

Provide & Protect

A Guide to Planning
Your Will and Trust

Important Life And Death Decisions



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I. You & Your Family

Please tell us about you and your family. Print names in ink, not pencil.
Spell names exactly as you want them to appear in your estate documents.
Use full legal names, not nicknames.

YOUR PERSONAL INFORMATION

Date _____

Your Full Legal Name _____

Date of Birth _____ Gender: Male Female

Present marital status:

Married Single Divorced Legally Separated Widowed

If you are widowed, what date did this occur? _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail: _____

Employer _____

Job Title _____ Work Phone () _____

Are you a U.S. Citizen?

No Born in the U.S. Naturalized

Check which documents you presently have:

Will

Living Will

Living Trust

Durable Power of Attorney/Health Care

Durable Power of Attorney/Finances

Your Spouse

Spouse's Full Legal Name _____

Date of Birth _____ Gender: Male Female

Have you previously been married?

Yes No

If you are widowed, what date did this occur? _____

Home Phone () _____ E-mail: _____

Employer _____

Job Title _____ Work Phone () _____

Is your spouse a U.S. Citizen?

No Born in the U.S. Naturalized

Check which documents your Spouse presently has:

Will

Living Will

Living Trust

Durable Power of Attorney/Health Care

Durable Power of Attorney/Finances

Do you or your spouse have a Prenuptial agreement that identifies and disposes of separate spousal property? (If yes, attach a copy.)

Yes No

Religious Affiliation

Religious Organization _____

City _____ State _____

Your Children

Please list *all* children, whether minors or adults, *including deceased children and children of a prior marriage*. If you need more space, attach additional pages. If you wish to exclude a child as a beneficiary of your estate, check the "Exclude" box. If you have no children, write "NONE."

1. Full Legal Name _____

Date of Birth _____ Social Security # _____

Marital Status

Married Single Needs Special Care Dependent Exclude

Home Address _____

City _____ State _____ Zip _____

Origin

Child of Present Marriage Child of Prior Marriage Deceased

2. Full Legal Name _____

Date of Birth _____ Social Security # _____

Marital Status

Married Single Needs Special Care Dependent Exclude

Home Address _____

City _____ State _____ Zip _____

Origin

Child of Present Marriage Child of Prior Marriage Deceased

3. Full Legal Name _____

Date of Birth _____ Social Security # _____

Marital Status

Married Single Needs Special Care Dependent Exclude

Home Address _____

City _____ State _____ Zip _____

Origin

Child of Present Marriage Child of Prior Marriage Deceased

II. Your Contacts & Healthcare

YOUR EXECUTOR

Your executor is the manager of your estate. Because he or she will make many decisions about the management and distribution of your estate, you should select a trusted person who understands your circumstances. An executor will usually complete eight separate steps to ensure an orderly transfer of all of your property to the right individuals.

1. Submit your will to the probate court
2. Locate your heirs
3. Determine your estate assets and values
4. Pay bills and the estate attorney
5. Make debt payments
6. Resolve any estate controversies
7. File your income and estate tax returns
8. Distribute your assets to heirs

Please name your executor and alternate executor.

Executor _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail: _____

Relationship, if not a spouse _____

Your Alternate Executor

In case the person above is unable to serve, please name an Alternate Executor.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail: _____

Relationship _____

YOUR GUARDIAN FOR MINOR CHILDREN

Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail: _____

Relationship, if not a spouse _____

Your Alternate Guardian

Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail: _____

Relationship _____

YOUR HEALTHCARE REPRESENTATIVE

Power of Attorney For Healthcare

Healthcare Power of Attorney _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail: _____

Relationship, if not a spouse _____

Alternate Power of Attorney for Healthcare

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail: _____

Relationship, if not a spouse _____

III. Your Finances

Please list all of your assets and liabilities. This will help your advisor plan your estate. Most people learn at the end of this exercise that they are worth more than they think!

Asset	\$ Total Value of Asset	Check if Joint Property	Check if Husband's Property	Check if Wife's Property
Example Property	\$298,000		✓	
Real Estate				
Main Residence Address				
Second Residence Address				
Vacation Home				
Checking Accounts				
Bank, Account Number				
Savings Accounts/ CDs/ Money Market Funds/Credit Union Accounts				
Bank, Account Number				
Tax Sheltered Annuity — not in Retirement Plan				

Asset	\$ Total Value of Asset	Check if Joint Property	Check if Husband's Property	Check if Wife's Property
Investments				
Bonds or Bond Fund Custodian, Account Number				
Stocks or Stock Fund Custodian, Account Number				
Saving Bonds				
Personal Property				
Furniture/Household Furnishings				
Tools & Equipment				
Antiques/Collections				
Jewelry				
Automobiles/Vehicles				
Business Interests				
Life Insurance— Face Amount/Death Benefit				
Retirement (IRA/401(k)/403(b)) Custodian, Account Number				
Miscellaneous				
Total Assets: \$				

IV. Your Estate Plan

1. SIMPLE WILL – MARRIED COUPLE

First Estate – Specific Bequests, Balance to Spouse

Bequests of items or amounts to family or to charities.

ITEM OR AMOUNT	RECIPIENT, CITY AND STATE
1. _____	_____
2. _____	_____
3. _____	_____

Bequests of Percentage of First Estate to Family or Charities, Balance to Spouse

PERCENT	RECIPIENT, CITY AND STATE
1. _____ % to	_____
2. _____ % to	_____
3. _____ % to	_____

2. SIMPLE WILL – SINGLE/SURVIVING SPOUSE

Specific Bequests

Bequests of items or amounts to family or to charity.

ITEM OR AMOUNT	RECIPIENT, CITY AND STATE
1. _____	_____
2. _____	_____
3. _____	_____

Residue of Estate

Percent of residue to family or to charity.

PERCENT	RECIPIENT, CITY AND STATE
1. _____ % to	_____
2. _____ % to	_____
3. _____ % to	_____

3. WILL WITH TRUST FOR CHILDREN – MARRIED COUPLE

Specific Bequests, Balance to Spouse

Bequests of items or amounts to family or to charities.

ITEM OR AMOUNT	RECIPIENT, CITY AND STATE
1. _____	_____
2. _____	_____
3. _____	_____

Bequests of Percentage of First Estate to Family or Charities, Balance to Spouse

PERCENT	RECIPIENT, CITY AND STATE
1. _____ % to	_____
2. _____ % to	_____
3. _____ % to	_____

4. WILL WITH TRUST FOR CHILDREN – SINGLE/SURVIVING SPOUSE

Specific Bequests

ITEM OR AMOUNT	RECIPIENT, CITY AND STATE
1. _____	_____
2. _____	_____
3. _____	_____

Name, City and State of Trustee

Primary Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail: _____

Relationship, if not a spouse _____

Age for ending trust and distributing principal to children _____

5. "GIVE IT TWICE" TRUST FOR FAMILY — MARRIED COUPLE

A married couple with an estate below the Federal exemption amount may desire a simple will. The first estate may include specific bequests to children or charity with the balance transferred outright to the surviving spouse.

First Estate — Specific Bequests, Balance to Spouse

Bequests of items or amounts to family or to charities.

ITEM OR AMOUNT	RECIPIENT, CITY AND STATE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Bequests of Percentage of First Estate to Family or Charities, Balance to Spouse

PERCENT	RECIPIENT, CITY AND STATE
1. _____ % to	_____
2. _____ % to	_____
3. _____ % to	_____
4. _____ % to	_____

6. "GIVE IT TWICE" TRUST FOR FAMILY — SINGLE/SURVIVING SPOUSE

Specific Bequests

Bequests of items or amounts to family or to charities.

ITEM OR AMOUNT	RECIPIENT, CITY AND STATE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Residue of Second Estate

Percentage of residue to family or to charities.

PERCENT	RECIPIENT, CITY AND STATE
1. _____ % to	_____
2. _____ % to	_____
3. _____ % to	_____
4. _____ % to	_____

Another popular option for the estate of a surviving spouse is to divide the second estate into two parts. The first portion of the estate is given to the children when you pass away. The other part is transferred to a “Give It Twice” Trust. This is a charitable remainder unitrust that pays 5% each year to children for 20 years (5% times 20 years equals 100% — or you may select 6% for 18 years). After paying income to children for 20 years, the trust corpus is given to favorite charities. If you select this option, please choose the portion outright and the part in the “Give It Twice” Trust (the total of the two percentages will equal 100%).

Outright to Children _____% To “Give It Twice” Trust _____%

Children In Trust

Children to receive trust income — % Share, Legal Name, City and State

1. _____ % to	_____
2. _____ % to	_____
3. _____ % to	_____
4. _____ % to	_____

Charities at the End of The Trust

Charities to receive trust remainder — % Share, Legal Name, City and State

1. _____ % to	_____
2. _____ % to	_____
3. _____ % to	_____
4. _____ % to	_____

Sample Bequest Language

Example bequest language. Please feel free to change the numbers or percentages as you desire.

1. BEQUEST OF CASH

“I bequeath the sum of \$10,000 to [Organization, City, State].”

2. BEQUEST OF A PERCENT OF THE ESTATE

“I devise and bequeath 20% of the remainder and residue of property owned at my death, whether real or personal, and wherever located to [Organization, City, State].”

3. CONTINGENT BEQUEST

“If my brother John Doe survives me, I devise and bequeath 20% of the remainder and residue of property owned at my death, whether real or personal, and wherever located to John Doe. If John Doe does not survive me, then I devise and bequeath 20% of my residuary estate, whether real or personal property and wherever located to [Organization, City, State].”

Disclosure on Attorneys and This Charity

Thank you for completing this form. It is offered by us to you as an educational service. While we attempt to provide helpful estate and financial background, we are not able to offer specific legal advice on your personal situation. Because you may have special needs, we know that you will want to contact your own attorney. He or she will be your independent advisor and will have an obligation of trust and confidence to you. With the advice of your independent attorney, you may have a customized estate plan that truly fulfills your unique family, healthcare, estate and planning circumstances.



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