



ESTATE PLANNING
LAW GROUP OF GEORGIA™

JAMES M. MISKELL, P.C.

ESTATE PLAN MAINTENANCE PROGRAM ANNUAL CHECKUP

Client Name(s) _____ Date _____

1. Have there been any births in your family or to nonfamily beneficiaries? If so, please list

2. Have there been any deaths in your family, nonfamily beneficiaries, or anyone you named as Executor, Trustee, Financial or Health Care Agent? If so, please list:

3. Has there been a significant change in your assets or income? If so, please explain:

4. Has there been a significant change in your health, or in the health of any of your family, nonfamily beneficiaries, or anyone you named as Executor, Trustee, Financial or Health Care Agent? If so, please explain:

5. Has there been a divorce in your family or to a nonfamily beneficiary? If so, please list:

6. Has there been a change in your employment or in any of your business interests? If so, please explain:

7. Do you want to make any changes in your current plan, as described in the annual plan summary? If so, please list:

8. Has your relationship with any beneficiary, or anyone you named as Executor, Trustee, Financial or Health Care Agent changed to the extent that we should review including that person? If so, please explain:

9. Are there any other changes we should be aware of?

10. If you have any questions or concerns about your estate plan, please provide them: