This tool will assist you in organizing your records for completion of a Will.

estate planning outline

Organizing Records



12 Civic Center Plaza, Suite 1645

Mankato, MN 56001

952-444-3100

[www.ascentmn.com](http://www.ascentmn.com)

**Biographical Information**

**Husband**

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Birth Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Marriage Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City, County State, Country)

Location of Social Security Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wife**

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Birth Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Marriage Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City, County State, Country)

Location of Social Security Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children**

Guardians

This section lists the children for whom I regularly provide care. Below are the people I would select as their primary caretakers in the event of my incapacity or death:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child’s Name** | **Child’s Name** | **Child’s Name** | **Child’s Name** |
| Personal Guardian |  |  |  |  |
| Alternate |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child’s Name** | **Child’s Name** | **Child’s Name** | **Child’s Name** |
| Personal Guardian |  |  |  |  |
| Alternate |  |  |  |  |
|  |  |  |  |  |

**Balance Sheet**

****

**Life Insurance**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insured** | **Policy Number** | **Company** | **Policy Owner** | **Type** | **Death Benefit** | **Annual Premium** | **Primary Beneficiary** | **Secondary Beneficiary** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Durable Power of Attorney for Finances**

The purpose of the power of attorney is for you as the principal to give broad and sweeping powers to your attorney-in-fact (The person you designate to handle your affairs.) Once designated, your attorney-in-fact binds you, your heirs and assigns, and the representative of your estate in the same manner as though you took the action yourself.

NOTE: This power-of-attorney DOES NOT grant any powers to make health care decisions for you. Those powers are dealt with via a “Health Care Directive” found later in this document.

Powers that can be granted to an attorney-in-fact:

* Real property transactions
* Tangible personal property transactions
* Banking transactions
* Business operating transactions
* Insurance transactions
* Beneficiary transactions
* Gift transactions
* Fiduciary transactions
* Claims and litigation
* Family maintenance
* Benefits from military service
* Records, reports, and statements
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate if power continues if you become incompetent or incapacitated: Y / N

Indicate if power authorizes attorney-in-fact to make gifts to themselves or anyone he/she has an obligation to support: Y / N

Indicate whether or not attorney-in-fact is required to make an accounting to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during my lifetime and to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after my death.

**Health Care Directive**

**POWER OF ATTORNEY FOR HEALTH CARE DOCUMENT**

**NOTICE TO PERSON MAKING THIS DOCUMENT**

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

Because your health care providers in some cases may not have had the opportunity to establish a long-term relationship with you, they are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your health care.

In order to avoid this problem, you may sign this legal document to specify the person whom you want to make health care decisions for you if you are unable to make those decisions personally. That person is known as your health care agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons whom you have specified. You may state in this document any types of health care that you do or do not desire, and you may limit the authority of your health care agent. If your health care agent is unaware of your desires with respect to a particular health care decision, he or she is required to determine what would be in your best interests in making the decision.

This is an important legal document. It gives your agent broad powers to make health care decisions for you. It revokes any prior power of attorney for health care that you may have made. If you wish to change your power of attorney for health care, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement or by stating that it is revoked in the presence of two witnesses. If you revoke, you should notify your agent, health care provider(s), and any other person(s) to whom you have given a copy. If your agent is your spouse or your domestic partner and your marriage is annulled or you are divorced or your domestic partnership is terminated after signing this document, the document is invalid.

You may also use this document to make or refuse to make an anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior record of gift that you may have made. You may revoke or change any anatomical gift that you make by this document by crossing out the anatomical gifts provision in this document.

Do not sign this document unless you clearly understand it. It is suggested that you keep the original of this document on file with your physician.

**Organ or Body Donation**

**Wishes for Donation**

I would like to donate:

|  |  |  |
| --- | --- | --- |
|  | **Husband** | **Wife** |
| My body |  |  |
| Any needed organs or tissues |  |  |
| Only the following organs or tissues |  |  |
| Receiving Organization’s Name, Address, and Telephone Number |  |  |

**Burial or Cremation**

Disposition of Remains

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Burial** |  |  |  |
|  |  | Check One:  Immediate  After Services | Check One:  Embalm  Do not embalm | Check One:  In Ground  Above Ground |
| Burial Organization  Contact Information | |  | | |
| Burial Location and Contact Information | |  | | |
| Location of Documents | |  | | |
| Additional Notes | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cremation** |  |  |  |
|  |  | Check One:  Immediate  After Services | Check One:  Embalm  Do not embalm | Check One:  In Ground  Scattered    Other |
| Cremation Organization  Contact Information | |  | | |
| Final Location and Contact Information | |  | | |
| Location of Documents | |  | | |
| Additional Notes | |  | | |

**Casket or Urn**

I would like a casket, urn, or other container to hold my remains: Y / N

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | |  |  |  | | --- | --- | --- | | Casket | Urn | Other | |
| Material | |  |  |  | | --- | --- | --- | | Wood | Metal | Other | |
| Model or Design |  |
| Exterior Finish |  |
| Interior Finish |  |
| Cost Range |  |
| Additional Notes |  |

**Headstone, Monument, or Burial Marker**

I would like a headstone or marker: Y / N

|  |  |
| --- | --- |
| Description |  |
| Material |  |
| Design |  |
| Finish |  |
| Inscription |  |
| Additional Notes |  |

**Burial or Cremation Apparel**

I wish to define burial or cremation apparel: Y / N

|  |  |  |
| --- | --- | --- |
| **Clothing, Accessory or Other Detail** | **Location** | **Remove Prior to Interment or Cremation** |
|  |  | Y / N |
|  |  | Y / N |
|  |  | Y / N |
|  |  | Y / N |
|  |  | Y / N |
| **Additional Notes** |  |  |

**Funeral and Memorial Services**

**Viewing, Visitation, or Wake**

I would like viewing, visitation, or wake: Y / N

|  |  |
| --- | --- |
| Type of Service | Funeral or Memorial  Religious / Military / Other |
| Location and Contact Information |  |
| Existing Arrangements and Location of Documents |  |
| Body Present | Y / N |
| Casket | Y / N |
| Casket | Open / Closed |
| Invitees | Public / Private |
| Special Requests |  |
| Additional Notes |  |
| Type of Service |  |
| Location and Contact Information |  |
| Music Selection and Musicians |  |
| Readings |  |
| Pallbearers |  |

**Obituary**

Publish obituary: Y / N

I have already prepared a “draft” obituary: Y / N Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not already prepared, see below:

Obituary Length: Brief Moderate Article Length

Photographs: Yes – Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

Publications:

Details:

Date and Place of Birth

Military Service

Spouse, Children, Grandchildren, Parents, Siblings

Employment

Memberships

Education

Awards – Achievements

Interests – Hobbies

Public or Private Service

Flowers or Memorials

**CHECKLIST**

**The following is a partial compilation of what things you should get in order should something happen to you and friends or heirs are left to sort out your affairs:**

1. Personal Information
   1. Document your mailing address, e-mail accounts, phone numbers, and social media accounts (Include passwords and usernames)
   2. Vital Statistics – birth, adoption, marriage, death certificates, passports, social security cards, military records, citizenship, baptismal, diplomas, professional certifications (Where are these documents?)
   3. Family Genogram – Develop a “Family Tree” that illustrates family relationships and special information that others should be aware of including contact information for friends that need to be notified in an emergency
   4. Instructions and Medical Records for Pets & Livestock
   5. Job Information – Employer and HR Contacts
   6. List of Business Interests
   7. Memberships in Professional Organizations
   8. Pending Appointments
   9. Children – School Contacts
   10. Pets – Special Instructions
2. Professional Services – Contact Information
   1. Doctors – Medical, Dental, Optical, Specialists
   2. Clergy
   3. Attorneys
   4. CPA’s
   5. Insurance Agents – Property, Life, Health, Long-term Care, Crop
   6. Investment Advisors – Accounts, (Passwords and Usernames)
   7. Brokers
   8. Consultants
3. Financial Information / Documents
   1. Current Balance Sheet (Assets & Liabilities) (Accurate Inventory)
   2. Bank & Brokerage Accounts – Open Orders / Positions – Grain or Livestock Contracts
   3. Personal Debts or Loans Receivable
   4. Checking & Savings Account Information and Banks
   5. Last 3 Years of Tax Returns (State & Federal)
   6. Retirement / Pension Plans
   7. Social Security Information
   8. Veterans Benefits
   9. Credit Card Information
   10. Automatic Bill Paying Detail
   11. Tax Information – Income, Real Estate, etc.
   12. IRA, Roth IRA, Keough Information
   13. Real Estate Deeds / Abstracts
   14. Lease Agreements
   15. Insurance Policies - Property, Life, Health, Long-term Care, Crop
   16. Vehicle Titles / Service Records
   17. Safety Deposit Box (Inventory / Location of Key)
   18. Frequent Flier Miles
   19. Divorce Decree
   20. Premarital Agreement
   21. Combination to Fire-Proof Safe
   22. Dues for Professional Organizations
   23. Succession Plan for Business – Legal Documents for Business Entity
4. Estate Planning Documents
   1. Trust Documents / Wills
   2. Durable Power of Attorney – Financial and Health Care
   3. Instructions at Incapacity
   4. Nursing Home / Assisted Care Facilities
   5. Charitable Intentions
   6. Religious Preferences
   7. Personal Property List for Special Gifts to Heirs
   8. Letters of Instructions / Last Wishes
   9. Draft Obituary
   10. Pre-paid Funeral Details
   11. Military or Fraternal Service Preferences
   12. Preference on Organ Donation
   13. Preferences – Burial, Cremation or Embalming
   14. Burial Plot or Alternative Disposition of Remains