

A GUIDE TO
YOUR
Estate plan

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A GUIDE TO REVIEWING AND PLANNING YOUR ESTATE, Including A WILL or 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 review and plan for distribution of those assets. The uncertainty 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. A critical part of an estate plan is a written inventory of all of your assets, including a review of how they are titled and the names of the beneficiaries you may have already designated for each asset. (E.g. Life Insurance, IRAs, Retirement accounts, POD/TOD accounts, etc). The basic legal document in any such plan is a will and may also include a trust. *A Guide to Planning Your Estate* is designed to encourage you to think about how you want your assets to be distributed at death, how your current asset titles and beneficiary designations would distribute your assets, and, assist you in gathering the information needed to modify your current estate plan and/or prepare a will or trust to help accomplish your goals.

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ONLINE RESOURCES

Visit Us at:

www.nwcgift.org

PHONE:

651-631-5329

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

Child/Dependent #1

Child/Dependent #2

Name

Name

Relationship Date of Birth

Relationship Date of Birth

Street Address

Street Address

City State Zip

City State Zip

Child/Dependent #3

Child/Dependent #4

Name

Name

Relationship Date of Birth

Relationship Date of Birth

Street Address

Street Address

City State Zip

City State Zip

Child/Dependent #5

Child/Dependent #6

Name

Name

Relationship Date of Birth

Relationship Date of Birth

Street Address

Street Address

City State Zip

City State Zip

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 advisor 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 advisor 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 advisor 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 advisor with a copy of your health care document.

Financial Information: Assets

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	How Titled/T.O.D. Beneficiaries, if any
Cost		Present Value

Company/Symbol/Account #

Number of Shares	Date of Purchase	How Titled/T.O.D. Beneficiaries, if any
Cost		Present Value

Company/Symbol/Account #

Number of Shares	Date of Purchase	How Titled/T.O.D. Beneficiaries, if any
Cost		Present Value

Company/Symbol/Account #

Number of Shares	Date of Purchase	How Titled/T.O.D. Beneficiaries, if any
Cost		Present Value

Company/Symbol/Account #

Number of Shares	Date of Purchase	How Titled/T.O.D. Beneficiaries, if any
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/Title/Beneficiaries	Present Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Value of Other Investments \$ _____

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 \$ _____

Have you designated Payable-on-Death (P.O.D.) beneficiary(s) on any of your bank or savings accounts? YES or NO. If Yes, mark POD next to such account(s).

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 \$ _____

Annual Income

Salary _____

Spouse's Salary _____

Investment Income _____

Other Income (list type and amount) _____

Total Annual Income \$ _____

Retirement Accounts

List Retirement Accounts, IRAs, 401k/403b Plans, Pension Plans and Profit Sharing Benefits by type – indicate owner, where invested (custodian), beneficiary(s) and amount in each account :

Inheritance

Do you expect to receive an inheritance? Yes or No. If yes, explain. _____

Financial Information: Liabilities

Mortgages, Trust Deeds, Loans, Credit cards, etc.

Description	Terms	Present Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Mortgages, Trust 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 Gift (specific asset or amount)

Beneficiary #2 Name Address

Description of Gift (specific asset or amount)

Beneficiary #3 Name Address

Description of Gift (specific asset or amount)

Beneficiary #4 Name Address

Description of Gift (specific asset or amount)

Beneficiary #5 Name Address

Description of Gift (specific asset or amount)

Beneficiary #6 Name Address

Description of 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

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 Gift (specific asset or amount)

Beneficiary #2 Name

Address

Description of Gift (specific asset or amount)

Beneficiary #3 Name

Address

Description of Gift (specific asset or amount)

Beneficiary #4 Name

Address

Description of Gift (specific asset or amount)

Terms of Trust

General Instructions: _____

Income distribution as follows:

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Principal distribution as follows:

Instructions regarding termination of this trust: _____

Trust Principal

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 advisor.

Insurance Policies (Description and Amount)

Real Property (Description)

Stocks (Description)

Other Property (Description)
