address & phone:	

Durable Power of Attorney: This document designates an Agent that has authority to manage your assets if you are incapacitated.

Agent- include full name, address & phone:	
Alternate Agent -include name, address & phone:	

Health Care Power of Attorney:



This document designates an Agent that has authority to make health care decisions for you if you are incapacitated.

Agent- include name, address & phone:	
Alternate Agent -include name, address & phone:	

Quit Claim Deed:

Please provide a copy of your Deed of Trust or Warranty Deed so we can get the legal description of your property and prepare a Quit Claim Deed to transfer your real estate to your Trust.

Section 4 - Asset Information

Retirement Accounts & Annuities:

Institution	Type	Value	Owner

Bank Accounts & Investment Accounts (including stocks/bonds):

Description	Value	Owner	

Real Estate:

Property	Value		



Life Insurance:

Institution	Type	Death Benefit	Beneficiary

Business Entities (Partnerships, LLCs, Corporations, Sole Proprietorships):

Name	Type	Value	Owner

Other assets: