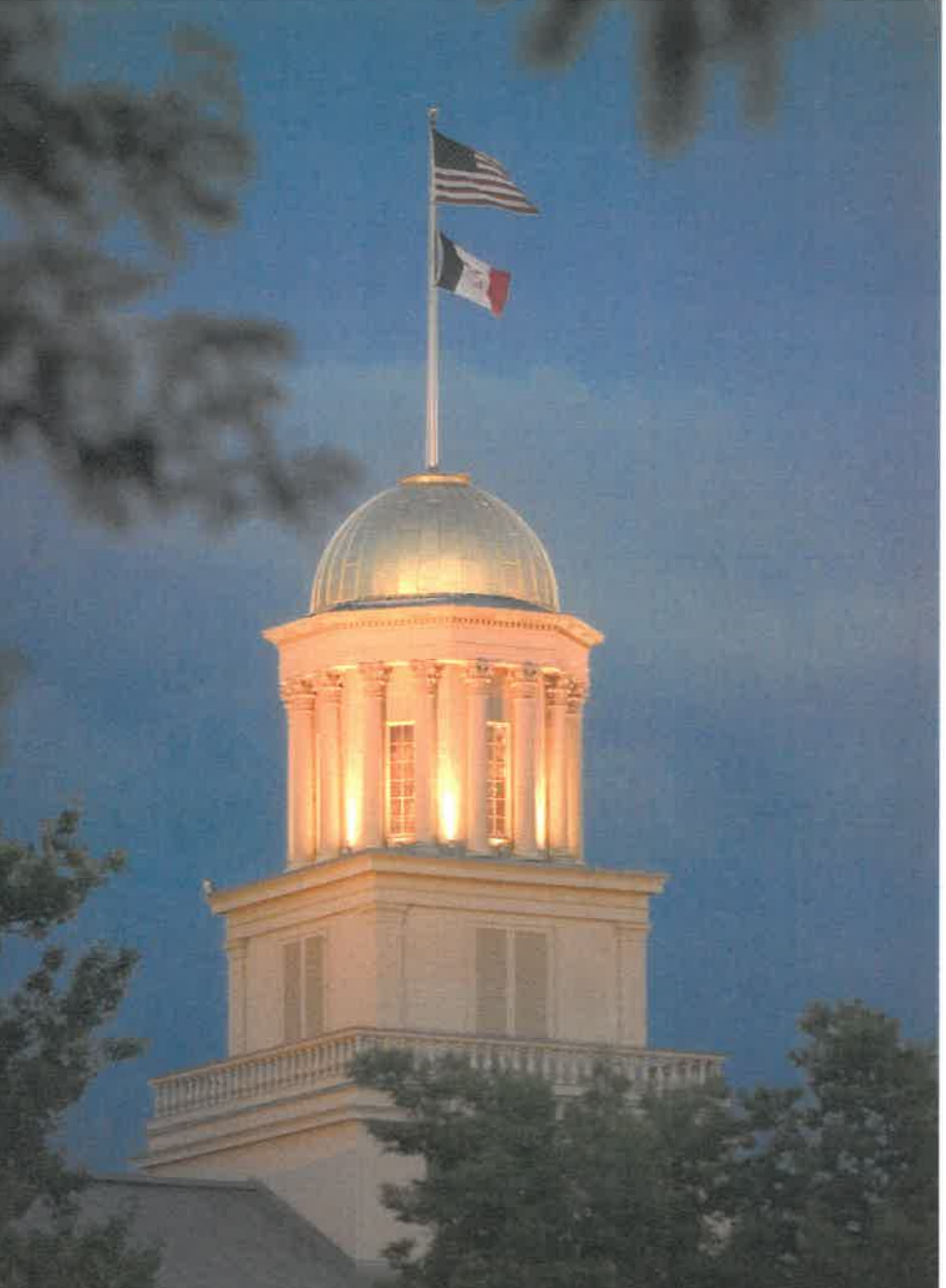




THE UNIVERSITY OF IOWA FOUNDATION  
ESTATE PLANNING ORGANIZER





## ESTATE PLANNING ORGANIZER

Estate planning is the process of developing a program for effective management, enjoyment, and disposition of your property at the least possible tax cost. While making a will is a crucial part, estate planning includes much more. When you plan your estate, you are creating a blueprint of how you want your financial and personal affairs handled after you can no longer handle them. Planning your estate involves making many choices, including decisions about:

- Your property
- People who depend upon you for support
- Possible future incapacity
- Medical decisions you may or may not want
- Long-term care options, and
- Funeral, cremation, and memorial arrangements.

With so many decisions to make and so much information to absorb, estate planning can be overwhelming. This organizer is designed to assist you in collecting the information needed to prepare a comprehensive estate plan for those you leave behind.

## Objectives for Estate Planning

What do you want your estate plan to achieve? Setting goals is an important first step in planning. Use the checklist provided as a guide. Add other goals that are unique to your family's situation.

- Provide security for surviving spouse/partner
- Relieve spouse/partner of management responsibilities
- Provide security for an incapacitated heir
- Keep business in the family
- Provide educational opportunity for heirs
- Assist heirs in getting a business started
- Minimize estate taxes
- Nominate guardians, conservators, or trustees for minor children
- Nominate personal representative of estate
- Provide means of paying expenses of estate settlement, taxes, and debts
- Provide equitable treatment of heirs
- Preserve assets for children/grandchildren beyond life of spouse/partner
- Transfer specific property to specific heirs
- Make gifts to heirs and others during lifetime

- Reduce income taxes through disposing of income property during life
- Provide a bequest to church, alma mater, or other charitable organization
- Prevent property from going to non-deserving heirs
- Take full advantage of the marital deduction
- Provide a legacy to pass on important values
- Minimize the probate estate
- Assure continuity of farm, ranch, or other business
- Nominate agent in a durable power of attorney in case of disability
- Make advance decisions about terminating life support systems
- Nominate a health care agent to make decisions in case of incapacity
- Make advance decisions about mental health treatment
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

PERSONAL DATA, *Self*

Full legal name \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Other names by which you are known \_\_\_\_\_

Citizenship (note if dual) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital status:

- Single  Married  Divorced  Separated

Date and place married \_\_\_\_\_

Location of marriage certificate \_\_\_\_\_

Location of prenuptial agreement, if any \_\_\_\_\_

Date and place of prior marriage \_\_\_\_\_

Terminated by:

- Divorce  Annulment  Separation  Death

Date and place of termination \_\_\_\_\_

Location of termination documents \_\_\_\_\_

State of residence \_\_\_\_\_

County of residence \_\_\_\_\_

Address of part-time residence \_\_\_\_\_

Passport number and issue date \_\_\_\_\_

Military service number \_\_\_\_\_

Occupation \_\_\_\_\_

PERSONAL DATA, *Spouse/Life Partner*

Legal full name \_\_\_\_\_

Date and place of birth \_\_\_\_\_

If deceased, date of death \_\_\_\_\_

Other names by which you are known \_\_\_\_\_

Citizenship (note if dual) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date and place of prior marriage \_\_\_\_\_

Former spouse/partner name \_\_\_\_\_

Terminated by:

- Divorce  Annulment  Separation  Death

Date and place of termination \_\_\_\_\_

Location of termination documents \_\_\_\_\_

Passport number and issue date \_\_\_\_\_

Military service number \_\_\_\_\_

Occupation \_\_\_\_\_

*Children/Dependents*

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_

Adopted  Child from previous marriage

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_

Adopted  Child from previous marriage

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_

Adopted  Child from previous marriage

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_

Adopted  Child from previous marriage

*Other Dependents (parents, etc.)*

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_

Married  Divorced  Widow/Widower

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_

Married  Divorced  Widow/Widower

PERSONAL INFORMATION, *self*

Do you have a will?  Yes  No

Location \_\_\_\_\_

Do you have a trust?  Yes  No

Location \_\_\_\_\_

Do you have a safe deposit box?  Yes  No

Location \_\_\_\_\_

List names of others with access \_\_\_\_\_

Do you maintain an inventory or videotape of valuable personal property?  Yes  No

Location \_\_\_\_\_

Describe any dependents who may need special consideration

\_\_\_\_\_

Are you the income or residual beneficiary of a trust?

Yes  No

Name of individual/entity who established trust

\_\_\_\_\_

Name of trustee \_\_\_\_\_

Name of attorney who drew trust agreement

\_\_\_\_\_

Nature of interest \_\_\_\_\_

\_\_\_\_\_

Are you receiving Social Security/disability benefits?

Yes  No

Who will be named executor/executrix of your estate?

\_\_\_\_\_

Who will be named as an alternate? \_\_\_\_\_

Who would you like to assume responsibility for raising any minor children? \_\_\_\_\_

Who will be named as an alternate guardian?

\_\_\_\_\_

Do you have a living will?  Yes  No

Have you given durable power of attorney to anyone?

Yes  No

Name of appointed \_\_\_\_\_

Document location \_\_\_\_\_

Have you completed a durable power of attorney for health care?  Yes  No

Primary health care agent \_\_\_\_\_

Document location \_\_\_\_\_

Have you transferred your home, retaining a life estate?

Yes  No

Name of individual/organization \_\_\_\_\_

Date of transfer \_\_\_\_\_

Have you made arrangements to be an organ/tissue donor?

Yes  No

Have you pre-funded any burial arrangements?  Yes  No

Name of funeral home \_\_\_\_\_

Document location \_\_\_\_\_

Have you purchased a cemetery plot/vault?  Yes  No

Cemetery name \_\_\_\_\_

Cemetery location \_\_\_\_\_

Section number \_\_\_\_\_

Plot number \_\_\_\_\_

Location of deed to plot \_\_\_\_\_

Do you own long-term care insurance?  Yes  No

Provider \_\_\_\_\_

Document location \_\_\_\_\_

Have you ever made taxable gifts?  Yes  No

List to whom, amounts and dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any professional advisers:

Attorney \_\_\_\_\_

Accountant \_\_\_\_\_

Trust officer \_\_\_\_\_

Insurance agent \_\_\_\_\_

Financial planner \_\_\_\_\_

Investment broker \_\_\_\_\_

Tax consultant \_\_\_\_\_

Are there charitable organizations that you would provide for upon death?  Yes  No

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Specific amount \_\_\_\_\_

Specific asset \_\_\_\_\_

Residual percentage \_\_\_\_\_

Restricted use of funds \_\_\_\_\_

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Specific amount \_\_\_\_\_

Specific asset \_\_\_\_\_

Residual percentage \_\_\_\_\_

Restricted use of funds \_\_\_\_\_

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Specific amount \_\_\_\_\_

Specific asset \_\_\_\_\_

Residual percentage \_\_\_\_\_

Restricted use of funds \_\_\_\_\_

## PERSONAL INFORMATION, *Spouse/Partner*

Do you have a will?  Yes  No

Location \_\_\_\_\_

Do you have a trust?  Yes  No

Location \_\_\_\_\_

Do you have a safe deposit box?  Yes  No

Location \_\_\_\_\_

List names of others with access \_\_\_\_\_

Do you maintain an inventory or videotape of valuable personal property?  Yes  No

Location \_\_\_\_\_

Describe any dependents who may need special consideration \_\_\_\_\_

Are you the income or residual beneficiary of a trust?

Yes  No

Name of individual/entity who established trust \_\_\_\_\_

Name of trustee \_\_\_\_\_

Name of attorney who drew trust agreement \_\_\_\_\_

Nature of interest \_\_\_\_\_

Are you receiving Social Security/disability benefits?

Yes  No

Who will be named executor/executrix of your estate? \_\_\_\_\_

Who will be named as an alternate? \_\_\_\_\_

Who would you like to assume responsibility for raising any minor children? \_\_\_\_\_

Who will be named as an alternate guardian? \_\_\_\_\_

Do you have a living will?  Yes  No

Have you given durable power of attorney to anyone?

Yes  No

Name of appointed \_\_\_\_\_

Document location \_\_\_\_\_

Have you completed a durable power of attorney for health care?  Yes  No

Primary health care agent \_\_\_\_\_

Document location \_\_\_\_\_

Have you transferred your home, retaining a life estate?

Yes  No

Name of individual/organization \_\_\_\_\_

Date of transfer \_\_\_\_\_

Have you made arrangements to be an organ/tissue donor?

Yes  No

Have you pre-funded any burial arrangements?

Yes  No

Name of funeral home \_\_\_\_\_

Document location \_\_\_\_\_

Have you purchased a cemetery plot/vault?  Yes  No

Cemetery name \_\_\_\_\_

Cemetery location \_\_\_\_\_

Section number \_\_\_\_\_

Plot number \_\_\_\_\_

Location of deed to plot \_\_\_\_\_

Do you own long-term care insurance?  Yes  No

Provider \_\_\_\_\_

Have you ever made taxable gifts?  Yes  No

List to whom, amounts and dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any professional advisers:

Attorney \_\_\_\_\_

Accountant \_\_\_\_\_

Trust officer \_\_\_\_\_

Insurance agent \_\_\_\_\_

Financial planner \_\_\_\_\_

Investment broker \_\_\_\_\_

Tax consultant \_\_\_\_\_

Are there charitable organizations that you would provide for upon death?  Yes  No

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Specific amount \_\_\_\_\_

Specific asset \_\_\_\_\_

Residual percentage \_\_\_\_\_

Restricted use of funds \_\_\_\_\_

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Specific amount \_\_\_\_\_

Specific asset \_\_\_\_\_

Residual percentage \_\_\_\_\_

Restricted use of funds \_\_\_\_\_

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Specific amount \_\_\_\_\_

Specific asset \_\_\_\_\_

Residual percentage \_\_\_\_\_

Restricted use of funds \_\_\_\_\_



EMPLOYMENT AND  
BUSINESS INTERESTS, *Self*

Place of employment \_\_\_\_\_  
Date employed \_\_\_\_\_  
Date retired \_\_\_\_\_  
Pension plan/profit sharing \_\_\_\_\_  
Location of papers \_\_\_\_\_  
Death benefits payable to \_\_\_\_\_  
Second beneficiary is \_\_\_\_\_  
Deferred compensation plan payable as lump sum \_\_\_\_\_  
or payable \$ \_\_\_\_\_ per month for \_\_\_\_\_ years  
Location of agreement \_\_\_\_\_  
Stock options \_\_\_\_\_  
Nature of option \_\_\_\_\_  
Restrictions \_\_\_\_\_  
Location of documents \_\_\_\_\_  
Medical insurance company \_\_\_\_\_  
Location of papers \_\_\_\_\_  
Group life insurance company \_\_\_\_\_  
Death benefit \_\_\_\_\_  
Primary beneficiary \_\_\_\_\_  
Location of papers \_\_\_\_\_

EMPLOYMENT AND  
BUSINESS INTERESTS, *Spouse/partner*

Place of employment \_\_\_\_\_  
Date employed \_\_\_\_\_  
Date retired \_\_\_\_\_  
Pension plan/profit sharing \_\_\_\_\_  
Location of papers \_\_\_\_\_  
Death benefits payable to \_\_\_\_\_  
Second beneficiary is \_\_\_\_\_  
Deferred compensation plan payable as lump sum \_\_\_\_\_  
or payable \$ \_\_\_\_\_ per month for \_\_\_\_\_ years  
Location of agreement \_\_\_\_\_  
Stock options \_\_\_\_\_  
Nature of option \_\_\_\_\_  
Restrictions \_\_\_\_\_  
Location of documents \_\_\_\_\_  
Medical insurance company \_\_\_\_\_  
Location of papers \_\_\_\_\_  
Group life insurance company \_\_\_\_\_  
Death benefit \_\_\_\_\_  
Primary beneficiary \_\_\_\_\_  
Location of papers \_\_\_\_\_

**OTHER BUSINESS INTERESTS,  
self and spouse/partner**

Name of business \_\_\_\_\_  
Type  Sole proprietorship  Partnership  Close corporation  
Value of my interest \$ \_\_\_\_\_  
Arrangements or suggested arrangements for disposition  
upon death \_\_\_\_\_

Name of business \_\_\_\_\_  
Type  Sole proprietorship  Partnership  Close corporation  
Value of my interest \$ \_\_\_\_\_  
Arrangements or suggested arrangements for disposition  
upon death \_\_\_\_\_

**FINANCIAL INFORMATION**

**Checking account**

Name of bank \_\_\_\_\_  
Account owners \_\_\_\_\_

If jointly owned, is there a right of survivorship?  Yes  No  
Additional individuals authorized on account \_\_\_\_\_

**Savings Account**

Name of bank \_\_\_\_\_  
Account owners \_\_\_\_\_

If jointly owned, is there a right of survivorship?  Yes  No  
Additional individuals authorized on account \_\_\_\_\_

**Money Market Account**

Name of bank/brokerage firm \_\_\_\_\_  
Account owners \_\_\_\_\_

If jointly owned, is there a right of survivorship?  Yes  No  
Additional individuals authorized on account \_\_\_\_\_

**Certificate of Deposit**

Name of bank \_\_\_\_\_  
Account owners \_\_\_\_\_

If jointly owned, is there a right of survivorship?  Yes  No  
Location of certificate \_\_\_\_\_

**Individual Retirement Account/Keough Plan**

Name of bank/financial institution \_\_\_\_\_  
Account owner \_\_\_\_\_  
Death benefits payable to \_\_\_\_\_  
Secondary beneficiary \_\_\_\_\_  
Location of document \_\_\_\_\_

**Annuities**

Name of bank/financial institution \_\_\_\_\_  
Account owner \_\_\_\_\_  
Term of payment agreement \_\_\_\_\_  
Death benefits payable to \_\_\_\_\_  
Location of document \_\_\_\_\_

**Brokerage Account**

Name of brokerage \_\_\_\_\_  
Account owner \_\_\_\_\_  
If jointly owned, is there a right of survivorship?  Yes  No  
Location of papers \_\_\_\_\_

**Stocks/Bonds not held in brokerage account**

Ownership \_\_\_\_\_

If jointly owned, is there a right of survivorship?  Yes  No

Location of documents \_\_\_\_\_

Location of record of sales and purchases \_\_\_\_\_

**U.S. Savings Bonds**

Ownership \_\_\_\_\_

If jointly owned, is there a right of survivorship?  Yes  No

Location of bonds \_\_\_\_\_

**Personal residence**

Ownership \_\_\_\_\_

Date acquired \_\_\_\_\_

Mortgage company \_\_\_\_\_

Location of documents \_\_\_\_\_

Property insurance company \_\_\_\_\_

Location of abstract or title insurance \_\_\_\_\_

**Second/Vacation Home**

Ownership \_\_\_\_\_

Date acquired \_\_\_\_\_

Mortgage company \_\_\_\_\_

Location of documents \_\_\_\_\_

Property insurance company \_\_\_\_\_

Location of abstract or title insurance \_\_\_\_\_

**Rental property**

Ownership \_\_\_\_\_

Date acquired \_\_\_\_\_

Mortgage company \_\_\_\_\_

Location of documents \_\_\_\_\_

Property insurance company \_\_\_\_\_

Location of abstract or title insurance \_\_\_\_\_

**Other Miscellaneous Assets**

Automobile #1 \_\_\_\_\_

Automobile #2 \_\_\_\_\_

Boat \_\_\_\_\_

RV \_\_\_\_\_

Trailer/mobile homes \_\_\_\_\_

Motorcycle \_\_\_\_\_

Home furnishings \_\_\_\_\_

Jewelry \_\_\_\_\_

Coin collections \_\_\_\_\_

Antiques \_\_\_\_\_

Art \_\_\_\_\_

Oil and gas interests \_\_\_\_\_

Patents, copyrights, trademarks or royalties \_\_\_\_\_

**LIFE INSURANCE**

*Policies on My Life, Owned by Me*

Company \_\_\_\_\_

Death benefit \_\_\_\_\_

Policy number \_\_\_\_\_ Date of issue \_\_\_\_\_

Type of policy \_\_\_\_\_

Location of policy \_\_\_\_\_

Primary beneficiary \_\_\_\_\_

Secondary beneficiary \_\_\_\_\_

Company \_\_\_\_\_

Death benefit \_\_\_\_\_

Policy number \_\_\_\_\_ Date of issue \_\_\_\_\_

Type of policy \_\_\_\_\_

Location of policy \_\_\_\_\_

Primary beneficiary \_\_\_\_\_

Secondary beneficiary \_\_\_\_\_

*Policies owned by Me on the Lives of Others*

Company \_\_\_\_\_  
Death benefit \_\_\_\_\_  
Policy number \_\_\_\_\_ Date of issue \_\_\_\_\_  
Type of policy \_\_\_\_\_  
Location of policy \_\_\_\_\_  
Primary beneficiary \_\_\_\_\_  
Secondary beneficiary \_\_\_\_\_

*Policies owned by Others on My Life*

Company \_\_\_\_\_  
Death benefit \_\_\_\_\_  
Policy number \_\_\_\_\_ Date of issue \_\_\_\_\_  
  
Type of policy \_\_\_\_\_  
Location of policy \_\_\_\_\_  
Primary beneficiary \_\_\_\_\_  
Secondary beneficiary \_\_\_\_\_

*Accounts Receivable*

I am owed money or other assets by \_\_\_\_\_  
\_\_\_\_\_  
Amount \_\_\_\_\_  
Location of note \_\_\_\_\_  
Due date \_\_\_\_\_  
Collateral \_\_\_\_\_  
Term of payment \_\_\_\_\_

**FINANCIAL INFORMATION—Liabilities**

*Obligations*

I and/or my spouse/partner owe money or are obligated financially to \_\_\_\_\_  
\_\_\_\_\_  
Location of note \_\_\_\_\_  
Due date \_\_\_\_\_  
Collateral \_\_\_\_\_  
Term of payment \_\_\_\_\_

I and/or my spouse/partner owe money or are obligated financially to \_\_\_\_\_  
\_\_\_\_\_  
Location of note \_\_\_\_\_  
Due date \_\_\_\_\_  
Collateral \_\_\_\_\_  
Term of payment \_\_\_\_\_

*Claims or Lawsuits*

My/Our assets may be affected by the following \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attorney handling my interests is \_\_\_\_\_  
\_\_\_\_\_

*Credit Cards*

Company \_\_\_\_\_

Account number \_\_\_\_\_

Company \_\_\_\_\_

Account number \_\_\_\_\_

Company \_\_\_\_\_

Account number \_\_\_\_\_

Company \_\_\_\_\_

Account number \_\_\_\_\_

*Taxes*

Location of copies of my/our income tax returns \_\_\_\_\_

\_\_\_\_\_  
Name of tax preparer \_\_\_\_\_

Location of copies of gift tax returns \_\_\_\_\_

Controversies pending with IRS, state, or local tax authorities

\_\_\_\_\_

\_\_\_\_\_

**KEEP THINGS UPDATED**

Suppose you drew up your will and “put things in order” several years ago. How often should you update your estate plan? Although you may change your will whenever you wish, there are three basic reasons to consider updating your will:

- When there has been a change in your life
- When there has been a change in the law
- When you have changed your mind

You should review your will periodically to see if it needs updating. Events that may trigger the need to update your will include the following:

- Marriage or divorce
- Birth of children or grandchildren
- Death of a loved one
- Move to a new state
- Major change in financial circumstances
- Changes in the law (taxes, estates, probate, trusts, etc.)