

Your Personal
WILL PLANNING
INVENTORY

An Estate Planning Tool

Leave
A LEGACY



Developed as an estate planning resource by
Leave A Legacy of Central Minnesota TM

About the Publisher

Leave A Legacy – Central Minnesota was founded in 1998 as part of a nationwide effort to promote charitable giving to people of all ages and capacities. It is a collaboration of individual donors, nonprofit organizations and professional advisors whose mission it is to convey the many personal and societal benefits of giving to charities through wills and estate plans.

This planning booklet is designed to assist as a guide in thinking through one's estate planning efforts.

HOW TO USE THIS BOOKLET

The purpose of this booklet is to provide you with the guidelines necessary to begin preparing your will. If you already have a will, it is important that you update your assets, family situation, or any other information that may be needed to change the existing will.

Try to complete as much of the information as possible. This will help your attorney with starting your will, or with updating your current one. The information in this booklet may save you both time and money if you complete it before your visit to the attorney.

This Wills Inventory Planning booklet was given to you by the Central Minnesota Leave A Legacy group to help you compile your personal financial inventory. It is your own “history” book that will provide valuable information to your family members in case of unforeseen circumstances.

Just remember...the information contained in this booklet is not intended to be, nor should it be construed as tax and/or legal advice. Please secure advice from your personal attorney and/or accountant who can advise you on the legal implications of estate planning.

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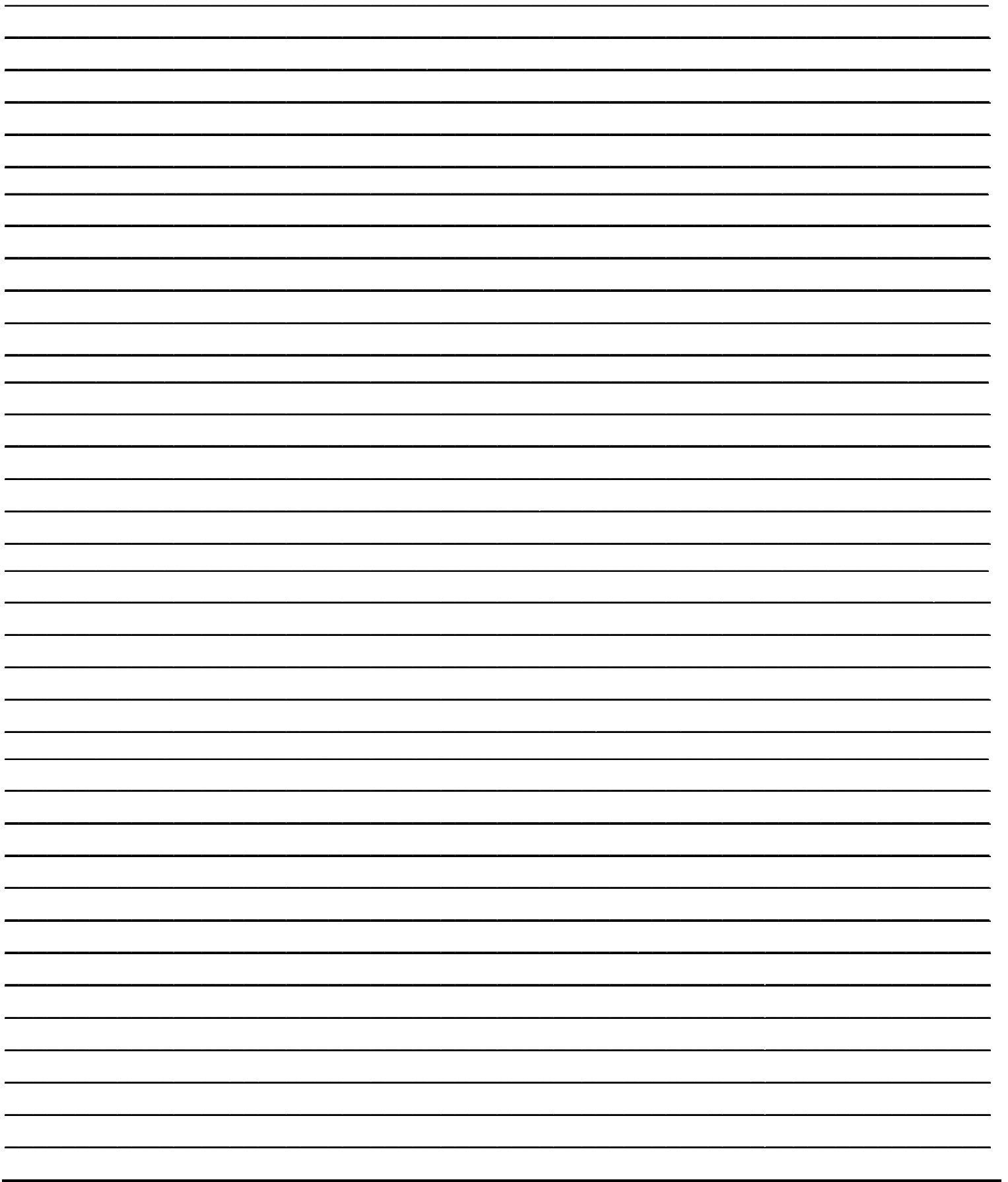
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I. PERSONAL REPRESENTATIVE

Personal Representative

You have the right to appoint whomever you want as a Personal Representative to see that your will is properly administered according to your estate plan, to file tax return(s), or to select an attorney for the estate. This person can be a trusted relative or friend, legal advisor, or a financial institution that provides estate services. If you have no one appointed in this position, the court will appoint one for you. It is wise to provide for unforeseen circumstances by also naming an Alternate Personal Representative.

Name of Personal Representative: _____

Address: _____

Phone Number: _____

Alternate Personal Representative: _____

Address: _____

Phone Number: _____

Guardian for Minor Children:

If you have minor children, it may be important to list a Guardian. This person will be responsible for the welfare of your children.

Name of Guardian(s): _____

Address: _____

Phone Number: _____

Alternate Guardian: _____

Address: _____

Phone Number: _____

II. PERSONAL INFORMATION

Date: _____

Name: _____

Social Security Number: _____-_____-_____

Single: Married: Divorced:

Legal Address: _____

Winter Address: _____

Date of Birth: ____/____/____

Your Employer: _____

Date Employed: ____/____/____

Position or Title: _____

Employer's Address: _____

Business Telephone: (____) _____ - _____

Spouse's Name: _____

Social Security Number: _____-_____-_____

Date of Birth: ____/____/____

Your Employer: _____

Date Employed: ____/____/____

Position or Title: _____

Employer's Address: _____

Business Telephone: (____) _____ - _____

PERSONAL INFORMATION (Cont.)

Dependents

Children:

Name	Date of Birth	Address	Social Security #
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -

Grandchildren:

Name	Date of Birth	Address	Social Security #
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -

Other Dependents:

Name	Date of Birth	Address	Social Security #
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -
	/ /		- -

Records and Certificates:

Birth and/or citizenship and marriage certificates are located:

Titles, leases, tax receipts, abstracts (and other important papers) are located:

Life Insurance policies are located:

Stock and Bond certificates are located:

Do you have a cemetery plot or mausoleum? Yes No

Located: _____

Deed of Ownership located: _____

III. FINANCIAL INFORMATION

Do you have a will? Yes No

Does your spouse have a will? Yes No

Will(s) are located at: _____

Do you have a Trust? Yes No Date of Trust: ____/____/____

Trustee(s) Name and Address: _____

Do you have a safe deposit box? Yes No

Bank: _____

It is held jointly with: _____

The key is located: _____

Banks, Savings and Loans, Credit Unions, etc.

Name of Financial Institution: _____

Address: _____

Type of Account: Joint Individual Checking Savings

Account Number: _____ Balance: \$ _____

In Name(s) of: _____

Name of Financial Institution: _____

Address: _____

Type of Account: Joint Individual Checking Savings

Account Number: _____ Balance: \$ _____

In Name(s) of: _____

Name of Financial Institution: _____

Address: _____

Type of Account: Joint Individual Checking Savings

Account Number: _____ Balance: \$ _____

In Name(s) of: _____

Certificates of Deposit or Money Markets

Name of Bank, Savings & Loan, etc.	Cert. #	Date Issued	Term of Certificate	Maturity Date	Amount of Certificate	Rate of Interest	Annual Inc. Earned	Int. Mailed Annually	Fair Market as of	Name(s) on Certificate
	#	/ /		/ /					/ /	
	#	/ /		/ /					/ /	
	#	/ /		/ /					/ /	
	#	/ /		/ /					/ /	
	#	/ /		/ /					/ /	

Stocks Held

Company	Number of Shares	Date Purchased	Original Cost	Fair Market Value	Name(s) of Owner
		/ /	\$	\$	
		/ /	\$	\$	
		/ /	\$	\$	
		/ /	\$	\$	
		/ /	\$	\$	
		/ /	\$	\$	
		/ /	\$	\$	

Life Insurance

Name of Insurance Company	Policy Number	Type of Policy	Issue Date	Policy Owner	Name of Insured	List 1 st and 2 nd Bene Designations	Face Amount Of Policy	Acc. Death Benefit	Loan Outstanding
	#		/ /				\$	\$	\$
	#		/ /				\$	\$	\$
	#		/ /				\$	\$	\$
	#		/ /				\$	\$	\$
	#		/ /				\$	\$	\$

Business Interests

1. Name of Business: _____

Owner(s): _____

Type: Sole Proprietorship Partnership Corporation _____
(type)

Value of Interest: \$ _____

2. Name of Business: _____

Owner(s): _____

Type: Sole Proprietorship Partnership Corporation _____
(type)

Value of Interest: \$ _____

Disposition of Business Interests after Death: _____

Comments: _____

Retirement/Pension and Compensation Plans

Pension Plan/Profit Sharing/Thrift Plan

Owner of Plan: _____

Value of Death Benefits:

Beneficiaries: 1st _____
 2nd _____

Description of Benefit: _____

Retirement/Pension and Compensation Plans (Cont.)

- Individual Retirement Account/Keogh Plan
 Owner of Plan: _____
 Beneficiaries: 1st _____
 2nd _____
 Present Balance: \$ _____
 Types of Investments: _____
 Options Available: _____

- Individual Retirement Account/Keogh Plan
 Owner of Plan: _____
 Beneficiaries: 1st _____
 2nd _____
 Present Balance: \$ _____
 Types of Investments: _____
 Options Available: _____

- Individual Retirement Account/Keogh Plan
 Owner of Plan: _____
 Beneficiaries: 1st _____
 2nd _____
 Present Balance: \$ _____
 Types of Investments: _____
 Options Available: _____

Mortgages, Cash and Notes

(This would include anyone who owes you or your spouse a debt which resulted by a mortgage or note)

Mortgage or Note with:	Type of Agreement	Payable to:	Loan Balance	Maturity Date
			\$	/ /
			\$	/ /
			\$	/ /
			\$	/ /
			\$	/ /

United States Savings Bonds

Issue Date	Number	Face Value	Redemption as of	Name(s) on Bond
/ /		\$	/ /	
/ /		\$	/ /	
/ /		\$	/ /	
/ /		\$	/ /	
/ /		\$	/ /	

IV. PROPERTY ASSETS

Real Estate

1. Location: _____

Legal Description: _____

Date Acquired: ____/____/____ Purchase Price: \$ _____

Approximate Value: \$ _____

Property is owned: Individually Joint Tenancy Tenants in Common Community Property

Is this property mortgaged? Yes No

If so, who is the mortgagee? _____
 Address: _____

2. Location: _____

Legal Description: _____

Date Acquired: ____/____/____ Purchase Price: \$ _____

Approximate Value: \$ _____

Property is owned: Individually Joint Tenancy Tenants in Common Community Property

Is this property mortgaged? Yes No

If so, who is the mortgagee? _____
 Address: _____

Personal Property

Household/Personal Items:	Held Jointly or Separately	Current Value
		\$
		\$
		\$
		\$

Automobiles:

		\$
		\$
		\$

Other:

		\$
		\$
		\$

VI. ESTATE DISTRIBUTIONS

Individual Recipients

List the people whom you would like to receive specific items as well as people you wish to receive a specific dollar amount from your estate. (Include address and home phone number.)

<u>Person</u>	<u>Property to Receive</u>	<u>Specific Item or Dollar Amount</u>
1.		
Phone: () -		
2.		
Phone: () -		
3.		
Phone: () -		
4.		
Phone: () -		
5.		
Phone: () -		

Charitable Recipient(s)

List the charities you wish to receive gifts from your estate or what you want them to receive, and in what method. Please include the legal title and address.

<u>Charity</u>	<u>Property to Receive</u>	<u>Specific Item or Dollar Amount</u>
1.		
Phone: () -		
2.		
Phone: () -		
3.		
Phone: () -		

VII. REFERENCES

Attorney: _____
Firm: _____
Address: _____

Phone Number: (_____) _____ - _____

Date of Last Will: ____ / ____ / ____

Original is located: _____

CPA: _____
Firm: _____
Address: _____

Phone Number: (_____) _____ - _____

Financial Records are located: _____

Trustee: _____
Firm: _____
Address: _____

Phone Number: (_____) _____ - _____

Special Instructions to Personal Representative:

Special Instructions to Guardian for Minor Children:

Dear Leave A Legacy,

Please send me more information or call me regarding the following:

- Professional Advisor**
- Attorney**
- Projection on gift valuation**
- Other, (please specify) _____**

Please send to:

Your Name: _____

Address: _____

City, State, Zip: _____

Daytime phone (if desired): () - _____

E-mail address (if desired): _____

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