



ESTATE PLANNING CHECK-UP

ABOUT YOU

You changed your residence or plan to change your residence in the near future	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There is a major change in your employment status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are thinking about making lifetime gifts to your children or charity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There is a change or anticipated change in your marital status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You made or are considering making a loan to anyone [maybe say "no"?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You co-signed or are considering co-signing on a loan for anyone [maybe say "no" again?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are thinking about moving to a senior living community or an assisted living facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are now caring for a grandchild or other minor child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are now caring for your parent(s) or another senior adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are caring for a parent or other adult who doesn't have an estate plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ABOUT YOUR BENEFICIARIES

You want to make changes to your list of beneficiaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You wish to disinherit one of your original beneficiaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There was a name change of any beneficiary named in your estate plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There was a divorce or separation of anyone named in your estate plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There was a death of anyone named in your estate plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There was the birth of a child, grandchild or other person important to your estate plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There was an adoption of a child, grandchild or other person important to your estate plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You wish to create an educational trust for your grandchildren	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You have a child or grandchild that has recently reached the age of 18	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You know or suspect a child or grandchild of struggling with alcohol or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are concerned about an over-controlling son-in-law or daughter-in-law	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A child or grandchild has IRS problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A child or grandchild is having problems with creditors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If married, each item should be reviewed and checked by both spouses

A child or grandchild has filed for bankruptcy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You worry that a child could squander his or her inheritance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You want to make special provisions for a grandchild	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You have a "special needs" family member (someone with a mental or physical disability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You want to make special arrangements for a pet	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ABOUT THE PEOPLE YOU PUT IN CHARGE OF YOUR ESTATE PLAN

You want to change your Trustee, Personal Representative (PR) or Power of Attorney (POA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your Trustee, PR or POA has become disabled or has died	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ABOUT YOUR ASSETS

You have experienced a significant change in assets or asset values	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You acquired new real estate in Michigan or in a different state	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You just received or are about to receive a significant inheritance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You have started or acquired a business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You want to make sure certain personal possessions like jewelry, collections, tools, antiques, etc. go to specific people	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You think some of your assets are not in your trust the way they should be	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are worried about estate taxes (exemption is about \$13 million per person)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ABOUT YOUR HEALTH

You have recently been denied for long term care insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are considering long-term care insurance and would like to know your options	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There's been a serious illness or other deterioration in your physical or mental health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are worried about how you would pay for long-term care if you need it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If married, each item should be reviewed and checked by both spouses

ABOUT LONG-TERM CARE

- | | | |
|---|------------------------------|-----------------------------|
| You or your spouse is facing imminent nursing home care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| You have other family members or friends facing imminent nursing home care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| You are worried about losing your home or life savings to Medicaid/nursing homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| You are afraid of losing your cottage, cabin or vacation home to Medicaid/nursing homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ABOUT YOUR FINANCES

- | | | |
|---|------------------------------|-----------------------------|
| You have annuities or other financial products you just "don't understand" | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| You want a second opinion on your investments and financial portfolio | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| You want information on good options for covering the costs of long-term care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| You are concerned with low interest rates and want a safe alternative | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| You want information on how to meet your income goals during retirement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OTHER

You have other issues you think are important and are not listed above.

List Issue(s): _____

Name: _____ Address: _____

Phone: _____

Email: _____



MATECUN, THOMAS & OLSON, PLC

Glenn R. Matecun, Certified Elder Law Attorney
915 N. Michigan Ave. • Suite 6 • Howell, MI 48843
P: 517-548-7400 • www.MichiganEstatePlans.com