

Estate Planning Starter Kit

Where there's a will, there's a way.

Simplify your will preparation with this form.



Important disclaimer: This is not a will, nor is it a legal document.
It is designed to help your attorney to help you in preparation of your will.



An Important Note:

This is not your final will, but it's a great place to start collecting information before visiting with your attorney. Be as accurate as possible, and make sure to revisit your will when major changes occur in your life. Your estate plan is not one-and-it's-done job. It should be a steady occupation because the variables it's based on are constantly evolving. Your assets, your career and your transition into retirement, the needs of those closest to you and your philanthropic priorities, the cost of transferring your property to others—they are all likely to be different today than when you last signed your estate documents.

Estate Planning Starter Kit

I: PERSONAL

A Name

B Spouse's Name

C Home Address

D Mailing Address (if different)

E Home Telephone

F Work Telephone

G Your Date of Birth

H Spouse's Date of Birth

I Your Social Security Number

J Spouse's Social Security Number

K Marriage Place and Date

L Citizenship

II: PRIOR MARRIAGES

A Name of Former Spouse

B Date of Marriage

C Home Address

D Specify if the marriage terminated by death or divorce.

If terminated by divorce, please attach dissolution decree.

E Date of Termination of Marriage

F List any relevant information regarding any obligations, child support or maintenance that is not contained in any dissolution decrees you have attached to this form.

G Your Date of Birth

H Spouse's Date of Birth

I Your Social Security Number

J Spouse's Social Security Number

K Marriage Place and Date

L Citizenship

Please note: If you have been previously married more than once, please provide all requested information for any additional spouses on a separate sheet.

III: CHILDREN

Please note: If you have been previously married more than once, please provide all requested information for any additional spouses on a separate sheet.

A List all children from your current marriage, providing their names, dates of birth and addresses if different from your own:

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
-

B List all children from any previous marriage or relationship, providing their names, name of the other parent, dates of birth, and addresses if different from your own:

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
-

C List all children of your spouse from any previous marriage or relationship, providing their names, names of the other parent, dates of birth and addresses if different from your own:

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
-

IV: DEPENDENTS

Are there any persons, other than minor children, who are partially or wholly dependent upon either you or your spouse for support now or possibly in the future? If so, please list their name and address and describe the nature of the relationship:

V: OTHER FAMILY MEMBERS

A List the names, dates of birth, parentage and current addresses of any grandchildren of you or your spouse:

1. _____
2. _____
3. _____
4. _____
5. _____

B List the names, addresses and birth dates of your parents, if still living:

Mother _____

Father _____

C List of the names, addresses and birth dates of any living siblings:

1. _____
2. _____
3. _____
4. _____
5. _____

VI: TRUSTS

A Do you currently receive income from a trust? Yes No
If so, please attach a copy of the trust document.

VII: INSURANCE

A Are there any life insurance policies in existence for either spouse? Yes No

B If so, please indicate the name of the policy holder and provide information regarding:

1. Name of Company(ies) _____

2. Type of Insurance _____

3. Amount and Cash Surrender Value _____

4. Designated Beneficiary(ies) _____

5. Policy number(s) _____

VIII: ASSETS IN JOINT TENANCY

Do you own any real or personal property as joint tenants with your spouse or third parties?
If so, please explain:

IX: RETIREMENT BENEFITS

A Are you enrolled in a retirement plan? Yes No

B If so, please provide information regarding the type of plan, current value and beneficiary designation:

X: GIFTS OR INHERITANCES

A Are either you or your spouse likely to receive any gifts or inheritances? If so, please describe:

B Do either you or your spouse make, or intend to make, regular gifts to any person? If so, please describe:

XI: ASSETS AND LIABILITY SCHEDULE

Please estimate your assets and liabilities:

Assets	Approximate Value
1. Real Property	_____
2. Stocks and Bonds	_____
3. Checking/Savings/Other Monetary Accounts	_____
4. Cash Value of Life Insurance Policy	_____
5. Retirement Benefits	_____
6. Miscellaneous Property (<i>including furniture, autos, boats, collections, etc.</i>)	_____
Total Assets:	_____
Liabilities	Approximate Value
1. Mortgage or Deed of Trust or other amounts owed on real property	_____
2. Other loans from financial institutions (<i>consolidated loan, etc.</i>)	_____
3. Student loan(s)	_____
4. Amounts owed on credit cards	_____
5. Other liabilities	_____
Total Liabilities:	_____
Net Worth (Assets - Liabilities)	_____

XII: REAL PROPERTY

Please attach a copy of the deed for each parcel of real property that you own.

XIII: WILL PROVISIONS

A Personal Representative

A Personal Representative administers your estate in accordance with the instructions contained in your will. Please list a first choice and an alternate, in case the person who is your first choice predeceases you or is unable to serve:

First Choice

Name: _____

Address: _____

Relationship: _____

Alternate

Name: _____

Address: _____

Relationship: _____

B Distribution

1. Please list the individuals to whom you wish to leave your estate, providing instruction as to what percentage shall be received by each beneficiary:¹

2. If any of your designated beneficiaries should predecease you, do you want to distribute the gift among surviving beneficiaries? Or pass the gift to the children of deceased beneficiary?

C Guardianship

If you die before your children reach the age of eighteen, whom do you wish to serve as their guardian?

First Choice

Name: _____

Address: _____

Relationship: _____

Alternate

Name: _____

Address: _____

Relationship: _____

D Charitable Interests

Please list those charitable organizations, including your church and/or synagogue, that you would like to bequeath an interest from your estate, and the approximate amount(s) or percentage(s) you would like to leave to each:

¹ Please do not list specific items of personal property, such as a lamp, car, etc. The distribution of these type of items can be better discussed during your initial meeting.

E Testamentary Trust

A testamentary trust is a type of trust that does not go into effect until the person who made the trust passes away. If you wish, you can create a testamentary trust in your Will to become effective upon your death. The classic reason to establish such a trust is to ensure the well-being of your minor children, finance their education, etc. However, a testamentary trust can be created to accomplish a wide variety of goals. If you are interested in creating a testamentary trust, or have questions, please indicate your wishes and questions below.

XIV: DURABLE POWER OF ATTORNEY

The Durable Power of Attorney becomes effective upon the proven incompetency of an individual to handle his or her own affairs. In this document, you would name a person who would take charge of your affairs (known as your "attorney-in-fact"). The value of this document is that it eliminates the need to establish a guardianship in the event of incompetency. An attorney-in-fact has the power to take any legal action that you would otherwise undertake yourself, including the transfer of funds or purchase or sale of real property, on your behalf.

A Do you need this document prepared? Yes No Not sure. I need more info.

B Who do you wish to nominate as your attorney-in-fact?

First Choice

Name: _____

Address: _____

Relationship: _____

Alternate

Name: _____

Address: _____

Relationship: _____

C Do you have questions? If so, please list:

XV: POWER OF ATTORNEY FOR HEALTH CARE

The Power of Attorney for Health Care authorizes the designated attorney-in-fact to authorize or withhold medical care if you are unable to do so yourself. The person so designated should be a person with whom you have discussed issues such as use of medical means to prolong your life artificially. Your attorney-in-fact should be a person in whose judgment you trust.

A Please indicate whether you need this document prepared. Yes No Not sure.
I need more info.

B Who do you wish to nominate as your attorney-in-fact?

First Choice

Name: _____

Address: _____

Relationship: _____

Alternate

Name: _____

Address: _____

Relationship: _____

C Do you have questions? If so, please list:

XVI: DIRECTIVE TO PHYSICIANS (LIVING WILL)

The Directive to Physicians clarifies a person's wish not to have his or her life "artificially prolonged" in the case of any injury, disease or terminal condition rendering such person unable to communicate.

A Please indicate whether you need this document prepared. Yes No Not sure.
I need more info.

B Do you have questions? If so, please list:

XVII: PETS

Please indicate whether you are interested in having a trust to make sure that your pet is taken care of in the event of your death. Yes No Not sure. I need more info.

XVIII: OTHER

Is there any other information that you think may be important in planning your estate that I have not addressed? Please specify:

Please list your current professional legal and financial advisors here:

Attorney

Name: _____

Address: _____

Phone: _____

Alternate

Name: _____

Address: _____

Phone: _____

Stock Broker

Name: _____

Address: _____

Phone: _____

Insurance Agent

Name: _____

Address: _____

Phone: _____

NEXT STEPS

Would you like us to recommend some of the legal and financial advisors we know that could assist you?

Yes No

A You can also have a no obligation and confidential consultation with one of our gift planning specialists. They can review your estate planning information as it pertains to a potential bequest to Regional Health Foundation and assist you with specific beneficiary designation language and/or naming opportunities that are available. You can also learn more about life income gift arrangements (such as Charitable Gift Annuities), that pay you during your lifetime by contacting us.

Phone: 605-755-9191

Email: foundation@regionalhealth.org

B Bring this completed form to your attorney to begin the process of drafting the estate documents you will need.



Regional Health Foundation

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