



Make A Will Worksheets
Provided by the Make a Will Committee,
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WILL PLANNING WORKSHEET

The following documents are included in this packet to help you prepare for your meeting with an attorney to discuss your estate planning and will planning. Sections 1-4 need to be completed for the appointment, the remaining sections should be completed but are not mandatory:

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Personal Information

What is your name (as you want it to appear in the will)? _____

Marital Status: married, single, divorced, widowed? _____

If married, what is your spouse's full name? _____

What is your legal address? _____

What is your date of birth? _____

What is your spouse's date of birth? _____

What is your social security number? _____

What is your spouse's social security number? _____

What is your state of residence? _____

What county do you live in? _____

Have you ever signed a will before? _____

If married, do you both have a written prenuptial or marital agreement? _____

Is the value of your estate: (a) less than \$1,000,000
(b) between \$1,000,000 & \$2,000,000
(c) greater than \$2,000,000 _____

Do you have any children (either natural or adopted)? _____

If yes, are they also the legal children of your current spouse? _____

If you have children, do any of them have special needs? _____

What are your children's names and dates of birth? If they are away from home, please list their address.

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Records and Certificates:

Are you or your spouse a veteran? If yes where are your discharge papers? _____

Where are your birth and/or citizenship and marriage certificates located? _____

Where are your titles, abstracts, leases and other important papers located? _____

Where are your life insurance policies, stock, bond, mutual funds statements located? _____

Do you have a cemetery plot or mausoleum space? _____

If yes, where is it located? _____

If yes, where is the deed of ownership located? _____

Do you have a safety deposit box? _____

If yes, is it held jointly with... _____

What is the box number and where is the key? _____

Where is the safety deposit box located? _____

List any other concerns or additional comments on page 18.

Will Planning Worksheet

Choice of Personal Representative:

The personal representative is the same thing as the administrator, executor or executrix. This is the person who is responsible to take your will to the attorney when you die and will work with the attorney to ensure your estate is administered according to your will and the law.

Most married people choose their spouse as their first choice as this is the person who knows most about their property and generally this is the beneficiary of the will.

Do you want your spouse to be your 1st choice (If no, who)? _____

Who would you like as your 2nd choice? _____

Choice of Guardian and Trustee for minor children:

If you have minor children (less than 18 years old), you will want to select someone to look after your children and their money if something happens to both you and your spouse. The person who raises your children is called a guardian. The person who looks after your children's money until they are old enough to handle their money themselves is called the trustee. Your guardian and trustee may be the same person, but they do not have to be. Usually, it is recommended that you choose an individual as guardian or trustee (not a married couple) to avoid confusion in the event of a divorce.

Name of 1st guardian: _____

Name of 2nd guardian: _____

Name of 1st trustee: _____

Name of 2nd trustee: _____

Age of children when they should have exclusive control of their money? _____

List any other concerns or additional comments on page 18.

Powers of Attorney Information

Have you ever signed a durable power of attorney, living will or medical power of attorney? _____

Choice of Power of Attorney for Health Care (your health care agent):

If you ever become unable to make health care decisions for yourself or cannot communicate your health care decisions your health care agent is the person who you have chosen to make these decisions for you and communicate them to your doctors. This person is required to make decisions based upon what they believe your wishes would be under the circumstances, NOT based on their own personal opinions about what should be done.

Most married people choose their spouse as their first choice for this role because this is often the person that knows most about their health care wishes. It is not advisable to choose a person who you do not think could make the decisions which you would want to have made.

Name of 1st choice health care agent? _____

What is their relationship to you? _____

Address & phone number: _____

Name of 2nd choice health care agent? _____

What is their relationship to you? _____

Address & phone number? _____

Please take the time to discuss your feelings about health care with these people and make sure they willing to make these decisions for you should it become necessary?

Choice of Power of Attorney for Financial Care (your Durable Power of Attorney agent):

Because a durable power of attorney takes effect immediately upon your signature, you should only choose as your agent a person whom you would trust with your life savings or your credit card. This person you choose should be someone you believe can handle your business and legal affairs well.

Most married people choose their spouse as their first choice as this person generally already has control of their life savings and credit cards and know the most about their financial and legal affairs. DO NOT choose someone who does not handle money well, or whom you do not trust as your durable power of attorney.

Name of 1st choice durable power of attorney? _____

What is their relationship to you? _____

Address & phone number? _____

Name of 2nd choice durable power of attorney? _____

What is their relationship to you? _____

Address and phone number? _____

Please discuss your choice with these people and explain to them that you do not want them to use this authority unless necessary and ensure these people are willing to be your agent should it become necessary?

Handling of Personal Items/Belongings

If you are interested in attaching a list to your will that lists items of your personal property and who you would like to receive each item, please use the following worksheet. These include items that are not real estate or intangible assets such as cash bank accounts, stocks, bonds, insurance papers, etc..

Please use the following instructions to complete the worksheet:

- (1) Please sign and date the worksheet.
- (2) Each page should be signed and dated and witnessed by someone who is neither a relative or recipient.
- (3) The worksheet should not include items already specifically disposed of by you or your will.
- (4) The worksheet cannot be used to dispose of money, promissory notes, or other evidence of indebtedness, documents of title, securities or any property used in a trade or business.
- (5) You should describe each item so that it can be easily identified and will not be confused with another similar item.
- (6) On the worksheet, the line number of an item of personal property should match the line number of the intended recipient of that item. Any unused lines should not be left blank, but should be marked "No information here".
- (7) Each designated recipient should be identified by proper legal name and relationship to you. Include the recipients address if he or she does not live in you household.
- (8) You may change the recipients or property designated in the worksheet or revise or revoke the entire worksheet. Make changes only by using a blank copy of this worksheet or by creating a new worksheet patterned after this form and destroy the old worksheet. Never make any changes by striking through an item or altering anything on the worksheet after it has been signed and witnessed. Such changes could affect the validity of the entire worksheet since it might not be possible at a later time to determine whether you or someone else made the changes.
- (9) You may make copies of this memorandum for your convenience.

Worksheet for Personal Items/Belongings

My Will refers to the distribution of tangible personal property in accordance with a written memorandum separate from my Will. I hereby make this written statement for that purpose.

Description of item:

To be distributed to:

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

4) _____

4) _____

5) _____

5) _____

6) _____

6) _____

7) _____

7) _____

8) _____

8) _____

9) _____

9) _____

10) _____

10) _____

11) _____

11) _____

12) _____

12) _____

13) _____

13) _____

Unless otherwise indicated, if the person or organization named to receive a particular item does not exist or does not survive me by 30 days, such bequest shall lapse and the item shall pass pursuant to the other provisions of my Will. Items shall pass to the above named persons only to the extent such items are owned by me at my death and are not to be substituted or replaced by other items. Additional bequests may be made by me on another copy of this form.

Dated: _____

Testator Signature

Witness Signature

(Print testator name)

(Print witness name)

Discussion Guide, Health Care Situations

Please consider completing the chart below with your health care agent using the following choices:

- I want
- I am undecided
- I do not want

	I am in a coma or vegetative state with no hope for recovery	I am in a coma or vegetative state, may recover with brain damage, but most likely will die	I have irreversible brain damage and terminal illness; I can't communicate or recognize people	I have irreversible brain damage but I'm physically healthy; I can't communicate or recognize people
CPR				
Mechanical Breathing				
Artificial (tube) Feeding				
Major Surgery				
Minor Surgery				
Invasive Diagnostic Tests				
Simple Diagnostic Tests				
Kidney Dialysis				
Chemotherapy				
Blood Transfusions				
Antibiotics				
Pain Medications				

Letter of Instruction to Family

A letter of instruction to your family should include the following information. It should be kept with your other important papers.

(1) Persons to be notified upon your death, with their addresses and phone numbers:

- a. Funeral Home
- b. Relatives
- c. Employer
- d. Personal representative (administrator)
- e. Attorney
- f. Partners or business associates
- g. Insurance agent and/or financial advisor
- h. Other persons

(2) Burial and funeral instructions:

- a. Cemetery plot location, deed number and location of deed
- b. Facts needed by funeral director, such as your full name (the deceased person), residence, marital status, name of spouse, date of birth, place of birth, father's name and birthplace, mother's maiden name, military service, length of residence in the United States, length of residence in state, social security number, occupation, special wishes and desires.
- c. Words to be inscribed on gravestone
- d. If cremation is desired, specify for the disposition of your ashes.

(3) Location of all important legal and personal papers:

- a. Will
- b. Insurance policies
- c. Bank books, checkbooks and certificates of deposit
- d. Bonds, stock certificates, mutual funds and other investment related papers
- e. Social Security and Medicare cards and papers
- f. Title and registration documents to automobiles
- g. Titles, deeds and other relevant papers relating to real property
- h. Birth and baptismal certificates
- i. Marriage certificate
- j. Divorce decree and separation or settlement agreements
- k. Military records
- l. Naturalization papers or alien registration card
- m. Income tax returns
- n. Credit cards
- o. Mortgage and other documents relating to outstanding debts or loans
- p. Bank statements and canceled checks
- q. Important warranties such as appliance warranties

- r. Important receipts such as home improvements
 - s. Location of safe-deposit box, number, in whose name it's registered, location of key and list of contents
 - t. Other legal papers
- (4) Membership in any fraternal or mutual aid association which has as part of its membership death benefits or insurance coverage, address and telephone number of association, person to contact as to procedure for collecting benefit, and location of certificate of membership or certificate of insurance.
 - (5) List of life and accident insurance policies, with name and address of company, policy number, amount of coverage, beneficiaries, name, address and telephone number of insurance agent and instructions to file claim immediately.
 - (6) List of homeowner's, fire, casualty and other insurance policies, including name and address of company, policy numbers, amount of coverage, beneficiaries and name, address and telephone number of agent.
 - (7) List of insurance policies insuring other family members for whom you have been paying premiums, including name and address of company, policy number, amount of coverage, beneficiaries, and name, address and telephone number of insurance agent.
 - (8) Social security number with instructions to call local social security office to inform them of your death, to ask for an appointment and what papers to bring and instructions to file a claim immediately.
 - (9) List of bank accounts with name and address of bank, account numbers, name(s) on the account, type of account and any special instructions.
 - (10) List of all bonds with serial numbers, denominations and names in which they are registered.
 - (11) List of all shares of stock, with names of companies, number of shares, in whose name they are issued and name and address of stockbroker.
 - (12) List of mutual funds, annuities, pensions, profit sharing plans and any other investments and location of pertinent documents.
 - (13) List of all credit cards with the name and address of the issuer and card number.
 - (14) List of monetary obligations, including mortgages with name and address of bank or other lender, account number, name appearing on loan documents, amount of loan, monthly payment, collateral if any and whether there was life insurance on loan, and if so, name and address of insurer, with instructions to notify them and file claim immediately.
 - (15) List of all automobiles, with year, make, model, body type, color and identification (VIN) number. A copy of the declarations page of insurance could be sufficient.
 - (16) List and location of personal items and other personal property with sentimental value and the worksheet for disposing of those items.

- (17) Matters relating to your house or condominium, including address, in whose name it's recorded and description. Include a list of home improvements, with the date and cost. Include also a statement as to the actual cost of the house, and expenses incurred in purchasing the house.
- (18) If renting, name and address of lessor, expiration date of the lease, location of lease agreement and receipts of payments.
- (19) If veteran, instructions to notify nearest Veterans Administration of your death and to ask what benefits are available.
- (20) Any other special instructions.

Net Worth Worksheet

(1) Assets:

a. Cash (savings and checking accounts, certificates of deposit)

<u>Type of account</u>	<u>Name of financial institution</u>	<u>How titled Joint or sole</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

b. Life Insurance:

<u>Name of Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Cash Value</u>
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

c. Annuities:

<u>Name of Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Purchase Price</u>	<u>Present Value</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

d. Real Estate:

<u>Description & Location of Property</u>	<u>Date of Purchase</u>	<u>How Titled Joint or Sole</u>	<u>Cost Basis</u>	<u>Fair Market Value</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

e. Stocks, bonds and mutual funds:

<u>Description</u>	<u>Date of Purchase</u>	<u>How Titled Joint or Sole</u>	<u>Cost Basis</u>	<u>Fair Market Value</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

f. Employee benefits (pensions, 401(k) plans, profit-sharing, IRA's, etc.)

<u>Description</u>	<u>Beneficiary</u>	<u>Value of Vested Interest</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

g. Special and Personal assets (automobiles, jewelry, furniture, boats, collectibles, etc):

<u>Description</u>	<u>Date of Purchase</u>	<u>How Titled Joint or Sole</u>	<u>Cost Basis</u>	<u>Current Value (approx)</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

h. Gifts made:

<u>Type of Asset</u>	<u>To Whom</u>	<u>Year of Gift</u>	<u>Gift tax paid if any</u>	<u>Cost Basis</u>	<u>Value of Gift</u>
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

i. Other assets potentially includable in your estate because of your interest (ownership) in them:

<u>Description</u>	<u>Current Value (approx)</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of all Assets: \$ _____

(2) Liabilities:

a. Mortgages:

<u>Description of Property</u>	<u>Name of Creditor</u>	<u>Balance Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

b. Loans, Installment debts (auto loans, personal loans, insurance loans, etc):

<u>Description</u>	<u>Name of Creditor</u>	<u>Balance Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

c. Current bills (department store cards, credit cards, other store charges, etc):

<u>Description</u>	<u>Name of Creditor</u>	<u>Balance Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Taxes owed (estimate- State & Federal income tax, property taxes, etc):

<u>Description</u>	<u>Amount Owed</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

e. All other current liabilities:

<u>Description</u>	<u>Amount Owed</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of all liabilities: \$ _____

(3) Net Worth

Total of all assets in (1) \$ _____

Total of all liabilities in (3) \$ _____

Estimated Net Worth \$ _____

Miscellaneous Estate Planning & Eldercare Issues

Estate Tax “Repeal”

Year	Maximum Tax Rate	Amount of Exemption (per person)
2002	50%	\$1,000,000
2003	49%	\$1,000,000
2004	48%	\$1,500,000
2005	47%	\$1,500,000
2006	46%	\$2,000,000
2007	45%	\$2,000,000
2008	45%	\$2,000,000
2009	45%	\$3,500,000
2010	0%	Exempt
2011	55%	\$1,000,000

This is the amount each individual can transfer tax-free during their life and at death over the next several years. This is referred to as the “unified credit”.

In addition to this, each person is entitled to gift up to \$11,000 (for 2002) per year tax-free to each of your children (or anyone else). Married couples may give up to \$22,000. These gifts can be in the form of property and/or cash. Also, all gifts to spouse are tax-free.

NOTE: Current legislation provides that the estate tax will be repealed after 2010 if Congress doesn’t act before 2011. At that time, the tax will revert to 2001 tax rates and amounts.

Living Trusts

The trust called a “living trust” is a method for a person to pass on an estate without having it go through probate. Once the living trust is established, you place your home or real estate, stocks, bonds, etc in the trust. You name yourself as the beneficiary and the trust manager (trustee). By doing this, you control the assets while you are living. When you pass away the assets pass to beneficiaries designated in the trust without having to go through probate.

Some difficulties of having a living trust is the difficulty of keeping track of assets you put into the trust since you are always accumulating new things. So, if you have a living trust, you generally need a will with a “pour over” clause that states anything you have at the time of your death is to remain in the trust.

Life Insurance Trusts

Recall from the net worth worksheet that life insurance is included in your estate to determine if you will need to pay estate taxes or not. If the life insurance is sizable, it may cause estate tax problems. One way to avoid this is to not have any “incidence” of ownership of the policy. This is accomplished by establishing an Irrevocable Life Insurance Trust (ILIT) and having the ILIT own the policy. If you feel this is a possible concern, please visit with the attorney, your financial advisor or accountant.

Section 529 Plans and other college funding trusts

Many parents and grandparents find great pleasure in assuring their children or grandchildren can make it to college. There are various options that are now available to you to accomplish this goal. If this is important to you please bring this up to your attorney, financial advisor or accountant.

Any other concerns or additional comments:
