

Estate Planning Workbook

Inform survivors of your final wishes and the location of important documents. Take steps to plan your estate. This workbook is a way to inform your survivors of what your wishes are and where important documents are located. This is not a legally binding document, but instead it is meant to help others carry out your wishes for you. It is a guidepost for your heirs to follow. Your will and trust should be the legal plan for your estate. Consult a qualified legal advisor to create your will and trust. However, a will is not well tailored to conveying personal wishes. This booklet gives you the opportunity to express your wishes. It also enables you to record, in one location, many of the details that, if left undiscovered, can cause weeks, months or even years of needless delays in settling an estate, as well as a resource to provide to your attorney, trustee, and other advisors to help them organize and develop your estate plan. Because this booklet will contain confidential information, such as policy numbers, bank account information and passwords, consider keeping it in a secure location such as a lock box or safety deposit box. If you update your information and use a new booklet, make sure to destroy the old one.

I. Personal Information

Full Legal Name _____
Address _____ City _____ State _____ Zip Code _____

Marital Status: Single Married Divorced Widowed

Social Security Number _____

Date of Birth ____/____/____ Birthplace (hospital, city and state) _____

Religion _____

If you are a United States Veteran, is your status active or inactive? _____

Branch _____ Rate/Rank _____

I do do not have a personal will. It is located _____

I do do not wish to donate my organs in the event of my death.

Specific organs to be donated are _____

I do do not have a Living Will. It is located _____

My Living Will Personal Representative/Healthcare Surrogate is _____

II. Burial Requests

I would like my remains to be handled in the following way (cremation, burial, donation)

Cemetery Preference _____

Casket Preference _____

Headstone Preference _____

Epitaph _____

do do not wish to have a memorial service.

Location of Service _____

Pastor Preference _____

Pall Bearers

Music (specific songs/hymns and/or musicians) _____

Flowers _____

Other Requests (favorite scripture, memorial ideas)

Obituary (In summary, what would you like it to say and where would you like it published?) _____

In lieu of flowers donate to charities/foundations I support:

III. Family Information

◆ *Spouse/Significant Other*

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

◆ *Children*

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

In the event we both die, my spouse/significant other and I would like our minor children to be cared for by

◆ *Parents*

Mother's Full Name _____ Maiden Name _____

Date of Birth ____/____/____

Birthplace (hospital, city and state) _____

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Date Deceased (if applicable) ____/____/____ Burial Place _____

Father's Full Name _____

Date of Birth ____/____/____

Birthplace (hospital, city and state) _____

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Date Deceased (if applicable) ____/____/____ Burial Place _____

◆ *Siblings*

Name _____ Date of Birth ____/____/____ Living? Yes No

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

◆ *Grandchildren*

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

◆ *Special Needs*

Name _____ Relationship _____

Comments

Name _____ Relationship _____

Comments

Name _____ Relationship _____

Comments

◆ *Friends and Significant People*

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

Name _____ Date of Birth ____/____/____ Living? Yes No
Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Home (____) _____ Cell (____) _____

◆ *Pets*

I would like my pets to be cared for by _____

Pet name _____ Breed _____ Color _____

Medications _____

Vet name _____

Address _____ City _____ State _____ Zip Code _____

Phone (____) _____

Monetary Distribution for Pet

Comments

Pet name _____ Breed _____ Color _____

Medications _____

Vet name _____

Address _____ City _____ State _____ Zip Code _____

Phone (____) _____

Monetary Distribution for Pet

Comments

Pet name _____ Breed _____ Color _____

Medications _____

Vet name _____

Address _____ City _____ State _____ Zip Code _____

Phone (____) _____

Monetary Distribution for Pet

Comments

IV. Advisors

Attorney _____

Address

City

State

Zip Code

Phone (____) _____

Accountant _____

Address

City

State

Zip Code

Phone (____) _____

Insurance Agent _____

Address

City

State

Zip Code

Phone (____) _____

Investment Advisor _____ Check here if investment advisor is also insurance agent

Address

City

State

Zip Code

Phone (____) _____

Bank _____

Address

City

State

Zip Code

Phone (____) _____

Bank _____

Address

City

State

Zip Code

Phone (____) _____

Home Alarm Company _____

Phone _____ Security Code _____

V. Assets and Liabilities

Instructions: This is a summary of your assets (things you own) and liabilities (amounts you owe). Asset values and liabilities will vary over time, so it is not crucial to get the values down to the penny. Where applicable, give your best estimate of each asset's realistic, fair market value (FMV) or account balance. Update the list annually. For assets such as real estate or securities, the original cost is important because it can help save capital gains and/or income taxes. The amount you owe is important because debts are deductible when it comes time to calculate estate taxes.

◆ Real Estate

	Location	FMV	Original Cost	Amount Owed
Residence				
Farm/Ranch				
Vacation Home				
Other Realty				
Other Realty				

◆ Bank Accounts, Certificates of Deposit and Credit Cards

Institution Name (1 st National, Visa, etc.)	Acct Type	Account #	Password

◆ Business Ownership

Name/Type (Joe's Plumbing/LLC)	Location	FMV	Business Debt

◆ *Notes Receivable or Amounts Owed to You*

Description (loans, royalties, renewals etc.)	Amount	Date of Loan	Balance

- ◆ *Other Assets (vehicles, art, jewelry, collections) or*
- ◆ *Personal Items of Interest (military awards, keepsakes)*

Description	Location	FMV	Original Cost

◆ *Other Liabilities or Amounts You Owe*

Description	Amount	Date of Loan	Balance

My suggestions concerning the distribution or disposal of my personal property and personal effects:

VI. Location of Important Information

Original Will _____

Copy of Will _____

Living Will/Healthcare Proxy _____

Birth Certificates _____

Insurance Policies: Life _____

Marriage Certificates _____

Health _____

Divorce Papers _____

Accident _____

Pre/Ante-Nuptial Agreement _____

Auto _____

Adoption Papers _____

Business _____

Military Discharge _____

Trust Agreements _____

IRA/401(k)/Pension Papers _____

Annuity Contracts _____

Stocks/Bonds _____

Business Papers _____

Tax Returns _____

Automobile/Vehicle Titles _____

Housing/Land Deeds _____

Mortgage Papers _____

Safe Deposit Box _____

List of Memberships _____

Safe Deposit Box Key _____

Money Accounts: Checking _____

I have a personally owned safe: Y / N Location _____

Savings _____

The combination is _____

Credit Cards _____

or the combination can be found at _____

VII. Computers & Passwords

Computer security experts recommend changing your passwords every 1-2 months (or at least when your account or service provider requires). Therefore, it will be necessary to update this section often. You may choose to reference a separate attachment to avoid the necessity of filling out the entire booklet every time you change passwords.

Description	Login ID / Username	Password

Special computer or software instructions (location of thumb drives, computer files or folders of interest)

VIII. Survivors' Checklist

Please take note: this simplified checklist is merely a guidepost. It should not take the place of working closely with an attorney, accountant and insurance specialist.

Immediately following your loved one's death, you, as the survivor, should

- Contact family members, friends, and employer.
- Make burial, internment, or cremation arrangements. Engage a funeral home/funeral director, if appropriate.
- Write an obituary and send it to the newspaper.
- Make arrangements for payment of funeral expenses.
- If the deceased was a business owner, make provisions for the short-term continuation of the business.
- Report the death to Social Security and inquire about survivor's benefits (1-800-772-1213).
- Gather all important documents such as
 - Wills
 - Trusts
 - Birth Certificate
 - Marriage Certificate
 - Divorce Decrees
 - Adoption Papers
 - Death Certificates
 - Investment Documents
 - Employee Benefits Information
 - Military Service Records
 - Social Security Card
- Locate all insurance policies (life, mortgage, auto, annuities, etcetera) and contact all insurance companies.
- Contact the decedent's attorney.

Within nine months you should...

- File for probate.
- Notify all heirs, beneficiaries and creditors. You should do this by mail and by placing notice in the local newspaper.
- Continue to collect any income due to the estate (such as rental income).
- Pay all valid debts, taxes, expenses and bequests.
- File state and federal estate tax returns, if applicable.
- Ensure that mortgage and insurance payments continue to be made while the estate is settled.
- Re-title any jointly held assets including bank accounts, automobiles, stocks and bonds, and real estate.
- Keep up with real estate maintenance.
- Submit timely accounting reports to the court, where required.

This Estate Planning Workbook is

provided to you by

The Southeast Wyoming Estate

Planning Council

www.sewepc.org



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