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WILL/ESTATE PLANNING CHECKLIST YOUR FAMILY INFORMATION

Please give your name as you wish it to appear in your Will (*usually first, middle initial and last name*).

YOUR NAME _____ Birth Date _____ County _____
Street Address _____ City _____ State _____ Zip Code _____
Cell Phone _____ Home Phone _____ E-Mail Address _____
U.S. Citizen? Yes ___ No ___ Employee or Business Owner? _____ Occupation _____

SPOUSE'S NAME _____ Birth Date _____ U.S. Citizen? Yes ___ No ___
Occupation _____ Cell Phone _____ Home Phone _____
E-Mail Address _____ Employee or Business Owner? _____

Your Child(ren)'s Name(s) (*Please indicate if any children listed below are not the children of both spouses and each child's full address if not "at home"):*

	<u>Child's Full Name</u>	<u>Parent</u> (if not of both)	<u>Birth Date</u>	<u>Full Address</u> (or if "at home")
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

WILL INFORMATION

PRIMARY BENEFICIARY: (A spouse may often leave everything to their surviving spouse or, if there is no spouse, your estate may be left to children, other relatives, charitable institutions or friends.) Please indicate the primary person or persons to receive your estate assets:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Amount/Percentage</u>	<u>Full Address (if not already listed)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTINGENT BENEFICIARIES: In the event that your primary beneficiary does not survive you, please indicate your contingent beneficiaries: (i.e. children, parents, siblings, other relatives, friends, charitable institutions, etc.)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Amount/Percentage</u>	<u>Full Address (if not already listed)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SPECIFIC CHARITABLE BEQUESTS: If you wish to make immediate cash gifts to charities upon your death, please list below:

<u>Name of Charity</u>	<u>Amount or Percentage</u>	<u>Address of Charity</u>
_____	_____	_____
_____	_____	_____

TRUSTEES: In the event that **both you and your spouse** pass away while your children are minors, or you are a **single parent** in the same situation, you should appoint a Trustee to handle funds for the benefit of your children. The Trustee may be the same person as the Guardian who provides physical care for your children, but it very important to choose a Trustee who is responsible with money.

1. Trustee for your Trust: (Your Trust will be used if you are predeceased by your spouse then you die while your children are still minors or if you are a single parent and die while your children are still minors)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>
_____	_____	_____	_____

<u>Possible Successor Trustees</u>			
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>

2. For Your Spouse's Trust: *(Your Spouse's Trust will be used if you predecease your spouse and your spouse dies while your children are minors)*

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>

<u>Possible Successor Trustees</u>			
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>

TRUST DISTRIBUTIONS: Please indicate the age at which you feel your children should receive outright distribution of trust assets: Age _____
Suggestion: It is common to wait until children have completed their education and are mature enough to manage large amounts of money prudently before distributing trust assets. While trust assets *may* be distributed as early as age 18; distribution at 21, 22, 25, 30 or even later is common.

- Do you want your Trustee(s) to reimburse your Guardian(s) for expenses incurred raising your children? Yes ____ No ____

EXECUTORS: Individuals whom you would trust to close your estate by working with an Attorney and going through the probate process to settle your final debts and distribute your assets

NOTE: *(A Spouse would ordinarily act as the other Spouse's initial Executor. Naming a successor is **highly** recommended)*

1. For your Will:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>

<u>Possible Successor Executor</u>			
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>

2. For your Spouse's Will:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>Possible Successor Executor Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>
_____	_____	_____	_____
_____	_____	_____	_____

GUARDIANS: Individual(s) you would wish to serve as Guardian(s) and be responsible for raising your children if both you and the other parent are deceased. **NOTE:** You can choose to name a married or committed couple to serve as joint Guardians, but please keep the possibility of divorce in mind! (Often naming only the blood relative is a better choice)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>
_____	_____	_____	_____
_____	_____	_____	_____

Names of possible successor guardian(s) for your children if the above person(s) are unable to serve:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>
_____	_____	_____	_____
_____	_____	_____	_____

BURIAL: If you desire cremation or have any specific burial request, please specify below:

FINANCIAL POWER OF ATTORNEY

Your Financial Power of Attorney allows you to designate an Agent (i.e. spouse, relative, trusted friend) to manage your financial affairs in the event that you are incapable of making your own financial decisions. If you would like to have a Financial Power of Attorney, please provide the following:

1. Agent for your Financial Power of Attorney:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>	<u>Phone Number</u>
_____	_____	_____	_____	_____

<u>Possible Successor Agent</u>				
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>	<u>Phone Number</u>

2. Agent for your Spouse's Financial Power of Attorney:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>	<u>Phone Number</u>

<u>Possible Successor Agent</u>				
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>	<u>Phone Number</u>

HEALTH CARE POWER OF ATTORNEY

It is also a good idea to designate an Agent (i.e. spouse, relative, trusted friend) to make health care decisions for you in the event that you are incapacitated and unable to make your own decisions. If you would like to have a Health Care Power of Attorney, please provide the following:

1. Agent for your Health Care Power of Attorney:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>	<u>Phone Number</u>

<u>Possible Successor Agent</u>				
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>	<u>Phone Number</u>

2. Agent for your Spouse's Health Care Power of Attorney:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>	<u>Phone Number</u>

<u>Possible Successor Agent</u>				
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Full Address (if not already listed)</u>	<u>Phone Number</u>

LIVING WILL

You may want a Living Will if you do **not** want your life prolonged by administration of life-sustaining procedures if you are in an incurable or irreversible condition that will cause your death within a relatively short period of time or you fall into a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery. Would you like a Living Will? Yes _____ No _____

LEGAL INSURANCE

If you have legal insurance, please indicate the name of the company/plan, your Member ID Number and any case number you have received:

YOUR PROPERTY

IMPORTANT: If you would estimate the value of your assets (including the payout value of life insurance, IRAs, 401(k) plans and other retirement plans; and anticipated inheritances) might exceed **\$5,490,000**, it is important that you disclose this to your attorney, as it may have a bearing on the type of Will or Trust recommended. If you have a financial statement, please attach it. **If you own any real estate in another state, please tell your attorney.**

ASSETS: Please list your assets, how they are titled (sole ownership, joint tenancy, life estate, etc.) and the value below:

NOTE: If you are interested in a Revocable Trust, please locate the full **legal description** of your property and give to your attorney

	<u>Title</u>	<u>Value</u>
1. <u>Home</u>	_____	_____
2. <u>Other Real Estate:</u>	_____	_____
	_____	_____
	_____	_____

3. Retirement Accounts (for each account please list the financial institution, approximate value and beneficiaries)

a. **401(k):** Approx. Value Beneficiary

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b. **IRA** (Roth or Traditional)

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c. **IPERS**

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d. **Other Retirement Accounts or Pensions**

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4. Accounts: (Please list the type of account i.e. checking, savings, brokerage, etc., how account is titled and approximate value)

5. Life Insurance: (Please list the institution through which the policy was obtained, approximate cash value and beneficiaries)

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6. Bonds and Certificates of Deposit: (Please list the type of account, approximate value and beneficiaries)

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7. Other Major Assets (Please include a brief description of the asset and the approximate value)
