

FINCH & ASSOCIATES LAW OFFICE, PLLC

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WILL & TRUST CHECKLIST

| | |
|---|---------------|
| Name | |
| Age | |
| Date of birth | |
| Address | |
| Email address | |
| Phone number | |
| | |
| Spouse's Name | |
| Age | |
| Date of birth | |
| Address | |
| Email address | |
| Phone number | |
| | |
| Children /Name | Date of birth |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| | |
| Personal Representative | |
| Alternate Personal Representative | |
| Personal Representative for Spouse | |
| Alternate Personal Representative for Spouse | |
| | |
| Trustee if trusts to be established for minor children, disabled children, spouse or others | |
| Alternate trustee | |
| | |
| Guardian for minor children | |
| Alternate guardian for minor children | |
| | |
| Specific Bequests | |

| | |
|---|-------------------|
| Personal property, other than that which is included on a personal property bequest form | |
| Charitable bequests. Please name entity, address, and any specific purpose of fund to which bequest should be directed. | |
| | |
| Residue of Estate | |
| To Spouse | Yes/no |
| If no spouse, or spouse predeceases you | Children – yes/no |
| If no spouse and no children, then distribute to | |
| | |
| Health Care/Advance Directives | |
| Agent for Health Care (include current address & phone number) | |
| Alternate agent for Health Care (include current address & phone number) | |
| Second alternate agent for Health Care (include current address & phone number) | |
| | |
| Statutory Power of Attorney (for finances) | |
| | |
| Funeral and Burial Instructions | |
| Cremation | Yes / no |
| Burial | Yes/ no |

ASSETS

Real Property, location and fair market value

1.

2.

3.

4.

Checking, Savings Accounts and CD's
approximate balance (name of bank, type of account,
account number **not required**)

1.

2.

3.

4.

5.

Investment accounts and approximate balance

1.

2.

3.

4.

Retirement accounts, IRAs, Pensions, Annuities

1.

2.

3.

Life Insurance (whole or term life or burial policy)

1.

| | |
|----------|----|
| | 2. |
| | 3. |
| | 4. |
| Vehicles | 1. |
| | 2. |

