A GUIDE TO PLANNING YOUR WILL AND TRUST

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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 accomplish 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

<table>
<thead>
<tr>
<th>Child/Dependent #1</th>
<th>Child/Dependent #2</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td><strong>Relationship</strong></td>
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<tr>
<td><strong>Date of Birth</strong></td>
<td><strong>Date of Birth</strong></td>
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<td><strong>Street Address</strong></td>
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<td><strong>Zip</strong></td>
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<thead>
<tr>
<th>Child/Dependent #3</th>
<th>Child/Dependent #4</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Name</strong></td>
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<tr>
<td><strong>Relationship</strong></td>
<td><strong>Relationship</strong></td>
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<td><strong>Zip</strong></td>
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<table>
<thead>
<tr>
<th>Child/Dependent #5</th>
<th>Child/Dependent #6</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Name</strong></td>
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<tr>
<td><strong>Relationship</strong></td>
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<td><strong>Zip</strong></td>
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</tbody>
</table>
Does any child or dependent listed on Page 3 have special needs? Yes or no.

If yes, indicate which child or dependent has special needs and describe those special needs.

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Are any children deceased?

Do you have any grandchildren?
Personal Information

Do you have a will? Yes or 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 or 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 or No. If yes, where is the safe deposit box located? _______________________________________________________________

Have you given durable power of attorney to anyone? Yes or 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 or 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.
### Real Estate

<table>
<thead>
<tr>
<th>PARCEL #1 Description</th>
<th>Location</th>
<th>Nature of Title/Such as Joint-Ownership or Tenants-In Common</th>
<th>Date of Purchase</th>
<th>Cost</th>
<th>Present Value</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PARCEL #2 Description</th>
<th>Location</th>
<th>Nature of Title/Such as Joint-Ownership or Tenants-In Common</th>
<th>Date of Purchase</th>
<th>Cost</th>
<th>Present Value</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>PARCEL #3 Description</th>
<th>Location</th>
<th>Nature of Title/Such as Joint-Ownership or Tenants-In Common</th>
<th>Date of Purchase</th>
<th>Cost</th>
<th>Present Value</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PARCEL #4 Description</th>
<th>Location</th>
<th>Nature of Title/Such as Joint-Ownership or Tenants-In Common</th>
<th>Date of Purchase</th>
<th>Cost</th>
<th>Present Value</th>
</tr>
</thead>
</table>

**Total Real Estate Value $_____________________________**
### Stocks, Bonds, Mutual Funds

<table>
<thead>
<tr>
<th>Company/Symbol/Account #</th>
<th>Number of Shares</th>
<th>Date of Purchase</th>
<th>Cost</th>
<th>Present Value</th>
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</thead>
<tbody>
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</table>

**Total Value of Stocks, Bonds, Mutual Funds $_____________________________**
### Business Ownership (Proprietorship, Partnership, Corporation)

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Share of Ownership</th>
<th>Date of Purchase Creation</th>
<th>Present Value</th>
</tr>
</thead>
<tbody>
<tr>
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Total Value of Business Ownership Interests $_____________________________

### Other Investments

<table>
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<tr>
<th>Description/Cost</th>
<th>Present Value</th>
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</table>

Total Value of Other Investments $_____________________________
### Personal Property

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

<table>
<thead>
<tr>
<th>ITEM #1</th>
<th>Description</th>
<th>Location</th>
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<tr>
<th>Date of Purchase</th>
<th>Cost</th>
<th>Present Value</th>
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<thead>
<tr>
<th>ITEM #2</th>
<th>Description</th>
<th>Location</th>
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<th>ITEM #3</th>
<th>Description</th>
<th>Location</th>
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<th>ITEM #4</th>
<th>Description</th>
<th>Location</th>
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<th>Date of Purchase</th>
<th>Cost</th>
<th>Present Value</th>
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**Total Personal Property Value $________________________**

### Other Assets/Notes Receivable

<table>
<thead>
<tr>
<th>Description/Cost</th>
<th>Present Value</th>
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<tbody>
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</table>

**Total Value of Other Assets/Notes Receivable $________________________**
### Bank or Savings Accounts

<table>
<thead>
<tr>
<th>Type (Checking or Savings)</th>
<th>Name of Institution</th>
<th>Approximate Balance</th>
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<tbody>
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</table>

**Total Bank or Savings Accounts $**

### Insurance Policies

**POLICY #1**

<table>
<thead>
<tr>
<th>Company</th>
<th>Type of Policy</th>
<th>Premium Payments (Amount &amp; Frequency)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Owner</th>
<th>Beneficiary</th>
<th>Face Value</th>
<th>Cash Value</th>
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</table>

**POLICY #2**

<table>
<thead>
<tr>
<th>Company</th>
<th>Type of Policy</th>
<th>Premium Payments (Amount &amp; Frequency)</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Owner</th>
<th>Beneficiary</th>
<th>Face Value</th>
<th>Cash Value</th>
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**POLICY #3**

<table>
<thead>
<tr>
<th>Company</th>
<th>Type of Policy</th>
<th>Premium Payments (Amount &amp; Frequency)</th>
</tr>
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<table>
<thead>
<tr>
<th>Owner</th>
<th>Beneficiary</th>
<th>Face Value</th>
<th>Cash Value</th>
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</table>

**Total Face Value of Insurance Policies $**
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 or No. If yes, explain._______________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
## Financial Information: Liabilities

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Terms</th>
<th>Present Balance</th>
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<tbody>
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</table>

**Total Mortgages, Trust Deeds, Loans, etc. $________________________**

### Other Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Terms</th>
<th>Present Value</th>
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</table>

**Total Other Debts $________________________**
**Beneficiary Information**

List the People, Group and/or Charitable Organizations that You Want to Benefit When you Die

<table>
<thead>
<tr>
<th>Beneficiary #1 Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Gift (specific asset or amount)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Beneficiary #2 Name</th>
<th>Address</th>
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<tbody>
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<tr>
<td>Description of Gift (specific asset or amount)</td>
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<table>
<thead>
<tr>
<th>Beneficiary #3 Name</th>
<th>Address</th>
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<tr>
<td>Description of Gift (specific asset or amount)</td>
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<thead>
<tr>
<th>Beneficiary #4 Name</th>
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<tr>
<td>Description of Gift (specific asset or amount)</td>
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<tr>
<th>Beneficiary #5 Name</th>
<th>Address</th>
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<tr>
<td>Description of Gift (specific asset or amount)</td>
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<thead>
<tr>
<th>Beneficiary #6 Name</th>
<th>Address</th>
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<tbody>
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<td></td>
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<tr>
<td>Description of Gift (specific asset or amount)</td>
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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.

<table>
<thead>
<tr>
<th>Trustee</th>
<th>Alternate</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
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<tr>
<td>Street Address</td>
<td>Street Address</td>
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<td>City</td>
<td>State</td>
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Briefly describe what you would like a trust to accomplish for you.

______________________________________________________________________________
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______________________________________________________________________________
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 on Page 13)

<table>
<thead>
<tr>
<th>Beneficiary #1</th>
<th>Name</th>
<th>Address</th>
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Description of Gift (specific asset or amount)

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<tr>
<th>Beneficiary #2</th>
<th>Name</th>
<th>Address</th>
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Description of Gift (specific asset or amount)

<table>
<thead>
<tr>
<th>Beneficiary #3</th>
<th>Name</th>
<th>Address</th>
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</tr>
</tbody>
</table>

Description of Gift (specific asset or amount)

<table>
<thead>
<tr>
<th>Beneficiary #4</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Gift (specific asset or amount)
Terms of Trust

General Instructions:_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Income distribution as follows:
Name_____________________________________________________________________
Name_____________________________________________________________________
Name_____________________________________________________________________
Name_____________________________________________________________________
Name_____________________________________________________________________
Name_____________________________________________________________________
Name_____________________________________________________________________
Name_____________________________________________________________________

Principal distribution as follows:
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Instructions regarding termination of this trust:__________________________________
_____________________________________________________________
_____________________________________________________________
Which of your assets listed beginning on Page 6 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)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Real Property (Description)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Stocks (Description)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Property (Description)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________