

PLANNING *for the* FUTURE



A Guide to Wills and Trusts

WESTERN
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Foundation

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
------------------	------	---------------

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

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.)

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 \$ _____

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:

Executor

Name someone that you want to be in charge of carrying out the provisions of your will. is 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. is 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 _____

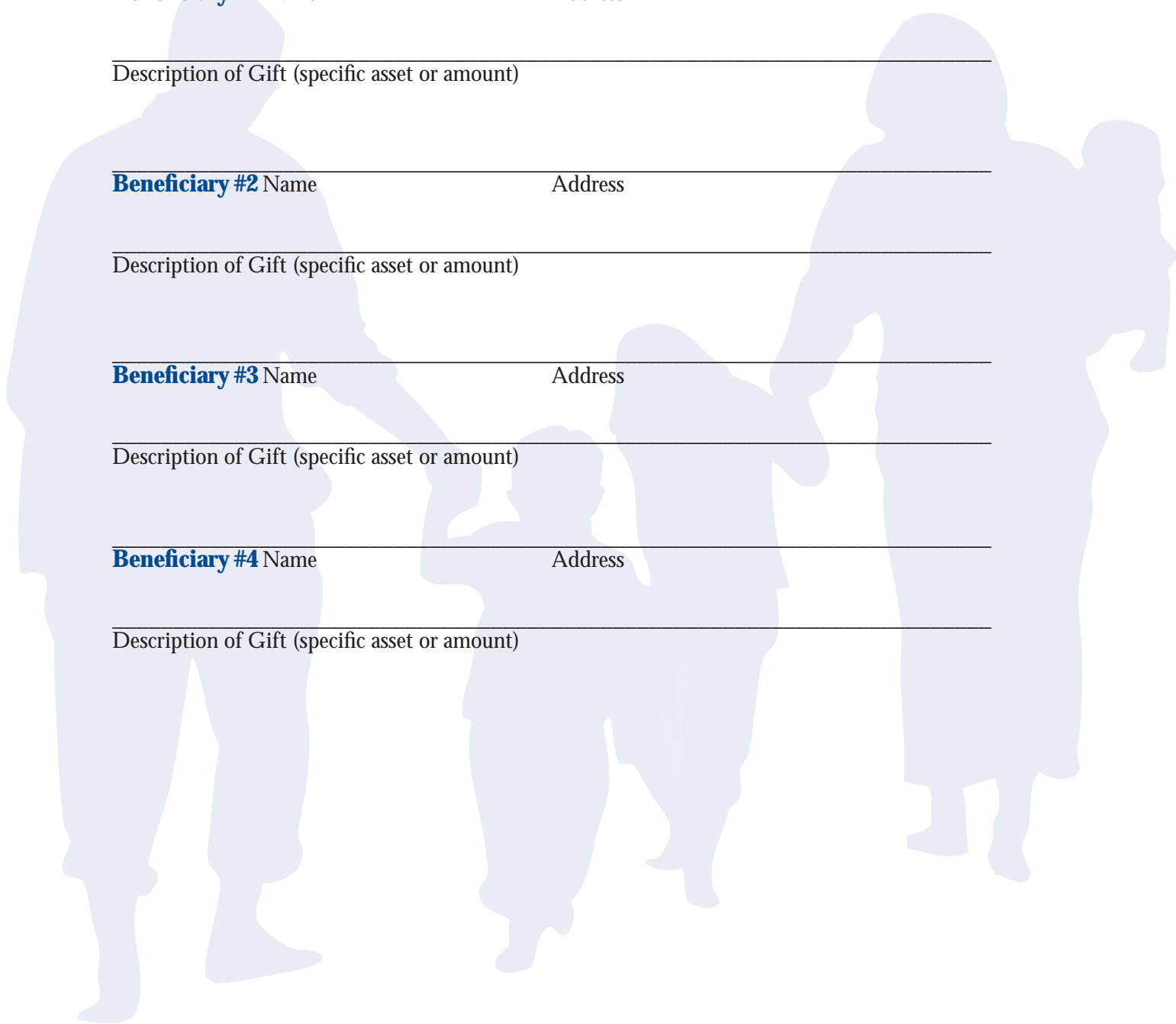
Description of Gift (specific asset or amount)

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: _____

Income distribution as follows:

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Principal distribution as follows:

Instructions regarding termination of this trust: _____

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)

Real Property (Description)

Stocks (Description)

Other Property (Description)

Financial Advisor

Name _____

Address _____

Phone _____ Email _____

Legal Advisor

Name _____

Address _____

Phone _____ Email _____

Western Advisor

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