

ESTATE PLANNING PREPARATION FORM

CONFIDENTIAL FOR YOUR ATTORNEY

Disclaimer/Important:

This is not a will, nor is it a legal document. It is designed to help your attorney to help you in preparation of your will.
Print it to take to your appointment if the attorney does not provide a separate form.

I. PERSONAL

- a. Name:
- b. Spouse's Name:
- c. Home Address:
- d. Mailing Address (if different):
- e. Home Telephone:
- f. Work Telephone:
- g. Your Date of Birth:
- h. Spouse's Date of Birth:
- i. Your Social Security Number:
- j. Spouse's Social Security Number:
- k. Marriage Place and Date:
- l. Citizenship:

II. PRIOR MARRIAGES

- a. Name of Former Spouse:
- b. Date of Marriage:
- c. Specify if the marriage terminated by death or divorce:
If terminated by divorce, please attach dissolution decree.
- d. Date of Termination of Marriage:
- e. List any relevant information regarding any obligations, child support or maintenance that is not contained in any dissolution decrees you have attached to this form:

Please note: If you have been previously married more than once, please provide all requested information for any additional spouses on a separate sheet.

III. CHILDREN

Please note: Please list any adopted children under the applicable categories and indicate that they are adopted. Also, please indicate if any children are deceased.

- a. List all children from your current marriage, providing their names, dates of birth and addresses if different from your own:

Name

DOB

Address

b. List all children from any previous marriage or relationship, providing their names, names of the other parent, dates of birth and addresses if different from your own:

Name	Parent's Name	DOB	Address

c. List all children of your spouse from any previous marriage or relationship, providing their names, names of the other parent, dates of birth and addresses if different from your own:

Name	Parent's Name	DOB	Address

IV. DEPENDENTS

Are there any persons, other than minor children, who are partially or wholly dependent upon either you or your spouse for support now or possibly in the future? If so, please list their name and address and describe the nature of the relationship:

Name	Address	Relationship

V. OTHER FAMILY MEMBERS

- a. List the names, dates of birth, parentage and current addresses of any grandchildren of you or your spouse:

Name	DOB	Parentage	Address

- b. List the names, addresses and birth dates of your parents, if still living:

Name	Address	DOB

- c. List of the names, addresses and birth dates of any living siblings:

Name	Address	DOB

VI. TRUSTS

- a. Do you currently receive income from a trust?
If so, please attach a copy of the trust document.
- b. Does any family member expect to be named a beneficiary or remainderman to a trust? If so, please describe:

VII. INSURANCE

- a. Are there any life insurance policies in existence for either spouse?
- b. If so, please indicate the name of the policy holder and provide information regarding:
 - 1. Owner of Policy:
 - 2. Name of Company(ies):
 - 3. Type of Insurance:
 - 4. Amount and Cash Surrender Value:
 - 5. Designated Beneficiary(ies):

VIII. ASSETS IN JOINT TENANCY

Do you own any real or personal property as joint tenants (“with rights of survivorship”; “in common”; “by entireties”) with your spouse or third parties?

IX. RETIREMENT BENEFITS

- a. Are you enrolled in a retirement plan?
- b. If so, please provide information regarding the type of plan, current value and beneficiary designation:
 - 1. Type:
 - 2. Current Value:
 - 3. Beneficiary Designation:

X. GIFTS OR INHERITANCES

- a. Are either you or your spouse likely to receive any gifts or inheritances? If so, please describe:

- b. Do either you or your spouse make, or intend to make, regular gifts to any person? If so, please describe:

XI. ASSET AND LIABILITY SCHEDULE

Please estimate your assets and liabilities:

Assets	Approximate Value
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Real Property	
Stocks and Bonds	
Checking/Savings/Other Monetary Accounts	
Cash Value of Life Insurance Policy	
Retirement Benefits	
Miscellaneous Property (including furniture, antiques, automobiles, boats, collections, etc.)	
Total Assets:	
Liabilities	Approximate Value
Mortgage or Deed of Trust or other amounts owed on real property	
Other Loans from Financial Institutions (consolidated loan, home equity loan, etc.)	
Student Loan	
Amounts owed on credit cards	
Other liabilities	
Total Liabilities:	
Net Worth (Assets - Liabilities) =	

XII. REAL PROPERTY

Please attach a copy of the deed for each parcel of real property that you own.

XIII. WILL PROVISIONS

- a. **Personal Representative.** A Personal Representative administers your estate in accordance with the instructions contained in your Will. Please list a first choice and an alternate, in case the person who is your first choice predeceases you or is unable to serve:

First Choice:
Name:

Address:
Relationship:

Alternate:

Name:
Address:
Relationship:

b. Distribution

1. Please list the individuals to whom you wish to leave your estate, providing instruction as to what percentage shall be received by each beneficiary:

Beneficiary: Percentage:

Beneficiary: Percentage:

Beneficiary: Percentage:

2. If any of your designated beneficiaries should predecease you, do you want to distribute the gift among surviving beneficiaries? Or pass the gift to the children of deceased beneficiary?

c. Guardianship. If you die before your children reach the age of eighteen, whom do you wish to serve as their guardian?

Name:
Address:
Relationship:

Alternate:

Name:
Address:
Relationship:

d. Charitable Interests. Please list those charitable organizations, including your university, church and/or synagogue, that you would like to bequeath an interest from your estate, and the approximate amount(s) or percentages you would like to leave to each:

Organization: Amount:

Organization: Amount:

Organization: Amount:

Note: the WVU Foundation can provide sample language for your will to benefit any part of WVU, the Mountaineer Athletic Club, West Virginia 4-H, WVU Institute of Technology, or Potomac State College of WVU. [Contact us](#) or call the Planned Giving staff at 800-847-3856.

e. Testamentary Trust. If you wish, you can create either a testamentary charitable or non-charitable trust in your Will to become effective upon your death. The classic reason to establish such a trust is to ensure the well-being of your minor children, finance their education, etc. However, a testamentary trust can be

created to accomplish a wide variety of goals. If you are interested in creating a testamentary trust, or have questions, please indicate your wishes and questions below.

XIV. DURABLE POWER OF ATTORNEY

The Durable Power of Attorney becomes effective upon the proven incompetency of an individual to handle his or her own affairs. In this document, you would name a person who would take charge of your affairs (known as your “attorney-in-fact”). The value of this document is that it eliminates the need to establish a guardianship in the event of incompetency. An attorney-in-fact has the power to take any legal action that you would otherwise undertake yourself, including the transfer of funds or purchase or sale of real property, on your behalf.

- a. Do you need this document prepared?
- b. Who do you wish to nominate as your attorney-in-fact for financial and legal decisions?
Name:
Address:
Relationship:

Alternate:

Name:
Address:
Relationship:

- c. Do you have questions? If so, please list:

XV. POWER OF ATTORNEY FOR HEALTH CARE

The Power of Attorney for Health Care authorizes the designated attorney-in-fact to authorize or withhold medical care if you are unable to do so yourself. The person so designated should be a person with whom you have discussed issues such as use of medical means to prolong your life artificially. Your attorney-in-fact should be a person in whose judgment you trust.

- a. Do you need this document prepared.
- b. Whom do you wish to nominate as your attorney-in-fact for medical care decisions?
Name:
Address:
Relationship:

Alternate:

Name:
Address:
Relationship:

- c. Do you have questions? If so, please list:

XVI. DIRECTIVE TO PHYSICIANS (LIVING WILL)

The Directive to Physicians clarifies a person's wish not to have his or her life "artificially prolonged" in the case of any injury, disease or terminal condition rendering such person unable to communicate.

- a. Please indicate whether you need this document prepared.
- b. Do you have questions? If so, please list:

XVII. PETS

Please indicate whether you are interested in having a trust to make sure that your pet is taken care of in the event of your death.

XVIII. OTHER

Is there any other information that you think may be important in planning your estate that I have not addressed? Please specify:

Please list your current professional legal and financial advisors here:

- **Attorney:**
Name:
Address:
Phone:
- **Accountant:**
Name:
Address:
Phone:
- **Stock Broker:**
Name:
Address:
Phone:
- **Insurance Agent:**
Name:
Address:
Phone: