

Estate Planning Checklist: *Information to Assemble Before Consulting Your Attorney*



Aaron J. Lyttle

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Issued in furtherance of extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Glen Whipple, director, University of Wyoming Extension, University of Wyoming, Laramie, Wyoming 82071.

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Personal Information

Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ U.S. Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Email Address _____ It is okay to communicate with me via my email address.

Married: Date of Marriage _____

Spouse's Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ U.S. Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Email Address _____ It is okay to communicate with me via my email address.

Children/Grandchildren and/or Other Family Members

Use full legal name:

| Name | Birth date | Relationship |
|-----------------|------------|--------------|
| Comments: _____ | _____ | _____ |
| Comments: _____ | _____ | _____ |
| Comments: _____ | _____ | _____ |
| Comments: _____ | _____ | _____ |
| Comments: _____ | _____ | _____ |
| Comments: _____ | _____ | _____ |
| Comments: _____ | _____ | _____ |

Person to Act for You

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. This allows you to maintain control over your assets during life.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

DISABILITY TRUSTEE(S): If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to property and assets? Please name the individuals/entities in the order they are to serve. If they are to serve together, please indicate.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

SUCCESSOR TRUSTEE(S): After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? Please name the individuals/entities in the order they are to serve. If they are to serve together, please indicate.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

PERSONAL REPRESENTATIVE(S): If you would like to name initial and successor personal representatives in your will who are different than those named as trustees above, please name those persons below. Otherwise, the same persons you name as trustees will likely be named as your personal representatives. Please name the individuals/entities in the order they are to serve. If they are to serve together, please indicate.

| Name and Address | Relationship |
|------------------|--------------|
| _____ | _____ |
| _____ | _____ |

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

| Name and Address | Relationship | Instructions of Guidelines |
|------------------|--------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ADVANCE HEALTH CARE DIRECTIVE: If you become unable to make medical-treatment decisions for yourself in any circumstance not covered by your living will, who would you want to make those medical-treatment decisions for you?

| Name and Address | Relationship | Instructions of Guidelines |
|------------------|--------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Real Property

TYPE: Any interest in real estate including family residence, vacation home, time share, vacant land, etc.

| General Description and/or Address | Owner | Market Value | Loan Balance |
|------------------------------------|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | <i>Total</i> | _____ | _____ |

Bank and Savings Accounts

TYPE: Checking Account "CA"; Savings Account "SA"; Certificates of Deposit "CD"; Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here

| Name of institution and account number | Type | Owner | Amount |
|--|-------|--------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | <i>Total</i> | _____ |

Note: If account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Stocks and Bonds

TYPE: List all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

| Stocks, Bonds, or Investment Accounts | Type | Acct. Number | Owner | Amount |
|---------------------------------------|-------|--------------|--------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | <i>Total</i> | _____ |

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total _____

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(k). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, your ownership in the interests, and the estimated value of the interests.

Total _____

Money Owed to You

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

| Name of Debtor | Date of Note | Maturity Date | Owed to | Current Balance |
|----------------|--------------|---------------|--------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | <i>Total</i> | _____ |

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances you expect to receive in the future; or moneys you anticipate receiving through a judgment in a lawsuit.

Description _____

Total estimated value _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

| Type | Owner | Value |
|-------------|--------------|--------------|
| _____ | _____ | _____ |

Summary of Values

| | <u>Amount</u> | | <u>Total Value</u> |
|--------------------------------|---------------|---------------------|--------------------|
| | <u>You</u> | <u>Spouse/Other</u> | |
| ASSETS | | | |
| Real Property | _____ | _____ | _____ |
| Furniture and Personal Effects | _____ | _____ | _____ |
| Automobiles, Boats, and RVs | _____ | _____ | _____ |
| Bank and Savings Accounts | _____ | _____ | _____ |
| Stocks and Bonds | _____ | _____ | _____ |
| Life Insurance and Annuities | _____ | _____ | _____ |
| Retirement Plans | _____ | _____ | _____ |
| Business Interests | _____ | _____ | _____ |
| Money owed to you | _____ | _____ | _____ |
| Anticipated Inheritance, etc. | _____ | _____ | _____ |
| Other Assets | _____ | _____ | _____ |
| Total Assets: | _____ | _____ | _____ |

Planning Information

SPECIFIC GIFTS: List any specific gifts of real estate or cash you wish to make to either individuals or charities.

| Individual or Charity | Amount or Property |
|------------------------------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Other Items

OTHER ITEMS TO INCLUDE OR DISCUSS: Please list any other items you would like to bring to the attention of or discuss with your attorney:

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