Litherland, Kennedy & Associates, APC
Attorneys at Law
Estate Plan Review Questionnaire

Thank you for requesting an Estate Plan Review Questionnaire. Once we receive the completed questionnaire back, we will then contact you to discuss the changes you indicated, as well as any that we may recommend based upon updates in the law and determine whether an appointment will be required.

PARTNER A, please print your full name:				Citizenship:	
Phone #:		Please circle Home, Work, Cell	Email:		
PARTNER B, please print your full name:				Citizenship:	
Phone #:		Please circle Home, Work, Cell	Email:		
Mailing Address:					
What is the net value of all of your assets?					

	Yes	No
Do you wish to change your Trustees, Executors or Financial Agents?		
Do you wish to change your Health Care Agents?		
Do you wish to change your Beneficiaries or their share? (who inherits from you/how much)?		
Are all of your real property, bank accounts, brokerage accounts, etc. in your Trust?		
Has anything major changed since the creation of your trust? (Citizenship change, death, marriage, beneficiary developed substance abuse or financial problems, other?)		

In this space, please list any questions you would like answered or any changes you wish to make: