



Hallman & Associates, P.C.

Leaders in Estate & Tax Planning

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ESTATE PLANNING DOCUMENT CHECKLIST

TRUST

- Do you have a TRUST?
 - YES Trust:
 - Trust Name: _____
 - Trust Type: _____ Revocable or Irrevocable
 - Trust Date: _____
 - Initial Trustee(s): _____
 - Successor Trustee(s) – should be at least two people
 - First: _____
 - Second: _____
 - Who drafted your Trust? _____
 - Drafter should always be an attorney.
 - Last time Trust was reviewed/updated? _____
 - Significant law changes 2004, 2006, and 2012.

Client needs to MEET WITH ESTATE PLANNING ATTORNEY IF:

- Trust dated before 2006 (will not have Conduit language for IRA rollover pre '06)
- Trust not reviewed within 2 years
- Trust not drafted by an Estate Planning Attorney
- Power of Attorney done before 2012
- Trust appears “short” (i.e.: less than 30 pages)

- NO Trust:
 - Are you interested in avoiding Probate? *Yes or No
 - Is your estate over \$5.5 million (if married, \$11 million)? *Yes or No
 - Do you have minor children? *Yes or No
 - Are you providing for any disabled children? *Yes or No
 - Are you providing for any disabled family members? *Yes or No
 - Concerned about providing for your own care, if disabled? *Yes or No

*If Yes to ANY of the above, client needs to MEET WITH AN ESTATE PLANNING ATTORNEY.

WILL

- Do you have a Will?
 - YES:

- Execution Date: _____
- Is the Will part of your Trust _____ Yes or No
 - i.e.: Pour-Over-Will transfers everything to a Trust.
- Are there any codicils to your Will? Yes or No
- Are you aware that a Will must go through Probate? Yes or No
- Are you interested in avoiding Probate? *Yes or No
- NO:
 - Do you have minor children? *Yes or No
 - Do you want to control where your assets go when you die? *Yes or No

*If yes, client needs to MEET WITH AN ESTATE PLANNING ATTORNEY.

POWER OF ATTORNEY

- Do you have a Power of Attorney? Yes or *No
 - YES:
 - Date Executed: _____
 - After 2004? _____ Yes or *No
 - If signed before 2004 – Will NOT have HIPAA Language - MUST BE REDONE.
 - Agents – should be at least two people (not including spouse)
 - First: _____
 - Second: _____
 - Third: _____
 - Is it Durable (withstands incapacity): Yes or *No
 - Is there language to allow Attorney-in-Fact to use third party manager (i.e.: keep managed account under Power of Attorney)? Yes or *No

*If no, client needs to MEET WITH AN ESTATE PLANNING ATTORNEY.

HEALTHCARE POWER OF ATTORNEY

- Do you have a Healthcare Power of Attorney? Yes or *No
 - Date Executed: _____
 - After 2004? _____ Yes or *No
 - If signed before 2004 - does not have HIPAA Language - MUST BE REDONE.
 - Agents – should be at least two people (not including spouse)
 - First: _____
 - Second: _____
 - Third: _____

*If no, client needs to MEET WITH AN ESTATE PLANNING ATTORNEY.

LIVING WILL – Client should keep a copy on file with client’s healthcare providers.

- Do you have a Living Will (Advance Directive for Healthcare)? Yes or *No
 - Date Executed: _____
 - Agents – should be at least two people (not including spouse)
 - First: _____
 - Second: _____
 - Third: _____

*If no, we can provide one at NO CHARGE.