

A Guide

To Planning Your Will and Trust




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**COMMUNITY
FOUNDATION**
Private Giving—Public Good

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.

Table of Contents

Family Information	2
Personal Information	5
Financial Information	
<i>Assets</i>	6
Financial Information	
<i>Liabilities</i>	12
Beneficiary Information	13
Trust Information	15
Questions for Your Advisors	19

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 _____

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.

Are any children deceased? _____

Do you have any grandchildren? _____

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 your 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 our 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

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 Purchase Creation	Present Value
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____

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

Total Bank or Savings Accounts \$ _____

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 \$ _____

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 inheritance? Yes or No. If yes, explain. _____

FINANCIAL INFORMATION: *Liabilities*

Mortgages, Trust Deeds, Loans, etc.

Description	Terms	Present Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Mortgages, Trusts Deeds, Loans, etc. \$		_____

Other Debts

Description	Terms	Present Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Other Debts \$		_____

BENEFICIARY INFORMATION

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

Beneficiary #1	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

Beneficiary #2	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

Beneficiary #3	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

Beneficiary #4	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

Beneficiary #5	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

Beneficiary #6	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

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.

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 on Page 13)

Beneficiary #1	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

Beneficiary #2	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

Beneficiary #3	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

Beneficiary #4	Name	Address
-----------------------	------	---------

Description of the Gift (specific asset or amount)

General Instructions: _____

Income distribution as follows:

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)
