



# SHARON PERRY & ASSOCIATES | CPA

## LIFE & ESTATE PLANNING CHECKLIST

### ➤ Electronic Copies

- Will                                       Buy-Sell Agreement                                       Partnership Agreement  
 Life Insurance Policy                                       Investment Statement(s)                                       Other \_\_\_\_\_

### ➤ Professional Contacts

LEGAL	Personal	Name
		Firm Name
		Email <span style="float: right;">Phone</span>
	Business (if different)	Name
		Firm Name
		Email <span style="float: right;">Phone</span>
FINANCE	Personal Banker	Name
		Bank/Credit Union
		Email <span style="float: right;">Phone</span>
	Business Banker	Name
		Bank/Credit Union
		Email <span style="float: right;">Phone</span>
	Mortgage Broker	Name
		Company Name
		Email <span style="float: right;">Phone</span>
INVESTMENTS	Personal Financial Planner	Name
		Company Name
		Email <span style="float: right;">Phone</span>
	Business Financial Planner	Name
		Company Name
		Email <span style="float: right;">Phone</span>

**SHARON PERRY INCORPORATED, CHARTERED PROFESSIONAL ACCOUNTANT**

PO BOX 64553 RPO COMO LAKE COQUITLAM BC V3J 7V7  
604.492.0111 INFO@SHARONPERRY.CA SHARONPERRY.CA

➤ **Real Property**

Address		
Market Value	Cost	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Address		
Market Value	Cost	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Address		
Market Value	Cost	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial

➤ **All Debts**

Type	Current Balance	Payment Amount	Payment Frequency
Line of Credit <input type="checkbox"/> Business <input type="checkbox"/> Personal			
Line of Credit <input type="checkbox"/> Business <input type="checkbox"/> Personal			
Mortgage <input type="checkbox"/> Business <input type="checkbox"/> Personal			
Mortgage <input type="checkbox"/> Business <input type="checkbox"/> Personal			
Credit Card <input type="checkbox"/> Business <input type="checkbox"/> Personal			
Credit Card <input type="checkbox"/> Business <input type="checkbox"/> Personal			



# PLANNING CONSIDERATIONS

1. Plans for future with business. (i.e. do you want to sell? if so, when? do you want to grow? if so, in what way?)
2. Personal plans for the future. (i.e. more time off? more vacations? more family time?)
3. Will your business survive without you?
4. How many hours do you work each week? How much of your time do you spend "on" your business vs "in" your business?

5. Goals

1 Year

3-5 Years

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Revenue

Profit

Number of employees

Cash flow per month

Debt level

6. What are your three biggest challenges in business?
7. Which one is most important?
8. What currently stops you from achieving your goals?
9. How much would you like to take home to spend on your life, after tax?
10. Intention of assets after death for your family.



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