

**Information Booklet
For
Will Package & Beneficiary Deed**

No. _____

*I/we understand the Will Package and Beneficiary Deed will be prepared on
the information written within this information booklet.*

I/we have read and checked the spelling and the order of information written in this booklet.

I/we hereby state that the information is correct to the best of my/our knowledge.

I HAVE FURNISHED A COPY OF THE LAST RECORDED DEED ON MY REAL PROPERTY

*I/we cannot hold Legacy Trust Preparation, Inc. nor the Representative listed below
responsible for any errors beyond the information recorded in this booklet.*

Client

Client

Representative

Date

Notice to Representative

You are responsible for collecting all the information needed to complete the Will Package and Beneficiary Deed. If you need copies of deeds, etc., wait until you have all required information to submit this information booklet.

You need not repeat addresses if Personal Representative(s) if they are the same persons as the children and beneficiaries. If Conservator, Guardian, and Personal Representative for the Will, Health Care Power of Attorney and Durable Power of Attorney. . . are all the same person(s), write "same" on the appropriate page.

Every area must be filled in. If there are only 2 beneficiaries, cross out the remaining blanks for beneficiaries. If there is only one bank account, cross out the other blanks for bank accounts. If there are no business interests, please cross through that page.

*We **MUST** have the last recorded deed to prepare a Beneficiary Deed. If you have a client who has recently lost a spouse. . . and their real property is in joint tenancy. . . we will need an original death certificate for each property **SO THAT WE MAY PREPARE A TERMINATION OF JOINT TENANCY** before we prepare the Beneficiary Deed. We prefer to have a recent statement copy for all other assets. If you are not sure whether an investment is "qualified" or "not qualified" . . . send a copy of the statement.*

It is very important that the information submitted is accurate. Have your client read through the booklet for spelling errors and completeness.

The confidential estate analysis is only for reference and need not be completed unless you wish to do so.

Confidential Estate Analysis for

(An Estimate of the Probate Value of Your Estate)

Residence (Fair Market Value)	\$ _____	
Less Outstanding Mortgage (estimated)	\$ _____	\$ _____
Household Furnishings (IRA "rule of thumb" = 20% of FMV)		\$ _____
Other Real Property (Fair Market Value)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Less Outstanding Mortgages (estimated)	\$ _____	\$ _____
Cash on Hand and in Banks (Checking, Savings, CDs, MM)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Stocks, Bonds, Annuities, and IRAs		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Insurance Policies (Death Benefit)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Other Personal Property:		
Antiques	\$ _____	
Jewelry & Furs	\$ _____	
Collections	\$ _____	
Vehicles	\$ _____	
RVs, Boats	\$ _____	
Other _____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
TOTAL PROBATE ESTATE		\$ _____

Client Information

Single Will Sweetheart Will Beneficiary Deed Children's Trust
 Termination of Joint Tenancy Survivorship Deed(s)

Male Client:

Full Name: _____

Name you normally sign: _____

Other names you may use: _____

Birthdate: _____ Social Security No. _____

Address: _____ County: _____

City, State, Zip: _____

Phone Number including area code: _____

Previous Marriage? _____ How ended? _____ Date of Current Marriage: _____

Female Client:

Full Name: _____

Name you normally sign: _____

Other names you may use: _____

Birthdate: _____ Social Security No. _____

Address: _____ County: _____

City, County, State, Zip: _____

Phone Number including area code: _____

Previous Marriage? _____ How ended? _____ Date of Current Marriage: _____

Personal Representative Information:

First Personal Representative: _____

Relationship: _____ Age: _____

Address: _____ County: _____

City, State, Zip: _____

Phone Number including area code: _____

Second Personal Representative: _____

Relationship: _____ Age: _____

Address: _____ County: _____

City, State, Zip: _____

Phone Number including area code: _____

Third Personal Representative: _____

Relationship: _____ Age: _____

Address: _____ County: _____

City, State, Zip: _____

Phone Number including area code: _____

Do you wish any of the above named Personal Representatives to serve together as Co-Personal Representatives?

If yes, please explain: _____

Conservator and Guardianship Information:

*You need to name a Conservator and Guardian for **an incapacitated spouse** after your death. . . or a Conservator and Guardian in the event **you become incapacitated**. . . or, a Conservator and Guardian for **minor children** or a **handicapped child**. Normally these are the same persons you name as Personal Representative(s). If you wish to use another person, please list below:*

Name: _____

Relationship: _____ Phone No.: _____

Address: _____

City, State, Zip: _____

Last Will & Testament Information:

List all of your children (whether or not they are named beneficiaries).

Mark the boxes that apply.

Are any of your children minors: Yes No

Are any of your children handicapped adults? Yes No

Child No. 1 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 2 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 3 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

Child No. 4 - Name: _____

Address: _____ Age: _____

City, State, Zip: _____

Natural Born Adopted Wife's Husband's

List Additional Children on a Separate Sheet of Paper.

Durable Power of Attorney Information:

If you are married, your spouse is usually named in first position; then your Personal Representative(s). If you wish to name another person, please list below:

My spouse should be listed in first position.

Our Personal Representatives(s) should be next.

I am single. Please use my Personal Representative(s).

Please use the persons listed below:

First Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ **Phone No.:** _____

County: _____

Second Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ **Phone No.:** _____

County: _____

Health Care Power of Attorney Information:

Your spouse is usually named in first position and then your Personal Representative(s). If you wish to name other persons, please list below:

List my spouse in first position; then my Personal Representative(s).

I am single. Please use my Personal Representative(s).

Please use the persons named below to make health care decisions for me.

First Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ **Phone No.:** _____

Second Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ **Phone No.:** _____

Third Name: _____ **Relationship:** _____

Address: _____

City, State, Zip: _____ **Phone No.:** _____

Beneficiary Information:

Are all of your children beneficiaries? YES NO

If no, explain: _____

Simple Definitions:

Per Stirpes: If one of your beneficiaries fails to survive the final distribution, their share shall be distributed, in equal shares, to their children.

Per Capita: If one of your beneficiaries fails to survive the final distribution, their share shall be distributed, in equal shares, to the surviving beneficiaries.

Distribution Definitions:

- 1 After the death of the husband.
- 2 After the death of the wife
- 3 After the death of both Settlers (husband and wife).

Beneficiary No. 1

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$_____ or Share _____% of the Estate

Distribution: 1 2 3

Beneficiary No. 2

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$_____ or Share _____% of the Estate

Distribution: 1 2 3

Beneficiary No. 3

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____

Relationship: _____ Per Stirpes Per Capita

Pecuniary Amount: \$_____ or Share _____% of the Estate

Distribution: 1 2 3

Beneficiary No. 4

Name: _____

Address: _____

City, State, Zip: _____

Telephone including Area Code: _____
Relationship: _____ Per Stirpes Per Capita
Pecuniary Amount: \$_____ or Share _____% of the Estate
Distribution: 1 2 3

Beneficiary No. 5

Name: _____
Address: _____
City, State, Zip: _____
Telephone including Area Code: _____
Relationship: _____ Per Stirpes Per Capita
Pecuniary Amount: \$_____ or Share _____% of the Estate
Distribution: 1 2 3

Beneficiary No. 6

Name: _____
Address: _____
City, State, Zip: _____
Telephone including Area Code: _____
Relationship: _____ Per Stirpes Per Capita
Pecuniary Amount: \$_____ or Share _____% of the Estate
Distribution: 1 2 3

List additional Beneficiaries on a separate sheet of paper.

Special Distribution Information:

The trust provides for liquidation and distribution of your assets after the death of you, the Settlor, or the in the case of a couple, the Surviving Settlor. As written, in the basic trust, beneficiaries must be 25 years of age to receive their distribution. In second marriages where there are Sole and Separate Assets, a Settlor may wish to distribute a significant part or all of his assets at his death. In other words, the basic trust can be modified to accommodate your wishes.

Final distribution to beneficiaries will be made:

- At your death.
- At a fixed time after your death. When: _____
- At a specific age. What age: _____
- Other, please explain: _____

Do you wish specific assets to be distributed to specific beneficiaries. . . or, should your assets be sold and the “money” distributed? Please list wishes below:

REAL PROPERTY NO. 3

Exact Title of Property: _____

County: _____ State: _____ Assessors Parcel No. _____

Address (if applicable): _____

Exact Legal Description: _____

Residence (house or condo) Rental Property Time-Share Vacant Land

Acreage/Farm Commercial Property Other _____

Is there a Mortgage or Trust Deed (lien) on the property? Yes No

Prepare Beneficiary Deed to: _____

As Tenants in Common As Joint Tenants Other _____

YOU MUST PROVIDE A COPY OF THE LAST RECORDED DEED!!!

Cash in Banks, CDs, Money Markets, Etc:

Bank No. 1: _____

Address: _____

City, State, Zip: _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Prepare Letter to Bank:

Pay on Death (POD) to: _____

In Trust For (ITF): _____

Bank No. 2: _____

Address: _____

City, State, Zip: _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Type of Account: _____ Account No.: _____

Ownership: Husband Wife Joint Other _____

Prepare Letter to Bank:

Pay on Death (POD) to: _____

In Trust For (ITF): _____

Please provide a copy of a recent statement.

Stocks and Bonds You Hold (If your stocks are with a broker, see next page):

Name of Stock/Bond: _____

Transfer Agent Name & Address: _____

No. of Shares: _____ Certificate Nos: _____

Name of Stock/Bond: _____

Transfer Agent Name & Address: _____

No. of Shares: _____ Certificate Nos: _____

Name of Stock/Bond: _____

Transfer Agent Name & Address: _____

No. of Shares: _____ Certificate Nos: _____

Prepare Letter to Transfer Agent:

Pay on Death (POD) to: _____

In Trust For (ITF): _____

Provide a copies of all stock certificates and bonds.

Check here if you hold Corporate Stock from a small business.

Name of Business: _____

Address, City, State, Zip: _____

Type of Corporation: _____ Date of Incorporation: _____

Number of Shares: _____ Ownership: _____% Other Information: _____

Prepare Letter to Change Small Business Stock:

Pay on Death (POD) to: _____

In Trust For (ITF): _____

Investment Accounts (non-qualified accounts with company/broker):

Company/Broker No. 1: _____

Address: _____

City, State, Zip: _____

Ownership: Husband Wife Joint Other _____

Account No.: _____

Company/Broker No. 2: _____

Address: _____

City, State, Zip: _____

Ownership: Husband Wife Joint Other _____

Account No.: _____

Prepare Letter to Investment Company:

Pay on Death (POD) to: _____

In Trust For (ITF): _____

Please provide copies of recent statements.

Contracts or Notes Receivable:

Since there are many types of notes and contracts receivable. . . some secured. . . some unsecured, it is nearly impossible to create lists to accommodate all types. If you are receiving money from anyone due to a mortgage, trust deed, promissory note, etc., please list all of the particulars on a separate piece of paper . . . and include copies of recorded or unrecorded documents. Please list brief description below: _____

If you have business interests in a proprietorship, small business corporation, or partnership, please list below and include the stock certificate (in the case of corporation), the partnership papers; or, in the case of a proprietorship, a list of assets and inventory.

Business Interest No. 1: _____

Proprietorship S-Corporation C-Corporation Partnership

Other: _____

Business Interest No. 2: _____

Proprietorship S-Corporation C-Corporation Partnership

Other: _____

Please explain anything you think we should know about your Business Interests:

Personal Property:

If you have valuable collections of art, coins, antiques, etc. ,that have an appraised value, please list below and provide a copy of the appraisal: _____

Vehicles, RVs, Boats, Mobile Homes:

Type of Vehicle: _____ **Year:** _____

Name(s) shown on Title: _____

Make: _____ Model: _____

Vehicle I.D. No.: _____

No lien Lienholder: _____

If there is a lienholder on your title, you may need to get permission to add a name. If you have paid off a vehicle and the lienholder is still shown on your title, you will need to obtain a "Satisfaction of Lien" to retitle into you trust.

Pensions, IRAs, Keoghs, Qualified Annuities:

Type of Account: _____ **Acct./Policy No.:** _____

Owner: _____ **Primary Beneficiary:** _____

Company: _____ **Contingent Beneficiary:** _____

Address: _____

City, State, Zip: _____

Type of Account: _____ **Acct./Policy No.:** _____

Owner: _____ **Primary Beneficiary:** _____

Company: _____ **Contingent Beneficiary:** _____

Address: _____

City, State, Zip: _____

Prepare Letter to Company:

Primary Beneficiary: _____

Contingent Beneficiary: _____

Life Insurance Policies:

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

Prepare Letter to Insurance Company:

Primary Beneficiary: _____
 Contingent Beneficiary: _____

Owner/Insured: _____ Policy No.: _____
Company: _____ Death Benefit: \$ _____
Address: _____ Cash Value: \$ _____
City, State, Zip: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____

Prepare Letter to Insurance Company:

Primary Beneficiary: _____
 Contingent Beneficiary: _____