

A photograph of a family of three walking away from the camera on a sandy beach. The mother is on the left, wearing a white t-shirt and light-colored pants. The father is on the right, wearing a white polo shirt and shorts. A small child in a white dress is walking between them, holding both parents' hands. The ocean is in the background under a cloudy sky.

*Planning  
for the  
Future*

*A Guide to  
Wills and Trusts*

# A Guide to Planning Your Will and Trust

On average, a person works more than forty years to accumulate assets and spends ten years conserving what has been earned, but does not spend even two hours to plan for distribution of those assets. The chaos that often occurs following the death of a loved one can be burdensome. This burden can be eased, however, through proper planning. A key element of proper planning is the implementation of an estate plan. The basic document in any such plan is a will and many plans also include a trust. *A Guide to Planning Your Will and Trust* is designed to encourage you to think about how you want your assets to be distributed at death and assist you in gathering the information your attorney will need to prepare a will and trust that accomplishes your goals.

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## Family Information

Full Name \_\_\_\_\_

Other names by which you are known \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Citizenship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated

Information on previous marriages \_\_\_\_\_

Full Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Citizenship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated

Information on previous marriages: \_\_\_\_\_

### Children and/or Other Dependents

**Child/Dependent #1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Child/Dependent #2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Child/Dependent #3**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Child/Dependent #4**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Child/Dependent #5**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Child/Dependent #6**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Does any child/dependent listed have special needs?      Yes    No**

## Personal Information

**Do you have a will?**      Yes    No

If yes, what is the date of that will? \_\_\_\_\_

Where is your will located/stored? \_\_\_\_\_

If available, provide your attorney with a copy of your will.

**Do you have a trust?**      Yes    No

If yes, what is the date of that trust? \_\_\_\_\_

Where is your trust agreement located/stored? \_\_\_\_\_

If available, provide your attorney with a copy of your trust.

**Do you have a safe deposit box?**      Yes    No

If yes, where is the safe deposit box located? \_\_\_\_\_

**Have you given durable power of attorney to anyone?**      Yes    No

If yes, who is named as your power of attorney? \_\_\_\_\_

Where is your power of attorney located/stored? \_\_\_\_\_

If available, provide your attorney with a copy of your power of attorney.

**Do you have a durable power of attorney for health care or advanced health care directive?**    Yes    No

If yes, who is named as your agent for health care decisions?

\_\_\_\_\_

Where is your health care document located/stored? \_\_\_\_\_

If available, provide your attorney with a copy of your health care document.

# Financial Information: Assets

## Real Estate

**PARCEL #1** Description \_\_\_\_\_

Location \_\_\_\_\_

Nature of Title/Such as Joint-Ownership or Tenants-In Common \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Cost \_\_\_\_\_

Present Value \_\_\_\_\_

**PARCEL #2** Description \_\_\_\_\_

Location \_\_\_\_\_

Nature of Title/Such as Joint-Ownership or Tenants-In Common \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Cost \_\_\_\_\_

Present Value \_\_\_\_\_

**PARCEL #3** Description \_\_\_\_\_

Location \_\_\_\_\_

Nature of Title/Such as Joint-Ownership or Tenants-In Common \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Cost \_\_\_\_\_

Present Value \_\_\_\_\_

**PARCEL #4** Description \_\_\_\_\_

Location \_\_\_\_\_

Nature of Title/Such as Joint-Ownership or Tenants-In Common \_\_\_\_\_

Date of Purchase \_\_\_\_\_

Cost \_\_\_\_\_

Present Value \_\_\_\_\_

**Total Real Estate Value \$** \_\_\_\_\_

Stocks, Bonds, Mutual Funds

\_\_\_\_\_  
Company/Symbol/Account #

\_\_\_\_\_  
Number of Shares      Date of Purchase

\_\_\_\_\_  
Cost      Present Value

\_\_\_\_\_  
Company/Symbol/Account #

\_\_\_\_\_  
Number of Shares      Date of Purchase

\_\_\_\_\_  
Cost      Present Value

\_\_\_\_\_  
Company/Symbol/Account #

\_\_\_\_\_  
Number of Shares      Date of Purchase

\_\_\_\_\_  
Cost      Present Value

\_\_\_\_\_  
Company/Symbol/Account #

\_\_\_\_\_  
Number of Shares      Date of Purchase

\_\_\_\_\_  
Cost      Present Value

\_\_\_\_\_  
Company/Symbol/Account #

\_\_\_\_\_  
Number of Shares      Date of Purchase

\_\_\_\_\_  
Cost      Present Value

**Total Value of Stocks, Bonds, Mutual Funds \$** \_\_\_\_\_

**Business Ownership** (*Proprietorship, Partnership, Corporation*)

Name of Business	Share of Ownership	Date of Creation	Purchase Value	Present
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Value of Business Ownership Interests \$** \_\_\_\_\_

**Other Investments**

Description/Cost

Present Value

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total Value of Other Investments \$** \_\_\_\_\_



Personal Property (Jewelry, Art, Furniture, Vehicles, etc.)

ITEM #1 Description \_\_\_\_\_ Location \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Cost \_\_\_\_\_ Present Value \_\_\_\_\_

ITEM #2 Description \_\_\_\_\_ Location \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Cost \_\_\_\_\_ Present Value \_\_\_\_\_

ITEM #3 Description \_\_\_\_\_ Location \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Cost \_\_\_\_\_ Present Value \_\_\_\_\_

ITEM #4 Description \_\_\_\_\_ Location \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Cost \_\_\_\_\_ Present Value \_\_\_\_\_

Total Personal Property Value \$ \_\_\_\_\_

Other Assets/Notes Receivable

Description/Cost \_\_\_\_\_ Present Value \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Value of Other Assets/Notes Receivable \$ \_\_\_\_\_

**Bank or Savings Accounts**

Type (Checking or Savings)	Name of Institution	Approximate Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Bank or Savings Accounts \$</b>		_____

**Insurance Policies**

**POLICY #1**

Company	Type of Policy	Premium Payments (Amount & Frequency)	
_____	_____	_____	
Owner	Beneficiary	Face Value	Cash Value
_____	_____	_____	_____

**POLICY #2**

Company	Type of Policy	Premium Payments (Amount & Frequency)	
_____	_____	_____	
Owner	Beneficiary	Face Value	Cash Value
_____	_____	_____	_____

**POLICY #3**

Company	Type of Policy	Premium Payments (Amount & Frequency)	
_____	_____	_____	
Owner	Beneficiary	Face Value	Cash Value
_____	_____	_____	_____

**Total Face Value of Insurance Policies \$ \_\_\_\_\_ Annual Income**

Annual Income

Salary \_\_\_\_\_

Spouse's Salary \_\_\_\_\_

Investment Income \_\_\_\_\_

Other Income (list type and amount) \_\_\_\_\_

**Total Annual Income \$** \_\_\_\_\_

Retirement Accounts

List Retirement Accounts, Pension Plans and Profit Sharing Benefits by type and amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inheritance

Do you expect to receive an inheritance?      Yes      No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Financial Information: Liabilities

### Mortgages, Trust Deeds, Loans, etc.

Description	Terms	Present Balance
<b>Total Mortgages, Trust Deeds, Loans, etc.</b>		<b>\$</b> _____

### Other Debts

Description	Terms	Present Value
<b>Total Other Debts</b>		<b>\$</b> _____

# Will Information



## Beneficiaries

List the people, group and/or charitable organizations that you want to benefit when you die.

**Beneficiary #1**          Name                                  Address

Description of Gift (specific asset or amount)

**Beneficiary #2**          Name                                  Address

Description of Gift (specific asset or amount)

**Beneficiary #3**          Name                                  Address

Description of Gift (specific asset or amount)

**Beneficiary #4**          Name                                  Address

Description of Gift (specific asset or amount)

**Beneficiary #5**          Name                                  Address

Description of Gift (specific asset or amount)

**Beneficiary #6**          Name                                  Address

Description of Gift (specific asset or amount)

Special instructions to be noted regarding the disposition of unique items:

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**Executor**

Name someone that you want to be in charge of carrying out the provisions of your will. This should be someone responsible and trustworthy. Be sure to select an alternate in case your primary choice is unable to serve.

**Executor**

**Alternate**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

**Guardian**

If both you and your spouse die while you have minor children, who would you want to appoint as guardian of those children? You may select separate people to be in charge of the children’s physical and financial well-being. Be sure to select an alternate in case your primary choice is unable to serve.

**Guardian**

**Alternate**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

## Trust Information

### Trustee

Name someone that you want to be in charge of carrying out the provisions of your trust. This should be someone responsible and trustworthy. Be sure to select an alternate in case your primary choice is unable to serve. You may name the same (or different) people as Executor and Trustee.

#### Trustee

#### Alternate

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Briefly describe what you would like a trust to accomplish for you.**

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**Trust Beneficiary Information**

List the People, Group and/or Charitable Organizations that You Want to Benefit From Your Trust When you Die (If Different from the Beneficiaries Listed)

**Beneficiary #1 Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_  
Description of Gift (specific asset or amount)

**Beneficiary #2 Name** \_\_\_\_\_ **Address** \_\_\_\_\_

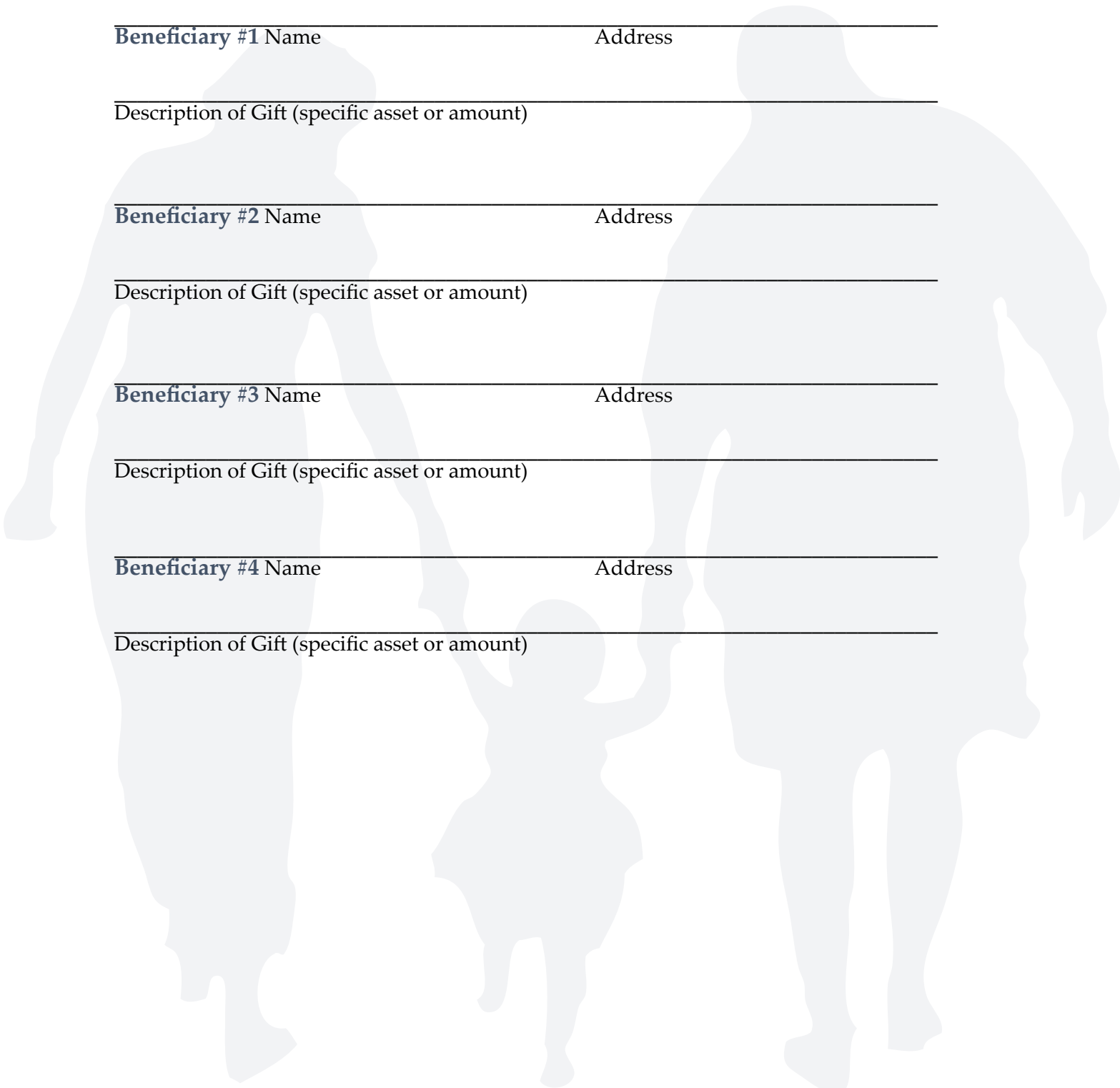
\_\_\_\_\_  
Description of Gift (specific asset or amount)

**Beneficiary #3 Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_  
Description of Gift (specific asset or amount)

**Beneficiary #4 Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_  
Description of Gift (specific asset or amount)



Terms of Trust

General Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Income distribution as follows:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

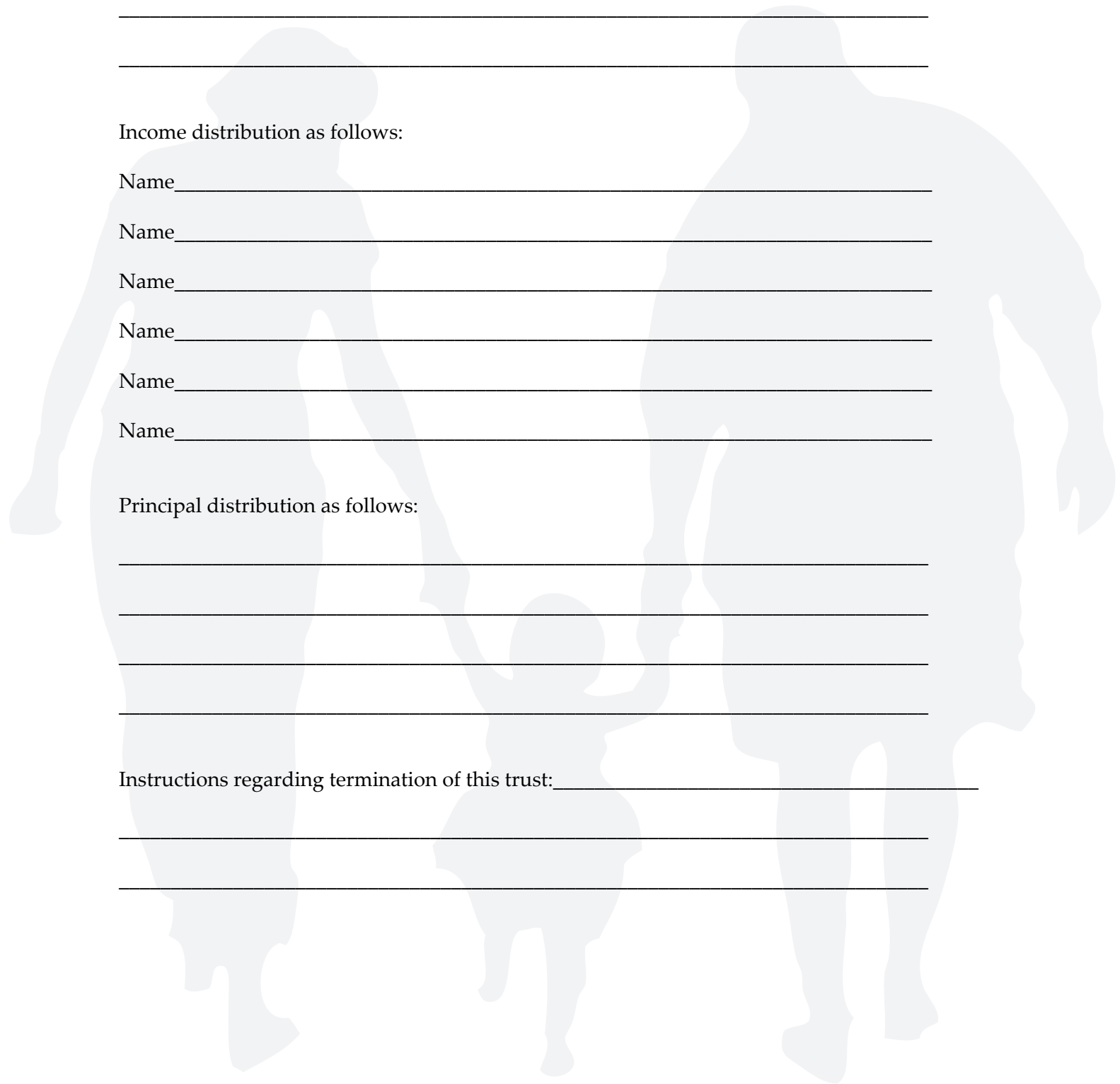
Name \_\_\_\_\_

Principal distribution as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions regarding termination of this trust: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Trust Principal

Which of the assets you listed do you want to include in your trust? If you aren't sure, this is an issue to discuss with your attorney.

**Insurance Policies (Description and Amount)**

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**Real Property (Description)**

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**Stocks (Description)**

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**Other Property (Description)**

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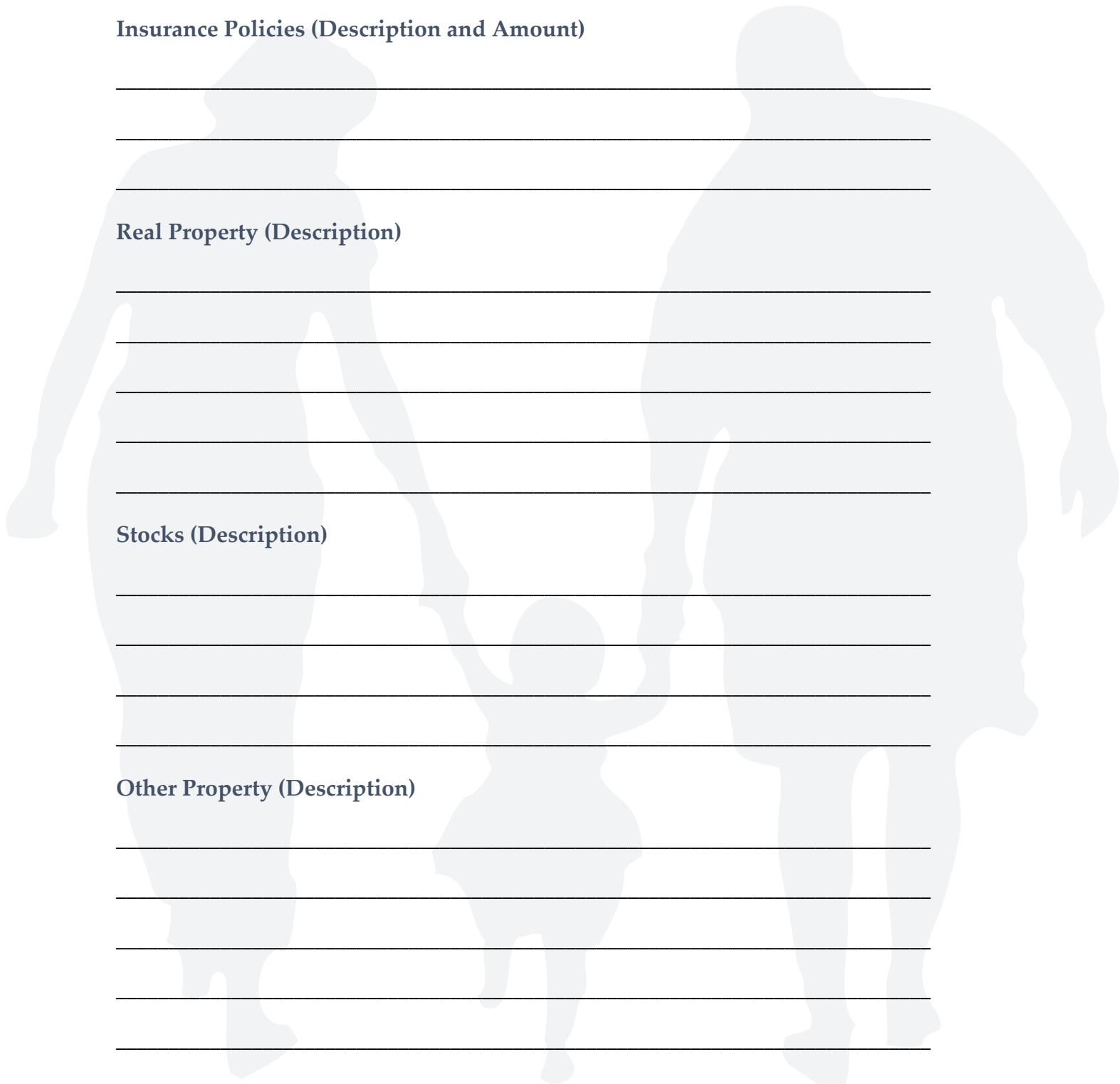
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*Questions for Your Advisors*

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