

# PREPARING FOR THE UNEXPECTED PLANNING PACKET

## FAMILY VALUES

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

What makes these values important to you?

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

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

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

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?

## 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				
PERSONAL ASSETS		Owned by you alone	Owned by spouse	Owned jointly
Description		\$	\$	\$
Purchase date				
Cost basis				
Description		\$	\$	\$
Purchase date				
Cost basis				
Description		\$	\$	\$
Purchase date				
Cost basis				
LIFE INSURANCE		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				
RETIREMENT BENEFITS		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
ASSETS	\$	\$	\$
- LIABILITIES	\$	\$	\$
NET ESTATE VALUE	\$	\$	\$