



Planning for the Future



A Guide to Wills and Trusts



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A Guide to Planning Your Will and Trust

A person may work forty years to accumulate assets and spend ten to twenty years conserving that accumulation, but often takes two hours or less to plan for distribution of the assets. Through good planning, a wonderful chapter in the book of your life can be completed. However, too many times there has been little planning or sometimes no planning and the last chapter is burdensome for family members.

This guide is designed to help you move forward with a plan that writes a very good chapter in the book of your life. Through proper planning, the legacy of love and care that you leave for your family and friends can be encouraging and even inspiring. We will show you in this document how to update your estate plan with a will and also make plans for your potential medical decisions.

A Guide to Planning Your Will and Trust is designed to encourage you to think about how you want your assets to be distributed at death and to assist you in gathering the information your attorney will need. With this guide, the process will be much easier, less expensive and fulfill your desires for friends and family.

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Family Information

Full Name _____

Other names by which you are known _____

Address _____

Phone (Home) _____ (Work) _____

Date of Birth _____

Birthplace _____

Citizenship _____

Social Security Number _____

Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced _____ Separated

Information on previous marriages _____

Full Name of Spouse _____

Address _____

Phone (Home) _____ (Work) _____

Date of Birth _____ Birthplace _____

Citizenship _____

Social Security Number _____

Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced _____ Separated

Information on previous marriages _____

Children and/or Other Dependents

Child/Dependent #1

| | | | | | |
|----------------|---------------|----------------|---------------|-------|-----|
| Name | | Name | | | |
| Relationship | Date of Birth | Relationship | Date of Birth | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |

Child/Dependent #2

Child/Dependent #3

| | | | | | |
|----------------|---------------|----------------|---------------|-------|-----|
| Name | | Name | | | |
| Relationship | Date of Birth | Relationship | Date of Birth | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |

Child/Dependent #4

Child/Dependent #5

| | | | | | |
|----------------|---------------|----------------|---------------|-------|-----|
| Name | | Name | | | |
| Relationship | Date of Birth | Relationship | Date of Birth | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |

Child/Dependent #6

Does any child/dependent listed have special needs? Yes No

Personal Information

Do you have a will? Yes No

If yes, what is the date of that will? _____

Where is your will located/stored?

If available, provide your attorney with a copy of your will.

Do you have a trust? Yes No

If yes, what is the date of that trust? _____

Where is your trust agreement located/stored? _____

If available, provide your attorney with a copy of your trust.

Do you have a safe deposit box? Yes No

If yes, where is the safe deposit box located? _____

Have you given durable power of attorney to anyone? Yes No

If yes, who is named as your power of attorney? _____

Where is your power of attorney located/stored? _____

If available, provide your attorney with a copy of your power of attorney.

Do you have a durable power of attorney for health care
or advanced health care directive? Yes No

If yes, who is named as your agent for health care decisions? _____

Where is your health care document located/stored? _____

If available, provide your attorney with a copy of your health care document.

Financial Information: Assets (Real Estate)

Parcel #1 Description

Location _____

Nature of Title/Such as Joint Ownership or Tenants In Common _____

_____ \$ _____ \$ _____
Date of Purchase Cost Present Value

Parcel #2 Description

Location _____

Nature of Title/Such as Joint Ownership or Tenants In Common _____

_____ \$ _____ \$ _____
Date of Purchase Cost Present Value

Parcel #3 Description

Location _____

Nature of Title/Such as Joint Ownership or Tenants In Common _____

_____ \$ _____ \$ _____
Date of Purchase Cost Present Value

Parcel #4 Description

Location _____

Nature of Title/Such as Joint Ownership or Tenants In Common _____

_____ \$ _____ \$ _____
Date of Purchase Cost Present Value

Total Real Estate Value \$ _____

Stock, Bonds, Mutual Funds

Company/Symbol/Account#

Number of Shares Date of Purchase
\$ _____ \$ _____
Cost Present Value

Company/Symbol/Account#

Number of Shares Date of Purchase
\$ _____ \$ _____
Cost Present Value

Company/Symbol/Account#

Number of Shares Date of Purchase
\$ _____ \$ _____
Cost Present Value

Company/Symbol/Account#

Number of Shares Date of Purchase
\$ _____ \$ _____
Cost Present Value

Company/Symbol/Account#

Number of Shares Date of Purchase
\$ _____ \$ _____
Cost Present Value

Total Value of Stocks, Bonds, Mutual Funds \$ _____

PROPRIETORSHIP, PARTNERSHIP, CORPORATION

Business Ownership

| | | | | |
|------------------|-----------------------|---------------------|---|---------------|
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| Name of Business | Share of Ownership | Date of Creation | Purchase Value | Present Value |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| Name of Business | Share of Ownership | Date of Creation | Purchase Value | Present Value |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| Name of Business | Share of Ownership | Date of Creation | Purchase Value | Present Value |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| Name of Business | Share of Ownership | Date of Creation | Purchase Value | Present Value |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| Name of Business | Share of Ownership | Date of Creation | Purchase Value | Present Value |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| Name of Business | Share of Ownership | Date of Creation | Purchase Value | Present Value |
| | | | Total Value of Business Ownership Interests | \$ _____ |

Other Investments

| | | |
|-------------|----------|----------------------------------|
| _____ | \$ _____ | \$ _____ |
| Description | Cost | Present Value |
| _____ | \$ _____ | \$ _____ |
| Description | Cost | Present Value |
| _____ | \$ _____ | \$ _____ |
| Description | Cost | Present Value |
| _____ | \$ _____ | \$ _____ |
| Description | Cost | Present Value |
| _____ | \$ _____ | \$ _____ |
| Description | Cost | Present Value |
| | | Total Value of Other Investments |
| | | \$ _____ |

Personal Property

| | | | |
|---------------------|----------|-------------------------------|----------|
| Item #1 Description | Location | | |
| Date of Purchase | \$ Cost | \$ Present Value | |
| Item #2 Description | Location | | |
| Date of Purchase | \$ Cost | \$ Present Value | |
| Item #3 Description | Location | | |
| Date of Purchase | \$ Cost | \$ Present Value | |
| Item #4 Description | Location | | |
| Date of Purchase | \$ Cost | \$ Present Value | |
| Item #5 Description | Location | | |
| Date of Purchase | \$ Cost | \$ Present Value | |
| | | Total Personal Property Value | \$ _____ |

Other Assets/Notes Receivable

| | | |
|-------------|---------|---|
| Description | \$ Cost | \$ Present Value |
| Description | \$ Cost | \$ Present Value |
| Description | \$ Cost | \$ Present Value |
| | | Total Value of Other Assets/Notes Receivable \$ _____ |

Bank or Savings Accounts

| | | |
|--------------------------------|------------------------|------------------------|
| _____ | _____ | \$ _____ |
| Type (Checking or Savings) | Name of Institution | Approximate Balance |
| _____ | _____ | \$ _____ |
| Type (Checking or Savings) | Name of Institution | Approximate Balance |
| _____ | _____ | \$ _____ |
| Type (Checking or Savings) | Name of Institution | Approximate Balance |
| _____ | _____ | \$ _____ |
| Type (Checking or Savings) | Name of Institution | Approximate Balance |
| _____ | _____ | \$ _____ |
| Type (Checking or Savings) | Name of Institution | Approximate Balance |
| Total Bank or Savings Accounts | | \$ _____ |

Insurance Policies

POLICY #1

| | | | |
|---------|----------------|---------------------------------------|------------|
| _____ | _____ | _____ | |
| Company | Type of Policy | Premium Payments (Amount & Frequency) | |
| _____ | _____ | \$ _____ | \$ _____ |
| Owner | Beneficiary | Face Value | Cash Value |

POLICY #2

| | | | |
|---------|----------------|---------------------------------------|------------|
| _____ | _____ | _____ | |
| Company | Type of Policy | Premium Payments (Amount & Frequency) | |
| _____ | _____ | \$ _____ | \$ _____ |
| Owner | Beneficiary | Face Value | Cash Value |

POLICY #3

| | | | |
|---------|----------------|---------------------------------------|------------|
| _____ | _____ | _____ | |
| Company | Type of Policy | Premium Payments (Amount & Frequency) | |
| _____ | _____ | \$ _____ | \$ _____ |
| Owner | Beneficiary | Face Value | Cash Value |

Total Face Value of Insurance Policies \$ _____ Annual Income

Annual Income

Salary _____

Spouse's Salary _____

Investment Income _____

Other Income (list type and amount) _____

Total Annual Income \$ _____

Retirement Accounts

List Retirement Accounts, Pension Plans and Profit Sharing Benefits:

Type \$ _____
Amount

Type \$ _____
Amount

Type \$ _____
Amount

Type \$ _____
Amount

Type \$ _____
Amount

Inheritance

Do you expect to receive an inheritance? Yes No

If yes, explain. _____

Financial Information: Liabilities

| | | |
|---|-------|-----------------|
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| Total Mortgages, Trust Deeds, Loans, Etc. | | \$ _____ |

Other Debts

| | | |
|-------------------|-------|-----------------|
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| _____ | _____ | \$ _____ |
| Description | Terms | Present Balance |
| Total Other Debts | | \$ _____ |

BENEFICIARIES

Will Information

List the people, group and/or charitable organizations that you want to benefit when you die.

| | | |
|---------------------|---------|--------------------------------------|
| Beneficiary Name #1 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #2 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #3 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #4 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #5 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #6 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #7 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |

Executor

Name someone that you want to be in charge of carrying out the provisions of your will. This should be someone responsible and trustworthy. Be sure to select an alternate in case your primary choice is unable to serve.

EXECUTOR

Full Name _____

Address _____

City _____ State _____ Zip _____

ALTERNATE

Full Name _____

Address _____

City _____ State _____ Zip _____

Guardian

If both you and your spouse die while you have minor children, who would you want to appoint as guardian of those children? You may select separate people to be in charge of the children's physical and financial well-being. Be sure to select an alternate in case your primary choice is unable to serve.

GUARDIAN

Full Name _____

Address _____

City _____ State _____ Zip _____

ALTERNATE

Full Name _____

Address _____

City _____ State _____ Zip _____

Trust Beneficiary Information

List the people, group and/or charitable organizations that you want to benefit from your trust when you die, if different from the beneficiaries listed.

| | | |
|---------------------|---------|--------------------------------------|
| Beneficiary Name #1 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #2 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #3 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #4 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #5 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #6 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |
| Beneficiary Name #7 | Address | |
| Description of Gift | | \$ _____ Specific asset or amount |

Terms of Trust

General Instructions:

Income distribution as follows:

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Principal distribution as follows:

Instructions regarding termination of this trust

Trust Principal

Which of the assets you listed do you want to include in your trust? If you aren't sure, this is an issue to discuss with your attorney.

Insurance Policies (Description and Amount)

Real Property (Description)

Stocks (Description)

Other Property (Description)

Power of Attorney for Healthcare

There are two primary documents that will provide for your future healthcare. A durable power of attorney for healthcare empowers another person you select to make key decisions on your care. These could include whether an operation should be done or other major healthcare decisions should be made.

A second document is a living will. If you are in your final weeks or days of life, then decisions must be made with respect to nutrition, hydration, resuscitation and other critical care.

A durable power of attorney for healthcare is important to ensure that the right person has been selected. It is called a “durable” power because it is effective even if you are ill and not capable of making your own decisions.

In some states the living will and durable power of attorney are combined in an “Advance Directive” document.

Please select your primary and secondary healthcare decision makers.

POWER OF ATTORNEY FOR HEALTHCARE

Healthcare Power of Attorney _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Relationship, if not a spouse _____

ALTERNATE POWER OF ATTORNEY FOR HEALTHCARE

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Relationship, if not a spouse _____

Power of Attorney for Finances

A common concern is, “What if I am sick and am no longer able to manage my property?” Unfortunately, there are far too many cases of the property of senior persons being mismanaged or taken away by fraud or misrepresentation. A very good plan for protection of yourself and your property is to have a durable power of attorney for finances.

If you are no longer able to manage your property or later wish to have someone else manage your property, this durable power of attorney will give the person you select the legal authority to buy, sell and manage your property. Of course, if you have a revocable living trust, the successor trustee will manage the property in the trust. But it is still very possible that you own other property personally. The durable power of attorney for finances enables the individual you designate to manage your property and provide for your care.

Do you want to create a durable power of attorney for finances? Yes No

If married, does your spouse want a durable power of attorney? Yes No

For the durable power of attorney, please list information about the selected person.

POWER OF ATTORNEY FOR FINANCES

Primary Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Relationship, if not a spouse _____

ALTERNATE POWER OF ATTORNEY FOR FINANCES

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Relationship, if not a spouse _____

Bequest Language

Example bequest language - Please feel free to change the percentages and numbers as you desire.

1. Bequest of cash

“I bequeath the sum of \$10,000 to Arms of Hope.”

2. Bequest of a percent of the estate

“I devise and bequeath 20% of the remainder and residue of property owned at my death, whether real or personal, and wherever location to Arms of Hope.

3. Contingent Bequest

“If my brother John Doe survives me, I devise and bequeath 20% of the remainder and residue of property owned at my death, whether real or personal, and wherever located John Doe. If John Doe does not survive me, then I devise and bequeath 10% of my residuary estate, whether real or personal property and wherever located to Arms of Hope.”



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