

PLANNING for the FUTURE



A GUIDE TO PLANNING YOUR WILL AND TRUST



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Planning for the Future

A Guide to Planning Your Will and Trust

A person may work forty years to accumulate assets and spend ten to twenty years conserving that accumulation, but often takes two hours or less to plan for distribution of the assets. Through good planning, a wonderful chapter in the book of your life can be completed. However, too many times there has been little planning or sometimes no planning and the last chapter is burdensome for family members.

This guide is designed to help you move forward with a plan that writes a very good chapter in the book of your life. Through proper planning, the legacy of love and care that you leave for your family and friends can be encouraging and even inspiring. We will show you in this document how to update your estate plan with a will and also make plans for your potential medical decisions.

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 to assist you in gathering the information your attorney will need. With this guide, the process will be much easier, less expensive and fulfill your desires for friends and family.



THREE STEPS TO A “SLEEP WELL” PLAN

- 1. Complete the Will and Trust Guide.** Plan to spend two or three sessions completing this guide. It may take you two or three hours.
- 2. Transfer the guide to an attorney.** He or she will review your plan, prepare your will and any other needed documents. (We will help you find a qualified attorney if you desire.)
- 3. Sign your will and other documents.** After reviewing the documents prepared by your attorney, sign them and rest well knowing that you have provided for those you love.



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 #4

Name		Name	
Relationship	Date of Birth	Relationship	Date of Birth
Street Address		Street Address	
City	State	Zip	

Child/Dependent #2 Child/Dependent #5

Name		Name	
Relationship	Date of Birth	Relationship	Date of Birth
Street Address		Street Address	
City	State	Zip	

Child/Dependent #3 Child/Dependent #6

Name		Name	
Relationship	Date of Birth	Relationship	Date of Birth
Street Address		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.



REAL ESTATE

Financial Information: Assets

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 \$ _____



Stock, 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 \$ _____



PROPRIETORSHIP, PARTNERSHIP, CORPORATION

Business Ownership

_____	_____	_____	\$ _____	\$ _____
Name of Business	Share of Ownership	Date of Creation	Purchase Value	Present Value
_____	_____	_____	\$ _____	\$ _____
Name of Business	Share of Ownership	Date of Creation	Purchase Value	Present Value
_____	_____	_____	\$ _____	\$ _____
Name of Business	Share of Ownership	Date of Creation	Purchase Value	Present Value
_____	_____	_____	\$ _____	\$ _____
Name of Business	Share of Ownership	Date of Creation	Purchase Value	Present Value
_____	_____	_____	\$ _____	\$ _____
Name of Business	Share of Ownership	Date of Creation	Purchase Value	Present Value
Total Value of Business Ownership Interests			\$ _____	

Other Investments

_____	\$ _____	\$ _____
Description	Cost	Present Value
_____	\$ _____	\$ _____
Description	Cost	Present Value
_____	\$ _____	\$ _____
Description	Cost	Present Value
_____	\$ _____	\$ _____
Description	Cost	Present Value
_____	\$ _____	\$ _____
Description	Cost	Present Value
Total Value of Other Investments		\$ _____



JEWELRY, ART, FURNITURE, VEHICLES, ETC.

Personal Property

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

Item #5 Description	Location
----------------------------	-----------------

_____	\$ _____	\$ _____
Date of Purchase	Cost	Present Value

Total Personal Property Value \$ _____

Other Assets/Notes Receivable

_____	\$ _____	\$ _____
Description	Cost	Present Value

_____	\$ _____	\$ _____
Description	Cost	Present Value

_____	\$ _____	\$ _____
Description	Cost	Present Value

Total Value of Other Assets/Notes Receivable \$ _____



Bank or Savings Accounts

_____	_____	\$ _____
Type (Checking or Savings)	Name of Institution	Approximate Balance
_____	_____	\$ _____
Type (Checking or Savings)	Name of Institution	Approximate Balance
_____	_____	\$ _____
Type (Checking or Savings)	Name of Institution	Approximate Balance
_____	_____	\$ _____
Type (Checking or Savings)	Name of Institution	Approximate Balance
_____	_____	\$ _____
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:

_____ \$ _____
Type Amount

_____ \$ _____
Type Amount

_____ \$ _____
Type Amount

_____ \$ _____
Type Amount

_____ \$ _____
Type Amount

Inheritance

Do you expect to receive an inheritance? Yes No

If yes, explain. _____



MORTGAGES, TRUST DEEDS, LOANS, ETC.

Financial Information: Liabilities

_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
Total Mortgages, Trust Deeds, Loans, Etc.		\$ _____

Other Debts

_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
_____	_____	\$ _____
Description	Terms	Present Balance
Total Other Debts		\$ _____



BENEFICIARIES

Will Information

List the people, group and/or charitable organizations that you want to benefit when you die.

Beneficiary Name #1	Address
---------------------	---------

Description of Gift	\$ _____ Specific asset or amount
---------------------	--------------------------------------

Beneficiary Name #2	Address
---------------------	---------

Description of Gift	\$ _____ Specific asset or amount
---------------------	--------------------------------------

Beneficiary Name #3	Address
---------------------	---------

Description of Gift	\$ _____ Specific asset or amount
---------------------	--------------------------------------

Beneficiary Name #4	Address
---------------------	---------

Description of Gift	\$ _____ Specific asset or amount
---------------------	--------------------------------------

Beneficiary Name #5	Address
---------------------	---------

Description of Gift	\$ _____ Specific asset or amount
---------------------	--------------------------------------

Beneficiary Name #6	Address
---------------------	---------

Description of Gift	\$ _____ Specific asset or amount
---------------------	--------------------------------------

Beneficiary Name #7	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

Full Name _____

Address _____

City _____ State _____ Zip _____

ALTERNATE

Full Name _____

Address _____

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

Full Name _____

Address _____

City _____ State _____ Zip _____

ALTERNATE

Full Name _____

Address _____

City _____ State _____ Zip _____



TRUSTEE

Trust Information

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

Full Name _____

Address _____

City _____ State _____ Zip _____

ALTERNATE

Full Name _____

Address _____

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 Name #1	Address
Description of Gift	\$ _____ Specific asset or amount
Beneficiary Name #2	Address
Description of Gift	\$ _____ Specific asset or amount
Beneficiary Name #3	Address
Description of Gift	\$ _____ Specific asset or amount
Beneficiary Name #4	Address
Description of Gift	\$ _____ Specific asset or amount
Beneficiary Name #5	Address
Description of Gift	\$ _____ Specific asset or amount
Beneficiary Name #6	Address
Description of Gift	\$ _____ Specific asset or amount
Beneficiary Name #7	Address
Description of Gift	\$ _____ Specific asset or amount



Terms of Trust

General Instructions:

Income distribution as follows:

Name _____

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)



Power of Attorney for Healthcare

There are two primary documents that will provide for your future healthcare. A durable power of attorney for healthcare empowers another person you select to make key decisions on your care. These could include whether an operation should be done or other major healthcare decisions should be made.

A second document is a living will. If you are in your final weeks or days of life, then decisions must be made with respect to nutrition, hydration, resuscitation and other critical care.

A durable power of attorney for healthcare is important to ensure that the right person has been selected. It is called a “durable” power because it is effective even if you are ill and not capable of making your own decisions.

In some states the living will and durable power of attorney are combined in an “Advance Directive” document.

Please select your primary and secondary healthcare decision makers.

POWER OF ATTORNEY FOR HEALTHCARE

Healthcare Power of Attorney _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Relationship, if not a spouse _____

ALTERNATE POWER OF ATTORNEY FOR HEALTHCARE

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Relationship, if not a spouse _____



Power of Attorney for Finances

A common concern is, “What if I am sick and am no longer able to manage my property?” Unfortunately, there are far too many cases of the property of senior persons being mismanaged or taken away by fraud or misrepresentation. A very good plan for protection of yourself and your property is to have a durable power of attorney for finances.

If you are no longer able to manage your property or later wish to have someone else manage your property, this durable power of attorney will give the person you select the legal authority to buy, sell and manage your property. Of course, if you have a revocable living trust, the successor trustee will manage the property in the trust. But it is still very possible that you own other property personally. The durable power of attorney for finances enables the individual you designate to manage your property and provide for your care.

Do you want to create a durable power of attorney for finances? Yes No

If married, does your spouse want a durable power of attorney? Yes No

For the durable power of attorney, please list information about the selected person.

POWER OF ATTORNEY FOR FINANCES

Primary Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Relationship, if not a spouse _____

ALTERNATE POWER OF ATTORNEY FOR FINANCES

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Relationship, if not a spouse _____



Sample Bequest Language
(Optional)





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