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Estate Plan Checklist for Single Individual

This checklist has been created to gather important information for your estate plan (will, trust, general and health care powers of attorney).

Section 1 – Personal & Family Info

Please indicate the name you typically use for legal documents.

Full name:	
Address:	
Telephone (Home, Work, Cell):	
Email:	

Have you been married before?

Are you divorced, widowed?

Would you like to state the name of your previous spouse in your will?

Children:

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

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

Successor Trustee: This person will manage and distribute the Trust Assets upon your death. 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): 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:

