

## FAMILY VALUES

What are the three most important family values you want to pass down to the next generation?

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What makes these values important to you?

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How do you view family giving as part of your legacy?

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What charitable organizations do you currently give to; what organizations might you include in your estate plan?

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What type of gifts (financial and non-financial) would you like to give the next generation; when do you plan to gift them?

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Have you shared your end-of life wishes and health directives with the next generation? If not, when do you plan to have this conversation?

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## YOUR PERSONAL INFORMATION

|  |  |                         |  |
|--|--|-------------------------|--|
| Name   |  |                         |  |
| Address  |  |                         |  |
| Phone  |  | Date of birth           |  |
| Email  |  |                         |  |
| Social Security number   |  | Driver's license number |  |
| Location of birth certificate, tax records, titles, certificates, etc. |  |                         |  |

## YOUR PARENTS

|                        | Parent 1 | Parent 2 |
|------------------------|----------|----------|
| Name                   |          |          |
| Address                |          |          |
| Phone                  |          |          |
| Email                  |          |          |
| Date of birth          |          |          |
| Date of death          |          |          |
| Social Security number |          |          |

## YOUR SPOUSE/PARTNER

|  |  |                         |  |
|--|--|-------------------------|--|
| Name   |  |                         |  |
| Phone  |  | Date of birth           |  |
| Email  |  |                         |  |
| Social Security number   |  | Driver's license number |  |
| Location of birth certificate, tax records, titles, certificates, etc. |  |                         |  |

## YOUR CHILDREN

|   |                        |  |               |  |
|---|------------------------|--|---------------|--|
| 1 | Name                   |  |               |  |
|   | Phone                  |  | Date of birth |  |
|   | Email                  |  |               |  |
|   | Social Security number |  |               |  |

|   |                        |  |               |  |
|---|------------------------|--|---------------|--|
| 2 | Name                   |  |               |  |
|   | Phone                  |  | Date of birth |  |
|   | Email                  |  |               |  |
|   | Social Security number |  |               |  |

|   |                        |  |               |  |
|---|------------------------|--|---------------|--|
| 3 | Name                   |  |               |  |
|   | Phone                  |  | Date of birth |  |
|   | Email                  |  |               |  |
|   | Social Security number |  |               |  |

|   |                        |  |               |  |
|---|------------------------|--|---------------|--|
| 4 | Name                   |  |               |  |
|   | Phone                  |  | Date of birth |  |
|   | Email                  |  |               |  |
|   | Social Security number |  |               |  |

|   |                        |  |               |  |
|---|------------------------|--|---------------|--|
| 5 | Name                   |  |               |  |
|   | Phone                  |  | Date of birth |  |
|   | Email                  |  |               |  |
|   | Social Security number |  |               |  |

|   |                        |  |               |  |
|---|------------------------|--|---------------|--|
| 6 | Name                   |  |               |  |
|   | Phone                  |  | Date of birth |  |
|   | Email                  |  |               |  |
|   | Social Security number |  |               |  |

## YOUR PETS

|                           |  |  |  |
|---------------------------|--|--|--|
| Name(s)                   |  |  |  |
| Vet's contact information |  |  |  |
| Care instructions         |  |  |  |

## YOUR EMPLOYER

|                  |                |                      |                |
|------------------|----------------|----------------------|----------------|
| Are you retired? | Yes ___ No ___ | Ownership interest   | Yes ___ No ___ |
| Company name     |                |                      |                |
| Phone            |                | Position             |                |
| Start date       |                | End date, if retired |                |

## YOUR SPOUSE/PARTNER'S EMPLOYER

|                    |                |                      |                |
|--------------------|----------------|----------------------|----------------|
| Is he/she retired? | Yes ___ No ___ | Ownership interest   | Yes ___ No ___ |
| Company name       |                |                      |                |
| Phone              |                | Position             |                |
| Start date         |                | End date, if retired |                |

## ESSENTIAL DOCUMENTS

|                            |                |               |  |
|----------------------------|----------------|---------------|--|
| <b>Do you have a will?</b> | Yes ___ No ___ | Date prepared |  |
| Prepared by                |                | Executor      |  |
| Notes                      |                |               |  |

|                             |                |               |  |
|-----------------------------|----------------|---------------|--|
| <b>Do you have a trust?</b> | Yes ___ No ___ | Date prepared |  |
| Prepared by                 |                | Trustee       |  |
| Notes                       |                |               |  |

|  |  |
|--|--|
| <b>Do you have a signed financial durable power of attorney?</b> | Yes ___ No ___                                     |
| Date prepared  |  |
| Prepared by  | Appointed person                                   |
| Effective date of power holder to act on your behalf             | Immediately ___ Upon your incapacity ___ Other ___ |
| Notes  |  |

|  |  |
|--|--|
| <b>Do you have a living will?</b>                    | Yes ___ No ___                                     |
| <b>Do you have a healthcare power of attorney?</b>   | Yes ___ No ___                                     |
| Date prepared  |  |
| Prepared by  | Appointed person                                   |
| Effective date of power holder to act on your behalf | Immediately ___ Upon your incapacity ___ Other ___ |
| Notes  |  |

## ESSENTIAL DOCUMENTS, CONTINUED

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

Insurance agent's name \_\_\_\_\_ Company name \_\_\_\_\_

Policy number \_\_\_\_\_

Notes \_\_\_\_\_

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

Donation instructions \_\_\_\_\_

Location of documents \_\_\_\_\_

*Please note: this estate planning packet is not intended as a legal form. Consult with your doctor and attorney today to create the appropriate documents.*

## SECURITY

Do you have a safe deposit box? Yes \_\_\_ No \_\_\_

Bank name \_\_\_\_\_ Branch location \_\_\_\_\_

Box number \_\_\_\_\_ Location of keys \_\_\_\_\_

Contact information \_\_\_\_\_

People with authorized access \_\_\_\_\_

Contents \_\_\_\_\_

1 Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

2 Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

3 Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

4 Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

5 Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

## FUNERAL INSTRUCTIONS

Type of preparation      Cremation \_\_\_    Burial \_\_\_.    Donation of body \_\_\_

Funeral home preference

Cemetery preference

Location of memorial service

Notes

## DISPOSITION OF ASSETS

Name

Description of Asset(s)

Spouse

Beneficiary

Beneficiary

Beneficiary

Charitable organization

Charitable organization

Charitable organization

Other

# CALCULATE YOUR ESTATE'S WORTH

## ASSETS

| CASH           |  | Owned by you alone | Owned by spouse | Owned jointly |
|----------------|--|--------------------|-----------------|---------------|
| Account name   |  | \$                 | \$              | \$            |
| Account number |  |                    |                 |               |
| Account name   |  | \$                 | \$              | \$            |
| Account number |  |                    |                 |               |
| Account name   |  | \$                 | \$              | \$            |
| Account number |  |                    |                 |               |

| REAL ESTATE          |  | Owned by you alone | Owned by spouse | Owned jointly |
|----------------------|--|--------------------|-----------------|---------------|
| Description/location |  | \$                 | \$              | \$            |
| Purchase date        |  |                    |                 |               |
| Cost basis           |  |                    |                 |               |
| Description/location |  | \$                 | \$              | \$            |
| Purchase date        |  |                    |                 |               |
| Cost basis           |  |                    |                 |               |
| Description/location |  | \$                 | \$              | \$            |
| Purchase date        |  |                    |                 |               |
| Cost basis           |  |                    |                 |               |

| STOCKS, BONDS, MUTUAL FUNDS |  | Owned by you alone | Owned by spouse | Owned jointly |
|-----------------------------|--|--------------------|-----------------|---------------|
| Description                 |  | \$                 | \$              | \$            |
| Purchase date               |  |                    |                 |               |
| Cost basis                  |  |                    |                 |               |
| Description                 |  | \$                 | \$              | \$            |
| Purchase date               |  |                    |                 |               |
| Cost basis                  |  |                    |                 |               |
| Description                 |  | \$                 | \$              | \$            |
| Purchase date               |  |                    |                 |               |
| Cost basis                  |  |                    |                 |               |

**ASSETS, CONTINUED**

| <b>PERSONAL ASSETS</b> |  | Owned by you alone | Owned by spouse | Owned jointly |
|------------------------|--|--------------------|-----------------|---------------|
| Description            |  |                    |                 |               |
| Purchase date          |  | \$                 | \$              | \$            |
| Cost basis             |  |                    |                 |               |
| Description            |  |                    |                 |               |
| Purchase date          |  | \$                 | \$              | \$            |
| Cost basis             |  |                    |                 |               |
| Description            |  |                    |                 |               |
| Purchase date          |  | \$                 | \$              | \$            |
| Cost basis             |  |                    |                 |               |

| <b>LIFE INSURANCE</b> |  | Face amount        |                 |               |
|-----------------------|--|--------------------|-----------------|---------------|
|                       |  | Owned by you alone | Owned by spouse | Owned jointly |
| Name of company       |  |                    |                 |               |
| Insured               |  | \$                 | \$              | \$            |
| Beneficiary           |  |                    |                 |               |
| Name of company       |  |                    |                 |               |
| Insured               |  | \$                 | \$              | \$            |
| Beneficiary           |  |                    |                 |               |
| Name of company       |  |                    |                 |               |
| Insured               |  | \$                 | \$              | \$            |
| Beneficiary           |  |                    |                 |               |

| <b>RETIREMENT BENEFITS</b> |  | Owned by you alone | Owned by spouse | Owned jointly |
|----------------------------|--|--------------------|-----------------|---------------|
| Description                |  |                    |                 |               |
| Beneficiary                |  | \$                 | \$              | \$            |
| Description                |  |                    |                 |               |
| Beneficiary                |  | \$                 | \$              | \$            |
| Description                |  |                    |                 |               |
| Beneficiary                |  | \$                 | \$              | \$            |

**ASSETS, CONTINUED**

| ANNUITIES   |  | Present value      |                 |               |
|-------------|--|--------------------|-----------------|---------------|
|             |  | Owned by you alone | Owned by spouse | Owned jointly |
| Description |  |                    |                 |               |
| Annuitant   |  | \$                 | \$              | \$            |
| Beneficiary |  |                    |                 |               |
| Cost basis  |  |                    |                 |               |
| Description |  |                    |                 |               |
| Annuitant   |  | \$                 | \$              | \$            |
| Beneficiary |  |                    |                 |               |
| Cost basis  |  |                    |                 |               |

| Other       |  | Owned by you alone | Owned by spouse | Owned jointly |
|-------------|--|--------------------|-----------------|---------------|
| Description |  | \$                 | \$              | \$            |
| Description |  | \$                 | \$              | \$            |
| Description |  | \$                 | \$              | \$            |

| TOTAL OF ALL ASSETS |  | Owned by you alone | Owned by spouse | Owned jointly |
|---------------------|--|--------------------|-----------------|---------------|
|                     |  | \$                 | \$              | \$            |

**LIABILITIES**

| MORTGAGES        |  | Owed by you alone | Owed by spouse | Owed jointly |
|------------------|--|-------------------|----------------|--------------|
| Description      |  |                   |                |              |
| Name of creditor |  | \$                | \$             | \$           |
| Description      |  |                   |                |              |
| Name of creditor |  | \$                | \$             | \$           |
| Description      |  |                   |                |              |
| Name of creditor |  | \$                | \$             | \$           |

| LOANS, INSTALLMENT DEBTS |  | Owed by you alone | Owed by spouse | Owed jointly |
|--------------------------|--|-------------------|----------------|--------------|
| Description              |  |                   |                |              |
| Name of creditor         |  | \$                | \$             | \$           |
| Description              |  |                   |                |              |
| Name of creditor         |  | \$                | \$             | \$           |

**LIABILITIES****CURRENT BILLS**

|                  |  | Owed by you alone | Owed by spouse | Owed jointly |
|------------------|--|-------------------|----------------|--------------|
| Description      |  | \$                | \$             | \$           |
| Name of creditor |  |                   |                |              |
| Description      |  | \$                | \$             | \$           |
| Name of creditor |  |                   |                |              |
| Description      |  | \$                | \$             | \$           |
| Name of creditor |  |                   |                |              |
| Description      |  | \$                | \$             | \$           |
| Name of creditor |  |                   |                |              |

**ESTIMATED TAXES OWED**

|             |  | Owed by you alone | Owed by spouse | Owed jointly |
|-------------|--|-------------------|----------------|--------------|
| Description |  | \$                | \$             | \$           |
| Description |  | \$                | \$             | \$           |
| Description |  | \$                | \$             | \$           |
| Description |  | \$                | \$             | \$           |

**OTHER**

|             |  | Owed by you alone | Owed by spouse | Owed jointly |
|-------------|--|-------------------|----------------|--------------|
| Description |  | \$                | \$             | \$           |
| Description |  | \$                | \$             | \$           |
| Description |  | \$                | \$             | \$           |
| Description |  | \$                | \$             | \$           |

**TOTAL OF ALL LIABILITIES**

|  |  | Owed by you alone | Owed by spouse | Owed jointly |
|--|--|-------------------|----------------|--------------|
|  |  | \$                | \$             | \$           |

|                         | You | Spouse | Joint |
|-------------------------|-----|--------|-------|
| <b>ASSETS</b>           | \$  | \$     | \$    |
| <b>- LIABILITIES</b>    | \$  | \$     | \$    |
| <b>NET ESTATE VALUE</b> | \$  | \$     | \$    |