Personal Estate Planning Course

# RECORD BOOK VETERANS OF FOREIGN WARS.

Keep More of What Is Yours and Give to Those You Love and Support



### ::getorganized

3 Reasons You Should Start Using This Record Book Now

You owe it to yourself and your family to complete your personal estate planning record. Keep in mind that as you progress with your estate planning, your attorney should counsel you on all aspects of your plans as well as draft all legal documents. Of course, we would also be happy to assist you with your charitable intentions at the outset or after you have completed your record.



If you're married or partnered, you and your spouse should prepare separate record books. While some sections contain shared information, most sections are distinctly personal. Plus it makes it easier for loved ones to manage your unique affairs over time. For additional copies of this record book, please contact us. Your record provides important personal information about you and your family that will be helpful to your executor (personal representative) when it comes time to settle your estate. Your executor will be able to locate beneficiaries, your safedeposit box, abstracts, titles, stock or bond certificates, will, trust agreements and other important documents.

Your record serves as the basis for creating your estate plan and providing for the future well-being of your family and the causes you care about most. It will show you what constitutes your estate and what your beneficiaries can inherit. It will prompt you to consider the disposition of your assets. Will your assets pass by joint ownership? Are they documented for distribution in some other way? Or must you address their distribution in your will? If you have not yet made a will, you will find it easier to do so with this information at hand. Your record also serves as a basis from which to determine what your estate taxes would be under various plans of distribution. Knowing the assets and the values to be considered will help you and your advisors find ways to minimize estate taxes and identify liquid assets to cover estate settlement expenses.

#### How to Use This Record Book

**Step 1:** To complete the forms, simply click inside the blue boxes. Begin typing to fill them in with the appropriate information.\*

**Step 2:** To save your work, go to the File menu and select "Save As." Rename the file using a unique file name or the date and save it to your desktop or another easy-to-access location. (By renaming the file, you will be able to use the original record book file again and again.)

**Step 3:** When you are finished, print the completed records and keep them in a secure place, such as a safe-deposit box.

\*You may also print the forms and fill them out by hand.

You

Your name (Please print above.)
Address
City, State ZIP
Home phone/cell phone
Email
Date of birth/birthplace
Location of birth certificate
Location of adoption documents
Social Security number
Driver's license number and state
Location of tax records
Location of titles, abstracts and leases
Location of stock and bond certificates
Military service, branch, years of service
Location of military documents
First spouse's name
Date of first marriage/location of certificate
Prenuptial agreement/location of document

You	Date of divorce, annulment, legal separation or death (Please print above.)
	Location of documents
	Second spouse's name
	Date of second marriage/location of certificate
	Prenuptial agreement/location of document
	Date of divorce, annulment, legal separation or death
	Location of documents
• • • • • • •	
ints	Mother's name
Pare	Address
our Parents	City, State ZIP
$\succ$	Home phone/cell phone
	Email
	Date of birth/birthplace
	Location of birth certificate
	Date of death/resting place
	Location of death certificate
• • • • •	Social Security number
• • • • • • • • • • • • • • • • • • •	Father's name
- - - - - - - - - - - - 	Address

ents	City, State ZIP (Please print above.)
Your Parents	Home phone/cell phone
You	Email
р	Date of birth/birthplace
	Location of birth certificate
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Date of death/resting place
6 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7	Location of death certificate
	Social Security number
- 	
Your Spouse	Spouse's name
Spo	Maiden name
Your	Date of birth/birthplace
	Location of birth certificate
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Social Security number
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Driver's license number and state
6 6 6 6 6 6 6 6	
ren	First child's name/phone number
Your Children	Date of birth/birthplace
our (	Location of birth certificate
$\geq$	Location of adoption documents

Location of adoption documents

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Social Security number (Please print above.)
Driver's license number and state
Second child's name/phone number
Date of birth/birthplace
Location of birth certificate
Location of adoption documents
Social Security number
Driver's license number and state
Third child's name/phone number
Date of birth/birthplace
Location of birth certificate
Location of adoption documents
Social Security number
Driver's license number and state
Fourth child's name/phone number
Date of birth/birthplace
Location of birth certificate
Location of adoption documents
Social Security number

Driver's license number and state

Your Pets

Fifth child's name/phone number (Please print above.)	
Date of birth/birthplace	
Location of birth certificate	
Location of adoption documents	
Social Security number	
Driver's license number and state	
First pet's name/species and coloring	
Vet's contact information	
Food/other care	
Second pet's name/species and coloring	
Vet's contact information	
Food/other care	
Third pet's name/species and coloring	
Vet's contact information	
 Food/other care	

#### **Employer's Contact Information**

ompany name (Please print above.)	Phone	Supervisor
urrent benefits and location of documents		
Position	Start date (ar	nd end date, if retired)
Ownership interest 🛛 Yes 📮 No		
Employer's Contact Information		
Company name	Phone	Supervisor
Current benefits and location of documents		
Position	Start date (ar	nd end date, if retired)
Ownership interest 🛛 Yes 🗋 No		
Employer's Contact Information		
Company name	Phone	Supervisor
Current benefits and location of documents		
Position	Start date an	d end date
Ownership interest 🛛 Yes 🖵 No		
Employer's Contact Information		
Company name	Phone	Supervisor

Do you have a will? Yes No Are you the creator or beneficiary of any trusts? Yes No *Please record documents here:* 

**Document title** (Please print above.)

Date prepared

Prepared by (name, title, contact information)

Location of document

Location of copies

Executor or trustee

Alternate executor or trustee

Additional notes

**Document title** 

Date prepared

Prepared by (name, title, contact information)

Location of document

Location of copies

Executor or trustee

Alternate executor or trustee

Additional notes

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ney	Have you signed a financial durable power of attorney? 🛛 Yes 🖓 No		
ower of Attorney	Document title (Please print above.)		
of A	Date prepared		
Wer	Prepared by (name, title, contact information)		
РС	Name of person appointed to act on your behalf		
4 9 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Names of alternates to act on your behalf		
• • • • • •	Effective date of power holder to act: 🗖 Immediately 📮 Upon your incapacity 📮 Other		
- - - - - - - - - - - - - - - - - - -	Location of original document		
- - - - - - - - - - - - - - - - - - -	Location of copies		
- - - - - - - - - - - - - - - - - - -	Additional notes		
- - - - - - - - - - - - - - - - - - -			
are Directives	Do you have a living will? 🛛 Yes 🖓 No		
Direc	Do you have a health care power of attorney? 🛛 Yes 🖓 No		
are [	Name of person appointed to act on your behalf		
Q	Names of alternates to act on your behalf		

Please record documents here:

#### Document title

Date prepared

Effective date for power holder to act:

Prepared by (name, title, contact information) (Please print above.)

Location of original document

Locations of copies (We suggest attaching a copy to this record book.)

**Document title** 

Date prepared

Effective date for power holder to act: 🗅 Immediately 🗅 Upon your incapacity 🗅 Other

Prepared by (name, title, contact information)

Location of original document

Locations of copies (We suggest attaching a copy to this record book.)

Do you have a long-term care insurance policy? Yes No

Company name

Insurance agent's name

Policy number

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Do you wish to donate your body, organs or tissues? 🛛 Yes 🖓 No

First donation (identify the particular organ or tissue, or indicate entire body) (Please print above.)

Receiving organization's name and contact information

Location of documents

#### Second donation (identify the particular organ or tissue)

Receiving organization's name and contact information

Location of documents

Third donation (identify the particular organ or tissue)

Receiving organization's name and contact information

Location of documents

*Please note: This is not intended as a legal form. Consult with your doctor and attorney today to create the appropriate documents.* 

Bank name, branch location and contact information

People with authorized access

Box number and location of keys

Contents

Secured Place

First product/service, account name, user name or account number/password (Please print above.)

Second product/service, account name, user name or account number/password

Third product/service, account name, user name or account number/password

Fourth product/service, account name, user name or account number/password

You have a preference. That's why it is not unusual for you to plan your funeral arrangements now. When the day arrives, your family will lovingly appreciate your proactive nature and concern for them as well.

Funeral home preference

Passwords

Funeral Instructions

Type of preparation	Cremation	Burial	Donation of body	
Location of memorial serv	vice			
Cemetery preference				
Casket and vault preferen	ce			
Pastor preference				
Casket bearer 1				
Casket bearer 2				
Casket bearer 3				
Casket bearer 4				
Casket bearer 5				
Casket bearer 6				
Music Preferences				

Song/Hymn 1

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Song/Hymn 2 (Please print above.)
Song/Hymn 3
Song/Hymn 4
Soloist name
Soloist name
Organist name
Favorite Scriptures
Reading 1
Reading 2
Reading 3
Reading 4
Favorite flowers
Memorial ideas
Type of service (Open or closed casket, religious or secular, and any other preferences)
Headstone preference
Burial clothing preference
Obituary (Things you want included and newspapers where you want it published)

Here's a checklist of actions that need completion in the period of time between your death and up to a year after. Check the boxes that apply to you, so your family members can take care of them later.

- □ **Contact the attorney to have the will read** and to see what has to be done in regard to estate settlement.
- □ **Contact the Social Security Administration.** Social Security pays a lump sum death benefit of \$255. A surviving spouse can get survivor's benefits as early as age 60—earlier if a surviving spouse is disabled. Children under age 18 may also be entitled to survivor's benefits when a parent dies.
- □ **Call the Veterans Administration (VA).** A surviving spouse and dependent children may be entitled to a small pension if the deceased served in the Armed Forces. The VA will pay partial burial expenses and provide a headstone or marker as well as an American flag to drape over the casket, without charge. If burial is in a national cemetery, the VA will provide a grave site and pay burial costs.
- Notify organizations where the deceased held memberships. Some offer memorial services. They may have life insurance and may return part of dues paid. Organizations to notify: \_\_\_\_\_\_
- □ **Contact former employers for benefits** resulting from that employment. Refer to the list in the employment history section (see Page 8).
- □ Collect life insurance policies and call the companies and ask for death claim forms. The beneficiary can choose to take proceeds in a lump sum or spread them out as payments over the years.
- □ **Contact companies holding retirement plans.** There may be money left in them to be paid out to survivors. Like life insurance, proceeds can be paid out in a lump sum or in installments. Tax advisors should be consulted before beneficiaries make that decision.
- □ **Consult with the health insurance company.** It may pay some expenses of your last illness. Future premiums may also be less if the policy has covered two or more people and now there will be one less person covered. Some health insurance policies are also combination policies that provide some death benefits.

HOW TO TELL "Mine" From "Ours"

Sole property is anything that belongs to you alone. Joint property are items that are shared. To determine whether or not you can pass all or part of an asset by your will, you should know the form of title. There are four ways property can be owned jointly.

- 1. Joint tenancy with right of survivorship. When one owner passes away, the surviving joint owner owns the entire asset.
- 2. Tenancy in common. You and others have an undivided interest in an asset. You can pass your interest by will. The surviving joint tenant doesn't automatically take title to your interest.
- **3. Tenancy by the entirety.** This form of ownership is recognized by many states. It's limited to married couples and generally to real property.
- 4. Community property. This is a form of property ownership between spouses in select states. Generally, all property acquired during marriage is community property, regardless of which spouse holds title. You can will only half the property; the other half belongs to your surviving spouse.

### ::calculateestate'sworth

Worksheets to Help You Create Your Estate

What Is Your Estate Really Worth? Your estate's value from an estate planning viewpoint is different from your net worth, which is a snapshot of what you own and what you owe.

Fortunately, most people find they have much more in their estate than they thought when they account for savings, employer and personal life insurance, retirement plan benefits and perhaps even a future inheritance. For estate planning purposes, an inventory of your assets and liabilities will help you determine what you can leave to your heirs after your lifetime and how to best provide for the distribution of your estate.

#### **Make an Inventory of Your Assets**

If you are married, be sure to include your spouse's assets and all jointly owned or community property. Use the current market value for everything you own and the face value (not cash value) for any life insurance. Don't strive for exact amounts; round numbers will do.

#### **Make Property Decisions**

Once you've made an inventory of your property, you're ready to decide where you want it to go. The following pages can help you organize your plans.

Once the worksheets are complete, you are ready to meet with your attorney for important counsel and the drafting of necessary documents.

# ::calculateestate'sworth

List Your Assets

#### 1. Cash (savings, money market and checking accounts, CDs)

Type of account	Institution	Owned by you alone	Owned by your spouse	Owned jointly or community
		\$	\$	\$ \$
		\$ \$	\$ \$	\$ \$
		\$	\$	\$
		> \$	\$ \$	\$ \$
		\$	\$	\$

#### 2. Real Estate

Description and location of property	Date of purchase	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
		\$ \$	\$ \$	\$ \$	\$ \$
		\$	\$ \$	\$	\$
		\$ \$	\$ \$	\$ \$	\$ \$

#### 3. Stocks, bonds, mutual funds

Description	Date of purchase		Owned by you alone	Owned by your spouse	Owned jointly or community
		\$	\$	\$	\$
		\$ \$	\$ \$	\$ \$	\$ \$
		\$	\$	\$	\$
		\$ \$	\$ \$	\$ \$	\$ \$

#### 4. Obligations due me (mortgages held, notes receivable, accounts receivable)

Name of debtor	Address	Owned by you alone	Owned by your spouse	Owned jointly or community
		\$ \$	\$ \$	\$ \$
		\$ \$	\$ \$	\$ \$
		\$ \$	\$ \$	\$ \$
		\$	\$	\$

### **:: calculateestate'sworth** List Your Assets

#### 5. Personal assets (automobiles, jewelry, furniture, boats, paintings, collections, etc.)

	Date of	Cost	Owned by	Owned by	Owned jointly or
Description					
Description	purchase	Dasis	you alone	your spouse	community
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	Ś	\$	\$
		\$	\$	\$	\$
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#### 6. Life insurance

			Face	Amount*	Owned
			Owned by	Owned by	jointly or
Name of company	Insured	Beneficiary	you alone	your spouse	community
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
	. <u></u>		\$	\$	\$
*Note any policy loans	;				

7. Annuities

			Preser	nt Value	Owned
Description	Annuitant	Cost Beneficiary basis	Owned by you alone	Owned by your spouse	jointly or community
		\$ \$	\$ \$	\$ \$	\$ \$
		\$ \$	\$ \$	\$ \$	\$ \$
		\$	\$\$	\$ \$	\$ \$
		\$ \$	\$ \$	\$ \$	\$ \$
		\$	\$	\$	\$
		\$	\$	۶	۶

### **:: calculateestate'sworth** List Your Assets

8. Retirement benefits (pension, profit-sharing, IRAs, Keogh plans, etc., including face

amounts of life insurance owned in the retirement plan)

		Value of Interest		
Description	Beneficiary	Owned by you alone	Owned by your spouse	
		\$	\$	
		\$	\$\$	
		\$	\$	
		\$	\$ \$	
		\$	\$	
		\$ \$	_ \$ \$	
	······	Ŷ	_ ¥	

9. Business interests owned (proprietorship, partnership, corporation)

			Value of Interest	
Business name and address	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
	\$\$	\$\$	\$	\$
	\$	\$	\$	\$
	\$\$	\$\$	\$	\$
	\$\$	\$	\$	\$
	\$\$	\$	\$	\$
	\$	\$	\$	\$
	\$\$	\$\$	\$	\$
	\$	\$	\$\$	\$

### 10. Other assets potentially includable in estate because of your interest in them (interest in a trust or estate, royalties, patents, copyrights, trademarks, etc.)

Description			Current Value		
	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community	
	\$	\$	_ \$	\$	
	\$	\$	_ \$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

			Owned
	Owned by	Owned by	jointly or
	you alone	your spouse	community
TOTAL OF ALL ASSETS	\$	_ \$	\$

### :: calculateestate'sworth

List Your Liabilities (approximate balances owed)

#### 1. Mortgages

Description of property	Name of creditor	Owed by you alone	Owed by your spouse	Owed jointly
		\$ \$	\$ \$	\$ \$
		\$	\$ \$	\$ \$
		\$	\$ \$	\$ \$

#### 2. Loans, installment debts (bank, auto and personal loans, insurance loans, etc.)

Description	Name of creditor	Owed by you alone	Owed by your spouse	Owed jointly
		\$ \$	\$ \$	\$ \$
		\$ \$	\$ \$	\$ \$
		\$ \$	\$ \$	\$ \$

#### 3. Current bills (department store and other charges, credit cards, etc.)

Description	Name of creditor	Owed by you alone	Owed by your spouse	Owed jointly
		\$ \$	\$ \$	\$ \$
		\$	\$	\$
		\$ \$	\$ \$	\$ \$
		\$	\$	\$

#### 4. Taxes owed (estimated state and federal income tax, property tax, etc.)

Description	Owed by you alone	Owed by your spouse	Owed jointly
	_ \$ د	\$	\$
	\$	\$ \$	\$ \$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### :: calculateestate'sworth

List Your Liabilities (approximate balances owed)

#### 5. All other liabilities

Description	Owed by you alone	Owed by your spouse	Owed jointly
	\$	\$	\$
	_ \$ \$	\$ \$	\$ \$
	\$	\$ \$	\$
	\$	\$	\$
	\$\$	\$	\$
	_ ۶	\$	\$

TOTAL OF ALL LIABILITIES	Owed by Owed by Owed you alone your spouse jointly \$\$\$
Total of all assets Minus total of all liabilities NET ESTATE (estimated)	You Your spouse Joint   \$\$ \$\$ \$\$   () () ()   \$\$ \$\$ \$\$

### **:: dispositionofestate** Who Gets What?

Now that you've determined which assets comprise your estate and their values, you need to indicate who you want to inherit your assets.

#### 1. Bequests to spouse

(indicate a contingent beneficiary in case your spouse does not survive you)

Description of asset or percentage of estate	Name/Relationship/Address

#### 2. To other beneficiaries

Description of asset or percentage of estate

\_\_\_\_\_

\_\_\_\_\_

Name of Beneficiary/Relationship/Address

\_\_\_\_\_

#### 3. To charitable organizations

Name and address of charitable organization	Percentage of net estate	Dollar amount
	% OF	\$
	% OF	۲ \$
	% OF	₹\$
	% OF	\$
	Description of	
Name and address of charitable organization	specific asset bequeathed	

# **:: dispositionofestate** Who Gets What?

#### 4. Residue of estate

Name and address of charitable organization	Percent of residuary estate
	%
	%
	%
Name and address of other beneficiaries	Percent of residuary estate
	%
	%
	%

PEPC-E • The information in this publication is not intended as legal or tax advice. For such advice, please consult an attorney or tax advisor.



### EASILY REMEMBER US IN YOUR WILL OR TRUST

If you would like to support the VFW after your lifetime, ask your estate planning attorney to add this suggested wording to your will or living trust:

*I give to the Veterans of Foreign Wars of the United States (Tax ID 44-0474290),* 406 West 34th Street, Kansas City, Missouri, a sum equal to \_\_\_\_\_\_ percent of the rest, residue and remainder of my estate.