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MARRIED COUPLE ESTATE PLANNING CHECKLIST

Please provide the following information for both you and your Spouse:

YOUR NAME (*how you want it to appear in legal documents*) _____

Street Address _____ City _____ State _____

Zip Code _____ County _____ Phone (*best number in an emergency*) _____

Date of Birth (*please call office if you do not wish to email*) _____ E-Mail Address _____

U.S. Citizen? Yes ___ No ___ Employee or Business Owner? _____ Employer _____

SPOUSE'S NAME (*how they want it to appear in legal documents*) _____

Street Address _____ City _____ State _____

Zip Code _____ County _____ Phone (*best number in an emergency*) _____

Date of Birth (*please call office if you do not wish to email*) _____ E-Mail Address _____

U.S. Citizen? Yes ___ No ___ Employee or Business Owner? _____ Employer _____

Do You or Your Spouse Have Legal Insurance? If so, please indicate the name of the legal insurance company/plan, your Member ID/Plan Number and any case numbers or Case Assist forms you have received. Also, please provide the last 4 digits of plan holder's Social Security Number (*please call office if you do not wish to email*): _____

CHILDREN

Please list all children (if any) born to or legally adopted by you or your Spouse. Please list the parent for any child that is not the child of both spouses

	<u>Child's Full Name</u>	<u>Parent</u> (if not of both)	<u>Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

WILL INFORMATION

PRIMARY BENEFICIARIES: Beneficiaries are the people or institutions who will receive your assets upon your death. Often when one spouse passes away he or she wants to leave all assets to their surviving spouse. You can also list your children, other relatives, charitable institutions, friends or any other beneficiary you choose. Please indicate your wishes below:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Amount/Percentage</u>	<u>Full Address</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTINGENT BENEFICIARIES: In the event that your primary beneficiaries do not survive you, please indicate your contingent beneficiaries:

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

Does your Spouse want the same beneficiaries you have designated above for his or her Will? Yes _____ No _____

If no, please indicate who your Spouse wishes to distribute his/her assets to below:

SPOUSE'S PRIMARY BENEFICIARIES:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Amount/Percentage</u>	<u>Full Address</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SPOUSE'S CONTINGENT BENEFICIARIES:

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

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. You should name someone who has good business sense to be your Executor. You can name a single Executor or two or more people to serve as co-Executors. *NOTE: (Most people name their Spouse as their initial Executor. Naming at least one 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>
_____	_____	_____	_____
_____	_____	_____	_____

Possible Successor Executor(s)

<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>
_____	_____	_____	_____
_____	_____	_____	_____

Possible Successor Executor(s)

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

GUARDIANS: Individuals whom you trust to be responsible for raising your children if both you and the other parent are deceased before your children turn 18. *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! If you would *not* want one member of the couple serving as sole Guardian, you should only name the person you do trust

1. **For Your Will:**

<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>
_____	_____	_____	_____
_____	_____	_____	_____

2. **For Your Spouse's Will:**

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

Names of possible successor guardian(s) for the 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 either you or your Spouse desire cremation or have any specific burial request, please specify below:

TRUSTS

CONTINGENT TRUST FOR CHILDREN: In the event that **both you and your spouse** pass away while your children are young, you should appoint a Trustee to handle funds for the benefit of your children. Children cannot directly inherit money until they are at least 18 years old; however, many parents want to keep money in Trust until their children are older (*most commonly until children are age 25*). It is very important to choose a Trustee who is responsible with money. It is highly recommended that you also choose a successor Trustee in the event your chosen Trustee is unable or unwilling to serve. You can name an individual or two or more people to serve as co-Trustees.

1. **Trustee for your Trust:** (*In this situation, your Trust will be used **only** if you are predeceased by your spouse then you die while your children are still minors or under the age you have designated*)

<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:** (*In this situation, your Spouse's Trust will **only** be used if you predecease your spouse and your spouse dies while your children are minors or under the age you have designated*)

<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; age 25 is the most common age of distribution.

REVOCABLE TRUST: A Revocable Trust may allow your estate to avoid the legal fees, court costs and time associated with probate. **ASK** your attorney if a Revocable Trust is right for your situation. You and your Spouse would serve as Co-Trustees. Who would you trust to serve as Successor Trustee once neither you nor your Spouse are able to serve? You can name an individual or two or more people to serve as co-Trustees.

Possible Successor Trustees:

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

FINANCIAL POWER OF ATTORNEY

Your Financial Power of Attorney allows you to designate an Agent to manage your financial affairs in the event that you are incapable of making your own financial decisions. You can name a single Agent or two or more people to serve as co-Agents. *NOTE: (Most people name their Spouse as their initial Agent. Naming at least one successor is **highly** recommended)*

1. **Who do you Trust to serve as your Financial Agent?**

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

Successor(s) if the person(s) designated above cannot serve?

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

2. **Who would your Spouse Trust to serve as their Financial Agent?**

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

Successor(s) if the person(s) designated above cannot serve?

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

HEALTH CARE POWER OF ATTORNEY

Your Health Care Power of Attorney allows you to designate an Agent to make health care decisions for you in the event that you are incapable of making your own health care decisions. You can name a single Agent or two or more people to serve as co-Agents. *NOTE: (Most people name their Spouse as their initial Agent. Naming at least one successor is **highly** recommended)*

1. **Who do you Trust to serve as your Health Care Agent?**

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

Successor(s) if the person(s) designated above cannot serve?

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

2. **Who would your Spouse Trust to serve as their Health Care Agent?**

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

Successor(s) if the person(s) designated above cannot serve?

<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 when you are in a terminal condition. A Living Will is used 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.

Do You want a Living Will? Yes _____ No _____ **Would your Spouse want a Living Will?** Yes _____ No _____

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 **\$11,000,000.00**, 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.	<u>Retirement Accounts</u> <i>(for each account please list the financial institution, approximate value and beneficiaries)</i>		
a.	401(k):	<u>Approx. Value</u>	<u>Beneficiary</u>
	_____	_____	_____
	_____	_____	_____
b.	IRA (Roth or Traditional)		
	_____	_____	_____
	_____	_____	_____
c.	IPERS		
	_____	_____	_____
	_____	_____	_____
d.	Other Retirement Accounts or Pensions		
	_____	_____	_____
	_____	_____	_____

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)*

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

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