

Advance Health Care Directive/HIPAA Authorization:

- _____ Copy to Primary Care Provider
- _____ Emergency contact names and phone numbers in mobile phone
- _____ Discuss with primary care provider
- _____ Discuss with agents

Trust Funding – Change Title:

- _____ Real property (houses, land, time shares, etc.)
- _____ Confirm homeowners insurance includes trust as additional insured
- _____ Financial institution accounts (banks, brokerages, etc.)
- _____ Non-brokerage stocks, bonds, and mutual funds
- _____ Notes and deeds of trust that you own
- _____ Vehicles (cars, boats, planes, etc.)
- _____ Intellectual property (copyrights, patents, trademarks, etc.)
- _____ Business interests (partnerships, LLC memberships, etc.)
- _____ List all of the above on Schedule A (original and copy) – Update annually
- _____ Copies of deeds, statements, etc. in binder

Beneficiary Designation Updates:

- _____ Life insurance policies
- _____ Accidental death and dismemberment insurance policies
- _____ Retirement investments (IRA, 401(k), 403(b), 457 accounts, etc.)
- _____ Stock options
- _____ Retirement death benefits
- _____ Copies of declarations pages, statements, etc. and beneficiary designations with estate plan

Successor Owner/Custodian/Participant for Accounts for Others:

- _____ College savings accounts
- _____ 529 accounts
- _____ UTMA/Custodial accounts
- _____ Copies of statements in binder

Instructions and Directions

- _____ Digital Assets Worksheet
- _____ Personal Property Memorandum or other writing regarding specific gifts