



For information about legacy giving at JFS, please contact Randi Abrams-Caras, Major Gifts Director, at rabrams-caras@jfsseattle.org or (206) 726-3619.

Everyone Leaves a Legacy

Checklist

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CONTACT INFORMATION

YOUR NAME	ADDRESS		
EMAIL ADDRESS	HOME PHONE	CELL PHONE	WORK PHONE

1. Family and Friends

NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP

2. Professional Advisors

Attorney	NAME	ADDRESS	PHONE
Accountant	NAME	ADDRESS	PHONE
Financial Advisor	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE



CONTACT INFORMATION (Cont.)

3. Health Care Professionals

Primary Physician	NAME	ADDRESS	PHONE
Specialist	NAME	ADDRESS	PHONE
Specialist	NAME	ADDRESS	PHONE
Specialist	NAME	ADDRESS	PHONE
Dentist	NAME	ADDRESS	PHONE
Vision	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE

4. Clergy

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

5. Insurance Carriers

Homeowner's Insurance	NAME	ADDRESS	PHONE
Automobile Insurance	NAME	ADDRESS	PHONE
Health Insurance	NAME	ADDRESS	PHONE
a. Medicare	NAME	ADDRESS	PHONE
b. Supplemental	NAME	ADDRESS	PHONE
c. Medical	NAME	ADDRESS	PHONE
d. Dental	NAME	ADDRESS	PHONE
e. Vision	NAME	ADDRESS	PHONE
Long Term Health Care Insurance	NAME	ADDRESS	PHONE
Disability Insurance	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE

CONTACT INFORMATION (Cont.)

6. Financial Accounts

Note that for security, you may prefer not to list this information but instead keep it in a safe place.

7. Digital Assets

- a. Ensure that a trusted family member or friend can access passwords and other digital assets.
- b. Under the Will (see Item 2.h below) and under the Durable Power of Attorney (see Item 5 below) the named fiduciaries should be given the authority to access digital assets such as passwords.

8. Safe Deposit Box

Location	
Authorized Signers	
Location of Key to Box	

9. Organ Donation

- a. Should be on driver's license or comparable identification card for non-drivers.
- b. Inform family.

ESTATE PLANNING DOCUMENTS

Status:

This is applicable for each of the Estate Planning Documents listed in items 2 to 10 below.

- ☐ Done (reviewed and/or updated in the last year)
- ☐ Drafted (actively in progress)
- ☐ Questionnaire complete
- ☐ Must update
- ☐ On my 'to-do' list

The original is located at:

[safe deposit box or attorney's office, in the case of the Will, original Durable Power of Attorney and original Durable Power of Attorney for Health Care Decisions]

The copy is located at:

[home with my personal papers, in the case of all other originals, duplicate originals and/or copies other than noted above]

Electronic copies have been sent to:

[children, siblings, other]



ESTATE PLANNING DOCUMENTS (Cont.)

1. Will (or Revocable Living Trust)

Provisions		
Estate Tax Planning Provisions	Includes current federal and Washington state estate tax planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Specific Bequests	Bequests of Tangible Personal Property	<input type="checkbox"/> In Will Or <input type="checkbox"/> Prepare a written list, signed and dated, and referring to Will (see Item 2 below)
Charitable Bequests	Precise name of charity, including Successors	1. _____ 2. _____ 3. _____ 4. _____
	Any restriction for use of funds (e.g. special purposes, endowed funds only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provisions for Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

ESTATE PLANNING DOCUMENTS (Cont.)

Provisions for Children, Grandchildren and Other Family Members or Friends	<p>Precise legal names and dates of birth:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>Trust for Children or Beneficiaries under a specific age:</p> <p>1. <input type="checkbox"/> Provisions for health, education, support and welfare.</p> <p>2. <input type="checkbox"/> Ages of distribution (e.g., 25, 30, 35, 40 or a percentage at each age? Trust for life?) _____</p> <p>3. <input type="checkbox"/> Any restrictions for use of inheritance?</p> <p>4. <input type="checkbox"/> Trustee's right to withhold a distribution in event of substance abuse, bankruptcy, dissolution of marriage?</p> <p>5. <input type="checkbox"/> Name and City of Trustee(s) and Successor Trustee(s): _____</p> <p>6. <input type="checkbox"/> Letter to Trustee expressing views on how funds should be spent for the benefit of a child?</p>	
Contingent Beneficiaries if named Beneficiaries are not Living	<p><input type="checkbox"/> Bequests to Other Family Members (parents, siblings, nieces/nephews?)</p> <p><input type="checkbox"/> Charitable Beneficiaries?</p>	
Provisions for Care of Pets	Person to care for pets (Note that you can give the personal representative the authority to name the caregiver for the pets)	<p>a. Primary Caregiver: _____</p> <p>b. Alternate Caregiver: _____</p>
	<input type="checkbox"/> Letter with wishes and instructions to caregiver of pets.	
	<input type="checkbox"/> Bequest to person caring for pets to pay for expenses such as veterinary bills, food, boarding. The personal representative can determine the amount.	
Personal Representative (the Person who settles the Estate)	<p>Name and City of Personal Representative: _____</p> <p>Name and City of First Successor Personal Representative: _____</p> <p>Name and City of Second Successor Personal Representative: _____</p> <p><input type="checkbox"/> Bequest to person caring for pets to pay for expenses such as veterinary bills, food, boarding. The personal representative can determine the amount.</p>	

ESTATE PLANNING DOCUMENTS (Cont.)

Guardian for Minor Children (under age 18)	<p>Name and City of Primary Guardian(s): _____</p> <p>Name and City of Alternate Guardian(s): _____</p> <p><input type="checkbox"/> Have you asked named individuals to serve as Guardian or Successor Guardian(s)?</p> <p><input type="checkbox"/> Letter to Guardians expressing wishes and values related to how the children should be raised. For example, include religious preferences, education preferences, etc.</p> <p><input type="checkbox"/> Include funds to ensure that Guardian can accompany children when they travel to visit family.</p> <p><input type="checkbox"/> Include funds to permit the Guardian to improve his/her residence to better house the children.</p>
Trustee of Trust(s)	<p>Name and City of Primary Trustee: _____</p> <p>Name and City of First Successor Trustee: _____</p> <p>Name and City of Second Successor Trustee: _____</p> <p><input type="checkbox"/> Have you asked named individuals to serve as Trustee(s) or Successor Trustee(s)?</p>
Alternate Fiduciaries	<p><input type="checkbox"/> If there is a vacancy in the position of Guardian, Personal Representative or Trustee, is there a method to appoint a Successor?</p>

2. Disposition of Tangible Personal Property List

Estate Tax Planning Provisions	<p>a. <input type="checkbox"/> Any specific items to be distributed to someone other than spouse or children?</p> <p>b. <input type="checkbox"/> Complete "Disposition of Tangible Personal Property List" referencing the date of Will, specific item, and named recipient of specific item.</p>
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3. Digital Assets

- a. Ensure that the Primary and Contingent Beneficiary for life insurance and for IRAs, 401(k) Plans, 403(b) Plans and other retirement benefits are consistent with the Beneficiaries under Will.
- b. The Beneficiaries of life insurance and retirement plans are typically controlled by the beneficiary designations on file with the policies and plans, rather than by the Beneficiaries named in the Will.

4. Durable Power Of Attorney (“DPA”)

a. Typical Powers included in the DPA:

- i. The authority to make all financial decisions for the Principal.
- ii. The authority to access all assets owned by the Principal, including digital assets such as passwords.
- iii. The authority to purchase, sell, borrow and trade assets on behalf of the Principal.
- iv. The authority to pay bills on behalf of the Principal.
- v. The authority to make gifts on behalf of the Principal.

b. The person authorized to act on behalf of the Principal is the “Attorney in Fact”.

Name and City of Attorney in Fact	Name and City of Primary Trustee: <hr/> <hr/> Successor: <hr/> <hr/>
Effectiveness	<input type="checkbox"/> Immediately Or <input type="checkbox"/> Upon Incapacity/Incompetency
Gifting	<input type="checkbox"/> Annual Exclusion <input type="checkbox"/> Unlimited <input type="checkbox"/> Health Care and Education (tuition only), provided that funds are given directly to health care provider or educational institution

5. Durable Power of Attorney for Health Care Decisions (“DPA for HCD”)

The DPA for HCD grants the Attorney in Fact the authority to make health care decisions for the benefit of the Principal.

Name and City of Attorney in Fact	Name and City of Primary Trustee: <hr/> <hr/> Successor: <hr/> <hr/>
Effectiveness	<input type="checkbox"/> Immediately Or <input type="checkbox"/> Upon Incapacity/Incompetency

ESTATE PLANNING DOCUMENTS (Cont.)

Gifting	<input type="checkbox"/> Annual Exclusion <input type="checkbox"/> Unlimited <input type="checkbox"/> Health Care and Education (tuition only), provided that funds are given directly to health care provider or educational institution
<input type="checkbox"/> Discussed end-of-life decisions with Attorney in Fact.	
<input type="checkbox"/> I have considered where and how I would like to be cared for if I were seriously or terminally hurt, ill or injured and discussed this with Attorney in Fact.	

6. HIPAA Authorization

Identifies individuals who can speak with health care providers on your behalf, attend conferences with health care providers and counsel the Attorney in Fact for Health Care Decisions. The Attorney in Fact for Health Care Decisions is the individual who actually makes the health care decisions.

7. Health Care Directive (otherwise known as “Living Will”)

- a. Contains end-of-life wishes, directives and instructions.
- b. ☐ I have defined what “quality of life” means to me and it is included in or with my Health Care Directive.
- c. ☐ I have informed Family and/or Friends of end-of-life decisions.

8. Physician Orders for Life-Sustaining Treatment (POLST)

- a. Must be completed with Physician.
- b. Post on either the back of your front door, or on the refrigerator.

9. Arrangements Upon Death Statement

- a. Detail wishes about funeral and/or memorial service and whether burial or cremation is preferred.

Items to consider include:

- i. ☐ Donation of body
- ii. ☐ Cremation
- iii. ☐ Burial
- iv. ☐ Composting (new to Washington state residents)
- v. ☐ Funeral, memorial service, celebration of life
- vi. ☐ Draft of obituary to be published in newspaper
- vii. ☐ List of highlights to assist family, friends and clergy in preparing eulogy
- viii. ☐ Prepaid expenses, with precise information or copy of receipts
- ix. ☐ In lieu of flowers, donations to named charities

DETAILS

Create a list of your important details and add/edit/delete as you need based on your life. It is a good idea to update this list frequently.

- ☐ I have listed my personal details in case of emergency or someone else needs to retrieve it.
- ☐ I have detailed any products or services I am using that are holding, saving or storing any documents or details for me:
 - ☐ Online services (i.e. Lastpass, Docusafe, Dropbox, etc.)

1. _____
2. _____
3. _____