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Estate Planning Checklist

We have over 15 years of Financial Planning experience. Check out our Life Capitalized system. We strive to help you; Unlock Financial Possibilities, Build a Financial Empire, and Secure Your Financial Future.

ARLINGTON INSURANCE
PLANNING SERVICES

Personal Information:

- Full Names of Parent:
  ____
- Date of Birth:
  ____
- Social Security Numbers:
  ____
- Address:
  ____
  ____
- Contact Information:
  - Home Phone: _____________________
  - Mobile Phone: _____________________
  - Email: _______________________________

Personal Information:

- Full Names of Parent:
  ____

- Date of Birth:
  ____

- Social Security Numbers:
  ____

- Address:
  ____
  ____

- Contact Information:
  - Home Phone: _____________________
  - Mobile Phone: _____________________
  - Email: _______________________________

NETWORTH

ASSETS - LIABILITIES

MONTH ____________________

YEAR ____________________

SPOUSE ____________ SPOUSE ____________

ASSETS

QTY	DESCRIPTION	VALUE
TOTAL		

SUMMARY

TOTAL LIQUID ASSETS	TOTAL ASSETS

NOTES

NETWORTH

ASSETS - LIABILITIES

MONTH

YEAR

SPOUSE

SPOUSE

LIABILITIES

QTY	DESCRIPTION	VALUE
	TOTAL	

SUMMARY

TOTAL ASSETS	TOTAL LIABILITIES	NETWORTH

NOTES

Estate Planning:

Wills and Trusts:

- Wills:
  - Name of Executor:
    1. ______________________________
    2. ______________________________

- Power of Attorney:

  Name: ________________________

  Name: ________________________

- Guardianship for Minor Children:

Name: ______________________________

Relationship: ________________________

- Trusts:
  - Revocable ☐ Irrevocable ☐
  - Trustee Information:

Name: ______________________________

Name: ______________________________

Name: ______________________________

Insurance Coverage:

- **Life Insurance:**

Insured: ______________________________

  - Coverage Amount $_____________
  - Cash Value $____________
  - Beneficiaries

1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________

- **Health Insurance:**
  - Provider _______________________
  - Coverage Details _______________
- Disability Insurance:
  - Coverage Details _______________

  ____

Insurance Coverage:

- **Life Insurance:**

Insured: ______________________________

  - Coverage Amount $ ___________
  - Cash Value $___________
  - Beneficiaries

1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________

- **Health Insurance:**
  - Provider ______________________
  - Coverage Details ______________
- Disability Insurance:
  - Coverage Details ________________

  ____

Beneficiary Designations:

- Retirement Accounts:

IRA

1. ____________________
2. ____________________
3. ____________________
4. ____________________

401(k):

1. ____________________
2. ____________________
3. ____________________
4. ____________________

Bank Account:

1. ____________________
2. ____________________
3. ____________________
4. ____________________

Beneficiary Designations:

- Retirement Accounts:

Brokerage Account

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

____________________:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

____________________:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

www.aipsny.com

Invest in your future, secure your family's peace of mind.

- Seeking financial clarity and confidence? Our dedicated team of financial advisors can help.
- Together, we'll craft a personalized plan that reflects your unique goals, values, and family needs.
- No matter your stage in life, we'll guide you through every step, ensuring your loved ones are protected and your future is bright.
- Don't leave your future to chance. Take control with a comprehensive plan tailored to you.

Contact us