::personal estate planning course recordook

So you can keep more of what's yours and give to those you love and support



:: getorganized

3 Reasons You Should Start Using This Record Book Now

You owe it to yourself and your family to complete your personal estate planning record. Keep in mind that as you progress with your estate planning, your attorney should counsel you on all aspects of your plans as well as draft all legal documents. Of course, we would also be happy to assist you with your charitable intentions at the outset or after you have completed your record.



If you're married or partnered, you and your spouse should prepare separate record books. While some sections contain shared information, most sections are distinctly personal. Plus it makes it easier for loved ones to manage your unique affairs over time. For additional copies of this record book, please contact us.

Your record provides important personal information about you and your family that will be helpful to your executor (personal representative) when it comes time to settle your estate. Your executor will be able to locate beneficiaries, your safedeposit box, abstracts, titles, stock or bond certificates, will, trust agreements and other important documents.

Your record serves as the basis

for creating your estate plan and providing for the future well-being of your family and the causes you care about most. It will show you what constitutes your estate and what your beneficiaries can inherit. It will prompt you to consider the disposition of your assets. Will your assets pass by joint ownership? Are they documented for distribution in some other way? Or must you address their distribution in your will? If you have not yet made a will, you will find it easier to do so with this information at hand.

Your record also serves as a basis from which to determine what your estate taxes would be under various plans of distribution. Knowing the assets and the values to be considered will help you and your advisors find ways to minimize estate taxes and identify liquid assets to cover estate settlement expenses.

How to Use This Record Book

Step 1: To complete the forms, simply click inside the blue boxes. Begin typing to fill them in with the appropriate information.*

Step 2: To save your work, go to the File menu and select "Save As." Rename the file using a unique file name or the date and save it to your desktop or another easy-to-access location. (By renaming the file, you will be able to use the original record book file again and again.)

Step 3: When you are finished, print the completed records and keep them in a secure place, such as a safe-deposit box.

*You may also print the forms and fill them out by hand.

You owe it to yourself and your family to complete your personal estate planning record. Keep in mind that as you progress with your estate planning, your attorney should counsel you on all aspects of your plans as well as draft all legal documents. Of course, we would also be happy to assist you with your charitable intentions at the outset or after you have completed your record.

Your name (Please print above.)	
Address	
City, State ZIP	
Home phone/cell phone	
Email	
Date of birth/birthplace	
Location of birth certificate	
Location of adoption documents	
Social Security number	
Driver's license number and state	
Location of tax records	
Location of titles, abstracts and leases	
Location of stock and bond certificates	
Military service, branch, years of service	
Location of military documents	

2	First spouse's name
	Date of first marriage/location of certificate
	Prenuptial agreement/location of document
	Date of divorce, annulment, legal separation or death (Please print above.)
	Location of documents
	Second spouse's name
	Date of second marriage/location of certificate
	Prenuptial agreement/location of document
Your Parents	Date of divorce, annulment, legal separation or death
	Location of documents
	Mother's name
	Address
	City, State ZIP
	Home phone/cell phone
	Email
	Date of birth/birthplace
	Location of birth certificate
	Date of death/resting place
	Location of death certificate

Social Security number			
Father's name			
Address			
City, State ZIP (Please print above.)			
Home phone/cell phone			
Email			
Date of birth/birthplace			
Location of birth certificate			
Date of death/resting place			
Location of death certificate			
Social Security number			
Spouse's name			
Maiden name			
Date of birth/birthplace			
Location of birth certificate			
Social Security number			
Driver's license number and state			
First child's name/phone number			

/our Children

Date of birth/birthplace
Location of birth certificate
Location of adoption documents
Social Security number (Please print above.)
Driver's license number and state
Second child's name/phone number
Date of birth/birthplace
Location of birth certificate
Location of adoption documents
Social Security number
Driver's license number and state
Third child's name/phone number
Date of birth/birthplace
Location of birth certificate
Location of adoption documents
Social Security number
Driver's license number and state
Fourth child's name/phone number
Date of birth/birthplace
Location of birth certificate

Location of adoption documents
Social Security number
Driver's license number and state
Fifth child's name/phone number (Please print above.)
Date of birth/birthplace
Location of birth certificate
Location of adoption documents
Social Security number
Driver's license number and state
First pet's name/species and coloring
Vet's contact information
Food/other care
Second pet's name/species and coloring
Vet's contact information
Food/other care
Third pet's name/species and coloring
Vet's contact information
Food/other care

Current/Retired Employer(s) **Employer's Contact Information** Are you retired? ☐ Yes ☐ No Company name (Please print above.) Phone Supervisor Current benefits and location of documents Position Start date (and end date, if retired) Ownership interest \quad Yes \quad No **Employer's Contact Information** Company name Phone Supervisor Current benefits and location of documents Position Start date (and end date, if retired) Ownership interest \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) **Employer's Contact Information** Previous Employer(s) Company name Phone Supervisor Current benefits and location of documents Position Start date and end date Ownership interest Yes **Employer's Contact Information** Company name Phone Supervisor Current benefits and location of documents Start date and end date Ownership interest Yes No

Do you have a will? ☐ Yes ☐ No
Are you the creator or beneficiary of any trusts? \square Yes \square No
Please record documents here:
Document title (Please print above.)
Date prepared
Prepared by (name, title, contact information)
Location of document
Location of copies
Location of copies
Executor or trustee
Alternate executor or trustee
Additional notes
Document title
Date prepared
Prepared by (name, title, contact information)
rrepared by (name, title, contact information)
Location of document
Location of copies
Executor or trustee
Alternate executor or trustee
Attenute executor or trustee
Additional notes

	Have you signed a financial durable power of attorney? ☐ Yes ☐ No
İ	Document title (Please print above.)
İ	Date prepared
	Prepared by (name, title, contact information)
I	Name of person appointed to act on your behalf
I	Names of alternates to act on your behalf
	Effective date of power holder to act: \square Immediately \square Upon your incapacity \square Other
	Location of original document
I	Location of copies
,	Additional notes
	Do you have a living will?
	Do you have a health care power of attorney?
Ì	Name of person appointed to act on your behalf
-	Names of alternates to act on your behalf

Health Care Direct

Please record documents here:		
Document title		
Date prepared		
Effective date for power holder to act: \square Immediately \square Upon your incapacity \square Other		
Prepared by (name, title, contact information) (Please print above.)		
Location of original document		
Locations of copies (We suggest attaching a copy to this record book.)		
Document title		
Date prepared		
Effective date for power holder to act: \square Immediately \square Upon your incapacity \square Othe		
Prepared by (name, title, contact information)		
Location of original document		
Locations of copies (We suggest attaching a copy to this record book.)		
Do you have a long-term care insurance policy? ☐ Yes ☐ No		
Insurance agent's name		
Company name		
Policy number		

Body, Organ and Lissue Donations	Do you wish to donate your body, organs or tissues? Yes No		
ona	First donation (identify the particular organ or tissue, or indicate entire body) (Please print above.)		
ene L	Receiving organization's name and contact information		
N - 15	Location of documents		
and			
rgar	Second donation (identify the particular organ or tissue)		
) ∑`	Receiving organization's name and contact information		
200	Location of documents		
•	Third donation (identify the particular organ or tissue)		
	Receiving organization's name and contact information		
	Location of documents		
	Please note: This is not intended as a legal form. Consult with your doctor and attorney today to create the appropriate documents.		
ace	Do you have a safe-deposit box? ☐ Yes ☐ No		
Secured PL	Bank name, branch location and contact information		
SP	People with authorized access		
•	Box number and location of keys		

5	First product/service, account name, user name or account number/password (Please print above.)		
dsswol	Second product/service, account name, user name or account number/password		
_	Third product/service, account name, user name or account number/password		
	Fourth product/service, account name, user name or account number/password		
al IIIsti ucuoiis	You have a preference. That's why it is not unusual for you to plan your funeral arrangements now. When the day arrives, your family will lovingly appreciate your proactive nature and concern for them as well.		
	Funeral home preference		
בועוס	Type of preparation Cremation Burial Donation of body		
-	Location of memorial service		
	Cemetery preference		
	Casket and vault preference		
	Pastor preference		
	Casket bearer 1		
	Casket bearer 2		
	Casket bearer 3		
	Casket bearer 4		
	Casket bearer 5		
	Casket bearer 6		
	Music Preferences		
	Song/Hymn 1		

Funeral Instructions

Song/Hymn 2 (Please print above.)
Song/Hymn 3
Song/Hymn 4
Soloist name
Soloist name
Organist name
Favorite Scriptures
Reading 1
Reading 2
Reading 3
Reading 4
Favorite flowers
Memorial ideas
Type of service (Open or closed casket, religious or secular, and any other preferences)
Headstone preference
Burial clothing preference
Obituary (Things you want included and newspapers where you want it published)

Here's a checklist of actions that need completion in the period of time between your death and up to a year after. Check the boxes that apply to you, so your family members can take care of them later. Contact the attorney to have the will read and to see what has to be done in regard to estate settlement. ☐ Contact the Social Security Administration. Social Security pays a lump sum death benefit of \$255. A surviving spouse can get survivor's benefits as early as age 60—earlier if a surviving spouse is disabled. Children under age 18 may also be entitled to survivor's benefits when a parent dies. Call the Veterans Administration (VA). A surviving spouse and dependent children may be entitled to a small pension if the deceased served in the Armed Forces. The VA will pay partial burial expenses and provide a headstone or marker as well as an American flag to drape over the casket, without charge. If burial is in a national cemetery, the VA will provide a grave site and pay burial costs. Notify organizations where the deceased held memberships. Some offer memorial services. They may have life insurance and may return part of dues paid. Organizations to notify: _ ☐ Contact former employers for benefits resulting from that employment. Refer to the list in the employment history section (see Page 8). oxdot Collect life insurance policies and call the companies and ask for death claim forms. The beneficiary can choose to take proceeds in a lump sum or spread them out as payments over the years. ☐ Contact companies holding retirement plans. There may be money left in them to be paid out to survivors. Like life insurance, proceeds can be paid out in a lump sum or in installments. Tax advisors should be consulted before beneficiaries make that decision. Consult with the health insurance company. It may pay some expenses of your last illness. Future premiums may also be less if the policy has covered two or more people and now there will be one less person covered. Some health insurance policies are also combination policies that provide some death benefits.



Sole property is anything that belongs to you alone. Joint property are items that are shared. To determine whether or not you can pass all or part of an asset by your will, you should know the form of title. There are four ways property can be owned jointly.

- **1.Joint tenancy with right of survivorship.** When one owner passes away, the surviving joint owner owns the entire asset.
- 2. Tenancy in common.

 You and others have
 an undivided interest
 in an asset. You can pass
 your interest by will. The
 surviving joint tenant
 doesn't automatically take
 title to your interest.
- 3. Tenancy by the entirety.

 This form of ownership is recognized by many states. It's limited to married couples and generally to real property.
- 4. Community property.
 This is a form of property ownership between spouses in select states.
 Generally, all property acquired during marriage is community property, regardless of which spouse holds title. You can will only half the property; the other half belongs to your surviving spouse.

:: calculateestate'sworth

Worksheets to Help You Create Your Estate

What Is Your Estate Really Worth?

Your estate's value from an estate planning viewpoint is different from your net worth, which is a snapshot of what you own and what you owe.

Fortunately, most people find they have much more in their estate than they thought when they account for savings, employer and personal life insurance, retirement plan benefits and perhaps even a future inheritance. For estate planning purposes, an inventory of your assets and liabilities will help you determine what you can leave to your heirs after your lifetime and how to best provide for the distribution of your estate.

Make an Inventory of Your Assets

If you are married, be sure to include your spouse's assets and all jointly owned or community property. Use the current market value for everything you own and the face value (not cash value) for any life insurance. Don't strive for exact amounts; round numbers will do.

Make Property Decisions

Once you've made an inventory of your property, you're ready to decide where you want it to go. The following pages can help you organize your plans.

Once the worksheets are complete, you are ready to meet with your attorney for important counsel and the drafting of necessary documents.

List Your Assets

1 Cl- (CD-)
1. Cash (savings	, money market a	and checking	accounts, CDs)

Type of account	Institution	Owned by you alone \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Owned by your spouse \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	Owned jointly or community \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
2. Real Estate				
Description and location of property	Date of Cost purchase basis \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Owned by you alone \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Owned by your spouse \$\$ \$\$ \$\$ \$\$	Owned jointly or community \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

3. Stocks, bonds, mutual funds

Description	Date of Cost purchase basis	Owned by you alone	Owned by your spouse	jointly or community
	\$\$	\$ \$	\$	\$ \$
	\$	\$	\$	\$
	\$ \$	\$ \$	\$ \$	\$ \$
	\$	\$	\$	\$

4. Obligations due me (mortgages held, notes receivable, accounts receivable)

Name of debtor	Address	Owned by you alone	Owned by your spouse	Owned jointly or community
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
			\$	\$
		· \$	\$	\$

List Your Assets

5. Personal assets (automobiles, jewelry, furniture, boats, paintings, collections, etc.)

Description	Date of purchase	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

6. Life insurance

			Face A	Amount*	Owned	
Name of company Insured	Beneficiary	Owned by you alone	Owned by your spouse	jointly or community		
Nume of company	msurea	Deficiency	\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			_ \$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
		 -	>	\$	\$	
*NI-+				7	¥	

^{*}Note any policy loans

7. Annuities

				Preser	nt Value	Owned
Description Annuitant	Cost Beneficiary basis		Owned by you alone	Owned by your spouse	jointly or community	
			\$! \$!	\$ \$	\$ \$	\$ \$
			\$:	\$ \$	\$ \$	\$
			\$	\$	\$	\$
			\$: \$:	\$ \$	\$ \$	\$ \$
			\$! \$!	\$ \$	\$ \$	\$ \$
			\$!	\$	\$	\$

List Your Assets

8. Retirement benefits (p	ension, profit-sharin	ng, IRAs, Keogh p	lans, etc., including	g face
amounts of life insura	nce owned in the ret	irement plan)		

		Value	of Interest
Description	Beneficiary	Owned by you alone	Owned by your spouse
		\$	\$
		\$	_ \$
		\$ \$	_ \$ \$
		\$	\$
		\$	\$
		\$	\$
		\$	- \$
· 		\$	_ \$

9. Business interests owned (proprietorship, partnership, corporation)

			Value o	f Interest
Business name and address	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
	\$	<u> </u>	\$	\$
	\$ \$		_ \$ _ \$	\$ \$
	\$	\$	\$	\$
	\$ \$		_ \$ _ \$	\$ \$
	\$	\$	\$	\$
	S	S	S	S

10. Other assets potentially includable in estate because of your interest in them (interest in a trust or estate, royalties, patents, copyrights, trademarks, etc.)

				it Value
Description	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or
	\$	\$	\$	\$
	\$	\$	_ \$	\$
	\$	\$	- \$	\$
	\$		- \$	\$
	\$ \$		\$	\$
	\$\$	\$	\$	\$
	\$	\$	\$	\$

Owned
Owned by Owned by jointly or
you alone your spouse community
\$______\$_____

List Your Liabilities (approximate balances owed)

1. Mortgages				
Description of property	Name of creditor	Owed by you alone	your spouse	jointly
		\$	\$	\$
		\$		۶
		\$ \$	\$	\$
		\$	\$	\$
2. Loans, installment d	lebts (bank, auto and pe	rsonal loans, ins	surance loans,	etc.)
Description	Name of creditor	Owed by you alone	Owed by your spouse	Owed jointly
Description			\$	
		\$	- \$ \$	
		\$	\$	
		\$	\$	\$
		ς ,	\$	
				·
	tment store and other ch	<u> </u>	\$	\$
3. Current bills (depart	tment store and other ch	s \$arges, credit ca	rds, etc.)	\$Owed
3. Current bills (depart		s \$	trds, etc.)	\$Owed
3. Current bills (depart	tment store and other ch	s \$arges, credit ca	rds, etc.) Owed by your spouse	\$Owed jointly \$
3. Current bills (depart	tment store and other ch	oarges, credit ca Owed by you alone \$	Owed by your spouse \$\$	Owed jointly \$\$
3. Current bills (depart	tment store and other ch	s \$arges, credit ca	owed by your spouse	Owed jointly \$\$
3. Current bills (depart	tment store and other ch	oarges, credit ca Owed by you alone \$	owed by your spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Owed jointly \$\$
	tment store and other ch	oarges, credit ca Owed by you alone \$	Owed by your spouse \$	Owed jointly \$
3. Current bills (depart	tment store and other ch	Owed by you alone \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Coved by your spouse \$	Owed jointly \$
3. Current bills (depart	Name of creditor	Owed by you alone \$\$ \$\$ \$\$ \$\$ \$\$ s\$ ome tax, proper	owed by your spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ ty tax, etc.)	Owed jointly \$ \$ \$ \$ \$ \$ \$
3. Current bills (depart Description 4. Taxes owed (estimat	Name of creditor	Owed by you alone \$\$ \$\$ \$\$ \$\$ \$\$ ome tax, proper Owed by	Owed by your spouse \$	Owed jointly \$\$ \$\$ \$\$
3. Current bills (depart	Name of creditor	Owed by you alone \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ ome tax, proper Owed by you alone	owed by your spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ ty tax, etc.)	Owed jointly \$\$ \$\$ \$\$
3. Current bills (depart Description 4. Taxes owed (estimat	Name of creditor	Owed by you alone \$	Owed by your spouse \$	Owed jointly \$\$ \$\$ \$\$
3. Current bills (depart Description 4. Taxes owed (estimat	Name of creditor	Owed by you alone \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ ome tax, proper Owed by you alone	Owed by your spouse \$	Owed jointly \$\$ \$\$ \$\$
3. Current bills (depart Description 4. Taxes owed (estimat	Name of creditor	Owed by you alone \$	Owed by your spouse \$	Owed jointly \$\$ \$\$ \$\$
3. Current bills (depart Description 4. Taxes owed (estimat	Name of creditor	Owed by you alone \$	Owed by your spouse \$	Owed jointly \$\$ \$\$ \$\$ \$\$
3. Current bills (depart Description 4. Taxes owed (estimat	Name of creditor	Owed by you alone \$	Owed by your spouse \$	Owed jointly \$\$ \$\$ \$\$

List Your Liabilities (approximate balances owed)

5. All other liabilities	
Description	Owed by you alone Owed by your spouse Owed your spouse \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$
TOTAL OF ALL LIABILITIES	Owed by Owed you alone your spouse jointly \$ \$
Total of all assets Minus total of all liabilities NET ESTATE (estimated)	You Your spouse Joint \$\$\$ () () () \$\$\$

:: disposition of estate Who Gets What?

Now that you've determined which assets comprise your estate and their values, you need to indicate who you want to inherit your assets.

1. Gifts to spouse (indicate a contingent beneficiary in ca	ase your spouse does not survive you)
Description of asset or percentage of estate	Name/Relationship/Address
2. To other beneficiaries	
Description of asset or percentage of estate	Name of Beneficiary/Relationship/Address
3. To charitable organizations	
Name and address of charitable organization	Percentage of net estate
Name and address of charitable organization	Description of specific asset

:: disposition of estate Who Gets What?

4. Residue of estate

Name and address of charitable organization	Percent of residuary estate
	%
	%
	%
Name and address of other beneficiaries	Percent of residuary estate
	%
	%

Gifts That Give Back!

A generous gift to us should not supplant your personal and family concerns, of course. However, you will reap benefits from your philanthropy that have practical consequences.

Income tax benefits. A gift to a qualified charitable organization may entitle you to an income tax charitable deduction when you itemize.

Capital gains tax savings. When you donate appreciated property you have held for more than one year to a qualified charitable organization, you can reduce or even eliminate capital gains taxes on the transfer. You may also qualify for an income tax charitable deduction based on the fair market value of the securities at the time of the transfer.

Lifetime income. If you desire, you can receive an assured income for life through a planned gift.

:: consider charitable choices

How You, Your Family and Your Favorite Causes Can Benefit

Once you have completed this record book, you are ready to meet with your attorney and other professional advisors for their important counsel and the drafting of necessary documents.

We hope that as part of your planning you consider making a gift to us in your will or through some other form of gift planning. A gift to us, however, should never come before your personal or family needs. That's the beauty of a planned gift—you come first. Depending on the type of gift you choose, you may potentially reap benefits from your philanthropy

that have very practical and desirable outcomes, such as the following:

- · Ability to leave a legacy
- · Income tax benefits
- · A life income
- Reduce or eliminate capital gains taxes
- · Personal satisfaction

Whatever your objective, we can help match your needs with the right giving tool to provide the most benefits for you, your family and us.

Please contact us and we'll be happy to explain the choices available to you without obligation.