

PLANNING AHEAD, DIFFICULT DECISIONS

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



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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: _____	_____	_____

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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