



ESTATE PLANNING ESSENTIALS: COMPREHENSIVE CHECKLIST & WORKSHEET

Use this guide to organize your estate planning and ensure nothing is overlooked



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MEMORIAL MERITS
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PERSONAL INFORMATION

Your Name: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name: _____

Date Completed: _____

UNDERSTANDING YOUR NEEDS

Check all that apply to determine which documents you need:

☐ I own real estate ☐ I have minor children (under 18) ☐ I have assets worth more than \$50,000
☐ I have retirement accounts or life insurance ☐ I own a business ☐ I have specific wishes for medical care
☐ I want to avoid probate ☐ I have a blended family situation ☐ I have a special needs dependent
☐ I own property in multiple states ☐ I value privacy about my assets ☐ I want control over who makes decisions if I'm incapacitated

If you checked 2 or more boxes, you need estate planning documents.

THE FOUR ESSENTIAL DOCUMENTS

☐ DOCUMENT 1: LAST WILL AND TESTAMENT

Status: ☐ Need to create ☐ Have, needs updating ☐ Current and valid

Date created/last updated: _____

Location of original: _____

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Read the full guide at: <https://memorialmerits.com/estate-planning-essentials-what-every-family-needs-to-know/>

Attorney who prepared: _____

WILL PROVISIONS CHECKLIST:

Executor:

- Primary executor: _____
- Alternate executor: _____
- Have you informed them? ☐ Yes ☐ No

Asset Distribution:

- ☐ Specific bequests documented (who gets what items)
- ☐ Residuary clause included (who gets everything else)
- ☐ Contingent beneficiaries named (backup if primary dies first)

Guardian for Minor Children (if applicable):

- Primary guardian: _____
- Alternate guardian: _____
- Have you discussed with them? ☐ Yes ☐ No
- Are they willing and able? ☐ Yes ☐ No

Property Manager/Trustee for Minor Children:

- Person managing money for children: _____
- Same as guardian? ☐ Yes ☐ No

WHAT YOUR WILL SHOULD COVER: ☐ Who inherits your property ☐ Who serves as executor ☐ Guardian for minor children ☐ How to handle debts and taxes ☐ Distribution instructions for possessions

☐ DOCUMENT 2: REVOCABLE LIVING TRUST

Status: ☐ Need to create ☐ Have, needs updating ☐ Current and valid ☐ Not needed

Date created/last updated: _____

Location of original: _____

Attorney who prepared: _____

TRUST PROVISIONS CHECKLIST:

Trustee Information:

- Initial trustee (usually you): _____
- Successor trustee: _____
- Alternate successor: _____
- Have you informed them? ☐ Yes ☐ No

Beneficiaries:

- Primary beneficiaries: _____
-
- Contingent beneficiaries: _____
-

ASSETS FUNDED INTO TRUST:

☐ Real Estate:

- Property 1: _____
 - Title transferred? ☐ Yes ☐ No Date: _____
- Property 2: _____
 - Title transferred? ☐ Yes ☐ No Date: _____

☐ Bank Accounts:

- Account 1: Bank: _____ Account #: _____

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- Transferred to trust? ☐ Yes ☐ No
- Account 2: Bank: _____ Account #: _____
- Transferred to trust? ☐ Yes ☐ No

☐ **Investment Accounts:**

- Account: _____ Account #: _____
- Transferred to trust? ☐ Yes ☐ No

☐ **Business Interests:**

- Business name: _____
- Transferred to trust? ☐ Yes ☐ No

UNFUNDED TRUST WARNING: If you created a trust but haven't transferred assets into it, the trust provides NO benefit. Work with your attorney to complete asset transfers.

☐ **DOCUMENT 3: DURABLE POWER OF ATTORNEY FOR FINANCES**

Status: ☐ Need to create ☐ Have, needs updating ☐ Current and valid

Date created/last updated: _____

Location of original: _____

When effective: ☐ Immediately ☐ Upon incapacity only

AGENT INFORMATION:

Primary Agent (Attorney-in-Fact):

- Name: _____
- Relationship: _____
- Phone: _____ Email: _____
- Address: _____
- Have you given them a copy? ☐ Yes ☐ No

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- Have you discussed your wishes? ☐ Yes ☐ No

Alternate Agent:

- Name: _____
- Relationship: _____
- Phone: _____ Email: _____

POWERS GRANTED (check all that apply): ☐ Access and manage bank accounts ☐ Pay bills and manage expenses ☐ File tax returns ☐ Manage investments ☐ Buy, sell, or manage real estate ☐ Manage business interests ☐ Handle insurance matters ☐ Access safe deposit box ☐ Manage retirement accounts ☐ Other: _____

FINANCIAL INSTITUTIONS TO NOTIFY:

- Bank 1: _____ Contact: _____
- Bank 2: _____ Contact: _____
- Investment firm: _____ Contact: _____
- Other: _____ Contact: _____

☐ DOCUMENT 4: ADVANCE HEALTHCARE DIRECTIVE

Status: ☐ Need to create ☐ Have, needs updating ☐ Current and valid

Date created/last updated: _____

Location of original: _____

HEALTHCARE AGENT (Medical Power of Attorney):

Primary Agent:

- Name: _____
- Relationship: _____
- Phone: _____ Email: _____
- Address: _____

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- Have you given them a copy? ☐ Yes ☐ No
- Have you discussed your values and wishes? ☐ Yes ☐ No

Alternate Agent:

- Name: _____
- Relationship: _____
- Phone: _____ Email: _____

LIVING WILL PREFERENCES:

If I am terminally ill with no hope of recovery, I: ☐ Want all life-sustaining treatment ☐ Want limited life-sustaining treatment (specify): _____ ☐ Do not want life-sustaining treatment ☐ Leave decision to my healthcare agent

If I am in a permanent vegetative state, I: ☐ Want all life-sustaining treatment ☐ Want limited life-sustaining treatment ☐ Do not want life-sustaining treatment ☐ Leave decision to my healthcare agent

Specific Preferences: ☐ Mechanical ventilation: ☐ Yes ☐ No ☐ Agent decides ☐ Artificial nutrition/hydration: ☐ Yes ☐ No ☐ Agent decides ☐ CPR/Resuscitation: ☐ Yes ☐ No ☐ Agent decides ☐ Antibiotics: ☐ Yes ☐ No ☐ Agent decides

ORGAN DONATION: ☐ I want to donate organs and tissues ☐ I do not want to donate ☐ I want to donate only: _____

HEALTHCARE PROVIDERS WHO HAVE COPY:

- Primary doctor: _____ Contact: _____
- Specialist: _____ Contact: _____
- Hospital: _____ Contact: _____

HIPAA AUTHORIZATION: ☐ My healthcare directive includes HIPAA authorization ☐ People authorized to access my medical information:

1. _____
2. _____
3. _____

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BENEFICIARY DESIGNATIONS REVIEW

These override your will - review regularly!

LIFE INSURANCE POLICIES

Policy 1:

- Insurance company: _____
- Policy number: _____
- Primary beneficiary: _____
- Contingent beneficiary: _____
- Last reviewed: _____ Needs update? ☐ Yes ☐ No

Policy 2:

- Insurance company: _____
- Policy number: _____
- Primary beneficiary: _____
- Contingent beneficiary: _____
- Last reviewed: _____ Needs update? ☐ Yes ☐ No

RETIREMENT ACCOUNTS

Account 1 (401k, IRA, etc.):

- Financial institution: _____
- Account number: _____
- Primary beneficiary: _____
- Contingent beneficiary: _____
- Last reviewed: _____ Needs update? ☐ Yes ☐ No

Account 2:

- Financial institution: _____

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- Account number: _____
- Primary beneficiary: _____
- Contingent beneficiary: _____
- Last reviewed: _____ Needs update? ☐ Yes ☐ No

BANK ACCOUNTS WITH POD/TOD

Account 1:

- Bank: _____
- Account type: _____
- POD/TOD beneficiary: _____
- Last reviewed: _____ Needs update? ☐ Yes ☐ No

ADDITIONAL PLANNING DOCUMENTS

☐ LETTER OF INTENT/INSTRUCTION

Status: ☐ Created ☐ Need to create

Location: _____

Includes: ☐ Explanation of decisions made ☐ Funeral and burial preferences ☐ Location of important documents ☐ List of assets and accounts ☐ Passwords and account access (if not in separate document) ☐ Personal messages to family ☐ Instructions for pets ☐ Instructions for special possessions

☐ DIGITAL ASSET INVENTORY

Status: ☐ Created ☐ Need to create

Location: _____

Includes: ☐ Email accounts and passwords ☐ Social media accounts ☐ Financial accounts (online banking, investment apps) ☐ Cloud storage (Google Drive, Dropbox, iCloud) ☐ Photo storage sites ☐ Cryptocurrency wallets ☐ Online businesses or income sources ☐ Subscriptions and memberships ☐ Domain names and websites

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Digital Executor Designated: ☐ Yes ☐ No

- Name: _____
-

IMPORTANT PEOPLE & PROFESSIONALS

ESTATE PLANNING ATTORNEY

- Name: _____
- Firm: _____
- Phone: _____ Email: _____
- Last consultation: _____

FINANCIAL ADVISOR

- Name: _____
- Firm: _____
- Phone: _____ Email: _____

ACCOUNTANT/TAX PREPARER

- Name: _____
- Firm: _____
- Phone: _____ Email: _____

INSURANCE AGENT

- Name: _____
 - Company: _____
 - Phone: _____ Email: _____
-

DOCUMENT STORAGE & ACCESS

Where are original documents stored?

☐ Home safe

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<https://memorialmerits.com/estate-planning-essentials-what-every-family-needs-to-know/>

- Location: _____
- Who has combination/key: _____

☐ Safe deposit box

- Bank: _____
- Box number: _____
- Who has access: _____

☐ Attorney's office

- Attorney name: _____

☐ Other: _____

Who knows where documents are located?

1. _____
2. _____
3. _____

Who has copies of documents?

- Will: _____
- Trust: _____
- Financial POA: _____
- Healthcare directive: _____

ASSET INVENTORY

Create a comprehensive list to help your executor:

REAL ESTATE

- Property 1: _____
 - Value: \$ _____ Mortgage: \$ _____
 - Deed location: _____

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- Property 2: _____
 - Value: \$ _____ Mortgage: \$ _____

BANK ACCOUNTS

- Account 1: Bank: _____ Balance: \$ _____
- Account 2: Bank: _____ Balance: \$ _____

INVESTMENT ACCOUNTS

- Account 1: _____ Value: \$ _____
- Account 2: _____ Value: \$ _____

RETIREMENT ACCOUNTS

- Account 1: _____ Value: \$ _____
- Account 2: _____ Value: \$ _____

VEHICLES

- Vehicle 1: _____ Value: \$ _____
- Vehicle 2: _____ Value: \$ _____

BUSINESS INTERESTS

- Business: _____ Value/Ownership: _____

VALUABLE PERSONAL PROPERTY

- Jewelry: Value: \$ _____
- Art/Collections: Value: \$ _____
- Other: Value: \$ _____

DEBTS

- Mortgage: \$ _____
- Credit cards: \$ _____
- Loans: \$ _____
- Other: \$ _____

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ESTIMATED NET WORTH: \$ _____

REVIEW & UPDATE SCHEDULE

Review your estate plan after these life events:

☐ Marriage ☐ Divorce or separation ☐ Birth or adoption of child ☐ Death of beneficiary, executor, or agent ☐ Significant change in assets (increase or decrease) ☐ Purchase or sale of real estate ☐ Starting or selling a business ☐ Move to different state ☐ Change in tax laws ☐ Serious health diagnosis ☐ Children reaching adulthood ☐ Retirement

Regular review schedule:

- Last reviewed: _____
- Next review date: _____

Set reminder to review every 3-5 years minimum

ACTION ITEMS CHECKLIST

Complete these steps to finalize your estate plan:

DOCUMENTS TO CREATE

☐ Schedule consultation with estate planning attorney ☐ Create or update will ☐ Create or update trust (if applicable) ☐ Create durable power of attorney for finances ☐ Create advance healthcare directive ☐ Create letter of intent ☐ Create digital asset inventory

ASSET TRANSFERS (IF USING TRUST)

☐ Transfer real estate titles to trust ☐ Change bank account ownership to trust ☐ Change investment account ownership to trust ☐ Transfer business interests to trust ☐ Update vehicle titles if appropriate

BENEFICIARY UPDATES

☐ Review and update life insurance beneficiaries ☐ Review and update retirement account beneficiaries ☐ Add POD/TOD designations to bank accounts if desired ☐ Ensure beneficiary designations align with overall plan

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COMMUNICATION

☐ Inform executor of role and document location ☐ Inform financial POA agent and provide copy ☐ Inform healthcare agent and provide copy ☐ Inform guardians (if applicable) and discuss ☐ Provide healthcare directive to doctors ☐ Discuss general plan with family (optional but recommended)

ORGANIZATION

☐ Organize important documents in accessible location ☐ Create list of accounts and locations for executor ☐ Update passwords and access information ☐ Ensure safe deposit box access is authorized ☐ Store copies with attorney or trusted person

COMMON MISTAKES TO AVOID

Check to ensure you haven't made these errors:

☐ Procrastinating - **Create documents now, not "someday"** ☐ Using generic online forms without legal review for complex situations ☐ Failing to fund trust after creating it ☐ Not updating documents after life changes ☐ Beneficiary designations that contradict will/trust ☐ Choosing inappropriate executors or agents ☐ Not informing designated people of their roles ☐ Leaving vague or unclear instructions ☐ Forgetting about digital assets ☐ Not having both will AND trust when both are needed ☐ Naming same person for financial and healthcare POA when conflict possible ☐ Not providing HIPAA authorization in healthcare directive

NOTES & QUESTIONS

Use this space for questions to ask attorney or additional planning notes:

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REMEMBER:

✓ Estate planning protects your family and ensures your wishes are honored ✓ Even basic documents provide far more protection than no planning ✓ Review and update your plan every 3-5 years or after major life changes ✓ Inform designated people of their roles and document locations ✓ Professional legal guidance is worth the investment for most situations

Download more free legacy planning resources at MemorialMerits.com

Read the complete article: "Estate Planning Essentials: What Every Family Needs to Know"

Need support? Talk to Solace 24/7 at MemorialMerits.com/solace

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