Record Book

PERSONAL ESTATE
PLANNING KIT

Tips for Keeping Your Information Secure

Our helpful booklet asks for sensitive personal information. To keep your data secure in this digital environment:

1. Download and complete this form on a secure, password-protected device.
2. Do not email the completed form.
3. Print a copy and store it in a safe place.
4. Share a printed copy with your loved ones or professional advisors in person.
5. Delete the digital file after printing, unless you store it securely.

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Creating Your Plan

Your record book can serve as a final set of directions to help ease loved ones' minds, prevent disputes and begin the process of settling your estate. All of this helps bring comfort to your family, and clarity to the legacy you wish to leave behind.

As you progress with your planning, your attorney should counsel you on all aspects as well as draft all legal documents. We would also be happy to assist you with your charitable intentions at the outset or after you have completed your record.

Your Record Book...

- Gives you space to list the important details of your life
- Allows you the chance to provide direction for family immediately following your passing
- Provides an opportunity to outline your full estate
- Lets you list which charities will benefit from your estate

Good to Know

If you're married or partnered, you and your significant other 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.

A Note About Names

In order to be fully comprehensive, we suggest including all aliases for each person listed throughout this record book. This could be a maiden name, former name, or preferred name.

Created on _____/_____/_____

Personal Info

You and Your Family

Full name (Please print above and include all aliases.)

Address | City, State ZIP

Phone | Email

Social Security number

Date of birth | Birthplace

Spouse/Partner Information

Current spouse or partner's full name | Date of birth

Address | City, State ZIP

Phone | Email

Social Security number

Date of marriage (if applicable) | Location of certificate (if applicable)

Location of prenuptial agreement document (if applicable)

Date of death (if applicable) | Resting place

Location of death certificate

Former spouse or partner's full name

Date of marriage (if applicable) | Location of certificate (if applicable)

Location of prenuptial agreement document (if applicable)

Date of divorce, annulment, legal separation or death (Specify event.)

Location of documents pertaining to divorce, annulment, legal separation or death (Specify event.)

Your Children and Grandchildren

Child's full name | Date of birth

Address | City, State ZIP

Phone | Email

Child's full name | Date of birth

Address | City, State ZIP

Phone | Email

Child's full name | Date of birth

Address | City, State ZIP

Phone | Email

Child's full name | Date of birth

Address | City, State ZIP

Phone | Email

Grandchild's full name | Date of birth

Phone | Email

Grandchild's full name | Date of birth

Phone | Email

Grandchild's full name | Date of birth

Phone | Email

Grandchild's full name | Date of birth

Phone | Email

Family History

Parent 1 full name

Address | Phone

Email

Date of death (if applicable) | Resting place

Location of death certificate

Parent 2 full name

Address | Phone

Email

Date of death (if applicable) | Resting place

Location of death certificate

Sibling's full name

Address | Phone

Phone | Email

Sibling's full name

Address

Phone | Email

Sibling's full name

Address

Phone | Email

Other Loved Ones

Name/relationship Phone

Email

Name/relationship Phone

Email

Name/relationship Phone

Email

Name/relationship Phone

Email

Your Pets

Pet's name/type of animal/breed Microchip/license number

Food/medical/other care

Pet's name/type of animal/breed Microchip/license number

Food/medical/other care

Pet's name/type of animal/breed Microchip/license number

Food/medical/other care

Veterinarian's contact information

Pet caretaker's name Pets they will care for

Phone Email

Address

Your Medical Information

Emergency Contacts

Name/relationship Phone

Email

Name/relationship Phone

Email

Name/relationship Phone

Email

Medical Professionals

Primary physician Phone

Medical office affiliation and address

Dentist Phone

Address

Specialist (include specialty.) Phone

Address

Specialist (include specialty.) Phone

Address

Specialist (include specialty.) Phone

Address

Specialist (include specialty.) Phone

Address

Employment Information

Current Employment

Are you retired? ☐ Yes ☐ No

Company name | Phone

Address

Supervisor

Current benefits and location of documents

Position | Start date (and end date, if retired)

Ownership interest ☐ Yes ☐ No

Prior Employment

Previous employer company name and position | From | To

Address | Phone

Life insurance or retirement benefits that remain effective

Benefits and location of documents

Previous employer company name and position | From | To

Address | Phone

Life insurance or retirement benefits that remain effective

Benefits and location of documents

Military Service

Branch of service and rank | From | To

Service number (if applicable) | Discharge papers location

Service-connected disability and income

Military pension or other benefits

Honors and achievements

Charitable Affiliations

Full Name of Organization	Method of Involvement (donor, volunteer, etc.)

Your Finances

Income Sources (may include Social Security, retirement plans, pensions or securities)	Amount of Annual Income
	$
	$
	$
	$
	$
	$
	$

Income Tax Records

Location

Tax advisor

Address

Phone

Safe-deposit Box or Safe

Location/address

Box number

Location of key/combination

Location/address

Box number

Location of key/combination

Passwords and Digital Instructions

Cell phone unlock code

Computer password

Account Type	Important User Names	Passwords or Location of Passwords

Did You Know?

The concept of a digital estate is relatively new, but almost everyone has one these days. While you can include instructions on how your family should handle your digital estate data in your will, it's more complicated than you may think. Some states require you to name a digital executor to handle those materials after your lifetime.

Helpful Information

Gas company	Phone	Account number
Electric company	Phone	Account number
Water company	Phone	Account number
Phone company	Phone	Account number
Waste management	Phone	Account number
Internet provider	Phone	Account number
Cable/satellite company	Phone	Account number
Home security company	Phone	Account number
House cleaning service	Phone	Account number
Yard maintenance	Phone	Account number

Calculate Your Estate's Net Worth

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. An inventory of your assets and liabilities will help you determine what you can leave to loved ones and charitable organizations after your lifetime and how to best provide for the distribution of your estate.

Make an Inventory of Your Assets

How you title your property is an important part of any estate plan. Be sure to identify how your property is held–if it is owned by you individually, jointly with a spouse or partner or as community property. Learn more about how property can be owned in the gray box below.

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.

How to Tell "Mine" From "Ours"

To determine whether or not you can pass all or part of an asset by your will, you should know its form of title. There are three ways property can be owned jointly.

1. **Jointly owned property** with rights of survivorship generally goes to the surviving joint owner, regardless of what the will states.

2. **Tenants-in-common** is also a form of joint ownership where two or more individuals own the property. The main difference is that one half of the property will follow the provisions in your will; therefore, your beneficiary will become the new co-owner after your lifetime with your original tenant-in-common.

3. **Community property** is also a form of co-ownership, but is applicable only between spouses. Some states allow married couples to take title in this manner. When property is held this way, each spouse owns a half interest in the asset.

Your Assets

1. Cash (savings, money market and checking accounts, CDs)

Type of account	Financial institution	Owned by you alone	Owned by your partner	Owned jointly or community
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$

2. Real Estate

Description and location of property	Date of purchase	Cost basis	Owned by you alone	Owned by your partner	Owned jointly or community
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$
		$	$	$	$

3. Retirement Benefits (pension, profit sharing, IRAs, Keogh plans, etc., including face amounts of life insurance owned in the retirement plan)

Description	Beneficiary	Owned by you alone	Owned by your partner
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

Your Assets

4. Brokerage Accounts

Firm name	Amount
	$
	$
	$
	$

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

Description	Date of purchase	Owned by you alone	Owned by your partner	Owned jointly or community
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$

6. Life Insurance

Face amount (note any policy loans)

Name of company	Insured	Beneficiary	Owned by you alone	Owned by your partner	Owned jointly or community
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$

7. Annuities

Present value

Description	Annuitant	Beneficiary	Cost basis	Owned by you alone	Owned by your partner	Owned jointly or community
			$	$	$	$
			$	$	$	$
			$	$	$	$

Your Assets

8. Business Interests Owned (proprietorship, partnership, corporation)

Business name and address	Cost basis	Value of interest: Owned by you alone	Value of interest: Owned by your partner	Value of interest: Owned jointly or community
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____

9. Obligations Due to Me (mortgages held, notes receivable, accounts receivable)

Name of debtor	Address	Owned by you alone	Owned by your partner	Owned jointly or community
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____

10. Other Assets Potentially Includable in Estate
(interest in a trust or estate, royalties, patents, copyrights, etc.)

Description	Cost basis	Current value: Owned by you alone	Current value: Owned by your partner	Current value: Owned jointly or community
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____

Total of all assets: $_____ $_____ $_____

Your Liabilities (approximate balances owed)

1. Mortgages

Description of property	Name of creditor	Owed by you alone	Owed by your partner	Owed jointly or community
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____

2. Loans, Installment Debts (bank, auto and personal loans, insurance loans, etc.)

Description	Name of creditor	Owed by you alone	Owed by your partner	Owed jointly or community
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____

3. Current Bills (department store and other charges, credit cards, etc.)

Description	Name of creditor	Owed by you alone	Owed by your partner	Owed jointly or community
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____
_____	_____	$_____	$_____	$_____

Your Liabilities (approximate balances owed)

4. All Other Liabilities

Description	Owed by you alone	Owed by your partner	Owed jointly or community
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
Total of all liabilities:	$_____	$_____	$_____
Total of all assets:	$_____	$_____	$_____
Minus total of all liabilities:	$_____	$_____	$_____
Net estate (estimated):	$_____	$_____	$_____

Congratulations! You've just conquered an important milestone: understanding your estate.

Now, read on to decide how you'd like to distribute your assets. You hold the power to leave a legacy of support for loved ones and cherished causes.

Estate Planning Documents

Your Will

Location

Date of will | Date of last review

Date(s) of any codicils

Executor or personal representative

Address | Phone

Alternate personal representative

Address | Phone

Estate planning attorney

Address | Phone

Revocable Living Trusts

Location

Date of trust | Date of last review

Trustee

Phone | Email

Successor trustee

Phone | Email

Beneficiary(ies)

Financial Power of Attorney

Have you signed a financial power of attorney? ☐ Yes ☐ No

Document title

Date prepared

Prepared by (name, title, contact information)

Name of person appointed to act on your behalf/phone number/email address

Names of alternates to act on your behalf/phone number/email address

Effective date of power holder to act: ☐ Immediately ☐ Upon your incapacity ☐ Other

Location of original document

Location of copies

Additional notes

Health Care Directives

Do you have a health care power of attorney? ☐ Yes ☐ No

Document title

Date prepared

Prepared by (name, title, contact information)

Effective date for power holder to act: ☐ Immediately ☐ Upon your incapacity ☐ Other

Location of original document

Location of copies (we suggest attaching a copy to this record book)

Health Care Directives *continued*

Do you have an advance health care directive or living will? ☐ Yes ☐ No

Document title

Date prepared

Prepared by (name, title, contact information)

Location of original document

Locations of copies (We suggest attaching a copy to this record book.)

Long-Term Care

Do you have a long-term care insurance policy? ☐ Yes ☐ No

Insurance agent's name/phone number/email address

Company name

Policy number

Body, Organ and Tissue Donations

Do you wish to donate your body, organs or tissues? ☐ Yes ☐ No

First donation (identify organ or tissue, or indicate entire body)

Receiving organization's name/phone number/email address

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.*

End-of-Life Planning

Funeral Arrangements

You have a preference. That's why it is not unusual for you to plan funeral arrangements now. The information below can help provide emotional support for your family and loved ones, giving them instructions they know you have already approved.

Funeral home and/or church

Address Phone

Type of service ☐ Religious ☐ Fraternal ☐ Military ☐ Memorial service with no casket present

Funeral instructions ☐ Closed casket ☐ Open casket ☐ Other: _____

Instructions

I direct that my body be used for these medical purposes

Grave site information Location

Arrangements made by Phone

Favorite hymns/songs

Favorite scripture/poems/quotes

Favorite flowers

Charity(ies) in lieu of flowers *(see page 9 for charitable organizations I support)*

Persons to Notify in the Event of My Death

Name/relationship Phone

Address

Name/relationship Phone

Address

Name/relationship Phone

Address

Charitable Organizations Included in My Estate Plan

Full Name of Organization	Address

Other Matters That May Need Family Attention

Here's a checklist of actions to be completed in the period of time between your death and up to a year after. Check all applicable boxes.

☐ **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. A surviving spouse can get survivor's benefits as early as age 60. If a surviving spouse is disabled, they may get benefits even earlier. Minor children 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 was a veteran. 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 the burial is in a national cemetery, the VA will provide a grave site and pay burial costs.

☐ **Contact former employers for benefits resulting from that employment.** Refer to employment history section (Page 8).

☐ **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 in a lump sum or in installments.

☐ **Consult with the health insurance company.** If illness is determined to be the cause of death, the insurance company may cover some of the associated expenses. 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.

☐ **Notify organizations where the deceased held memberships.** Some offer memorial services. They may have life insurance and may return part of dues paid. Organizations/phone numbers/emails:

_____

_____

_____

_____

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/partner (indicate a contingent beneficiary in case your spouse/partner 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	Dollar amount
	_____% OR	$_____
	_____% OR	$_____
	_____% OR	$_____
	_____% OR	$_____

Name and address of charitable organization	Description of specific asset

Who Gets What

4. Balance or residue of estate

Name and address of charitable organization	Percent of residuary estate
_____	_____%
_____	_____%
_____	_____%
_____	_____%

Name and address of other beneficiaries	Percent of residuary estate
_____	_____%
_____	_____%
_____	_____%
_____	_____%

How Your Estate Plan Can Benefit Your Favorite Causes

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
- Personal satisfaction
- Reduce or eliminate capital gains taxes

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.