

# Planning for the Future



## A GUIDE TO WILLS AND TRUSTS

# 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 accomplishes your goals.

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## 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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

### Child/Dependent #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

### Child/Dependent #3

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

### Child/Dependent #4

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

### Child/Dependent #5

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

### Child/Dependent #6

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

Does any child/dependent listed have special needs?    Yes    No

## Personal Information

**Do you have a will?** Yes 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 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 No

If yes, where is the safe deposit box located? \_\_\_\_\_

**Have you given durable power of attorney to anyone?** Yes No

If yes, who is named as your power of attorney? \_\_\_\_\_

Where is your power of attorney located/stored? \_\_\_\_\_

If available, provide your 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 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.

# 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
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**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

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Company/Symbol/Account #

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

Total Value of Business Ownership Interests \$ \_\_\_\_\_

## Other Investments

Description/Cost	Present Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Value of Other Investments \$ \_\_\_\_\_

## Personal Property (Jewelry, Art, Furniture, Vehicles, etc.)

<b>ITEM #1</b> Description	Location
----------------------------	----------

Date of Purchase	Cost	Present Value
------------------	------	---------------

<b>ITEM #2</b> Description	Location
----------------------------	----------

Date of Purchase	Cost	Present Value
------------------	------	---------------

<b>ITEM #3</b> Description	Location
----------------------------	----------

Date of Purchase	Cost	Present Value
------------------	------	---------------

<b>ITEM #4</b> Description	Location
----------------------------	----------

Date of Purchase	Cost	Present Value
------------------	------	---------------

**Total Personal Property Value \$** \_\_\_\_\_

## Other Assets/Notes Receivable

**Description/Cost**

**Present Value**

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
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**Total Value of Other Assets/Notes Receivable \$** \_\_\_\_\_

## Bank or Savings Accounts

Type (Checking or Savings)	Name of Institution	Approximate Balance
<b>Total Bank or Savings Accounts \$</b>		

## 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**

## Annual Income

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 an inheritance?                      Yes      No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Will Information



### Beneficiaries

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)

Special instructions to be noted regarding the disposition of unique items:

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## 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Trust 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)

---

**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: \_\_\_\_\_

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Income distribution as follows:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Principal distribution as follows:

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Instructions regarding termination of this trust: \_\_\_\_\_

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## Trust Principal

Which of the assets you listed 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)

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### Real Property (Description)

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### Stocks (Description)

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### Other Property (Description)

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