



# ESTATE PLANNING PREPARATION FORM

CONFIDENTIAL FOR YOUR ATTORNEY



# Sixty percent of Americans die without a valid will.

**This is unfortunate, because in most cases state laws will take over and will distribute your probate estate in accordance to a prescribed formula—possibly (and probably) in ways that you would not choose.**

## Take the time now to begin.

**T**his booklet will guide you through the most difficult part: *collecting your thoughts and information before you visit your attorney*. This booklet was designed to help you document all your information in one organized place. (If you cannot answer some questions, *simply leave blank*. You can fill it in at a later point.)

**Disclaimer:** This is *not* a will, nor is it a legal document. It is designed to assist your attorney in preparation of your will.

Some states do allow an individual to compose his or her own will. However, a will is a very important legal document. Therefore, in the vast majority of cases, it is wise to employ the expertise of a qualified attorney. A will is one of the least expensive legal documents you would pay for, but a well-written one could save your heirs much more in dollars and hassle. Having all of your information collected in one place before you meet with an attorney will help make the process go much more smoothly.

(continued)

# The National Park Foundation

As the only national nonprofit partner to the National Park Service, the National Park Foundation directly supports America's more than 400 national parks. If you are planning to include the National Park Foundation in your will or trust, we hope you will let us know. Providing us with notice of your intention is the best way to ensure that we receive the gift you have planned for us and that we are able to steward and recognize you accordingly. Also, we would be happy to assist you in structuring your gift in such a way so as to achieve the greatest possible satisfaction.

**For all legal purposes, please refer to our organization as:**

National Park Foundation

1500 K Street NW, Suite 700, Washington, DC 20005

Tax ID: 52-1086761

Phone: (202) 796-2500

Email: [PlannedGiving@nationalparks.org](mailto:PlannedGiving@nationalparks.org)



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## 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: \_\_\_\_\_

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## 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:

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

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### 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	Date of Birth	Address
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		

- 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	Date of Birth	Address
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		

- 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	Date of Birth	Address
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		

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## 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	Date of Birth	Address
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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## V. OTHER FAMILY MEMBERS

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## VI. TRUSTS

a. Do you currently receive income from a trust?  yes  no.

*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?

yes  no. *If so, please describe:*

\_\_\_\_\_

\_\_\_\_\_

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## VII. INSURANCE

- a. Are there any life insurance policies in existence for either spouse?  yes  no.  
*If so, please indicate the name of the policy holder and provide information regarding:*

Company Name	Insurance Type	Cash Surrender Value	Beneficiaries
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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## VIII. ASSETS IN JOINT TENANCY

- Do you own any real or personal property as joint tenants with your spouse or third parties?  
 yes  no. *If so, please explain:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## IX. RETIREMENT BENEFITS

- a. Are you enrolled in a retirement plan?  yes  no.  
b. If so, please provide information regarding the type of plan, current value and beneficiary designation:

Plan Type	Current Value	Beneficiary
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## X. GIFTS OR INHERITANCES

- a. Are either you or your spouse likely to receive any gifts or inheritances?  
 yes  no. *If so, please describe:*

\_\_\_\_\_

\_\_\_\_\_

- b. Do either you or your spouse make, or intend to make, regular gifts to any person?  
 yes  no. *If so, please describe:*

\_\_\_\_\_

\_\_\_\_\_

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## XI. ASSET AND LIABILITY SCHEDULE

**Please estimate your assets:**

Assets	Approximate Value
_____	_____
_____	_____
Real Property	
_____	_____
_____	_____
Stocks and Bonds	
_____	_____
_____	_____
Checking/Savings/Other Monetary Accounts	
_____	_____
_____	_____
Cash Value of Life Insurance Policy	
_____	_____
_____	_____
Retirement Benefits	Approximate Value
_____	_____
_____	_____
Miscellaneous Property (including furniture, antiques, automobiles, boats, collections, etc.)	
_____	_____
_____	_____
Total Assets: _____	

**Please estimate your liabilities:**

Liabilities	Approximate Value
_____	_____
_____	_____
Mortgage or Deed of Trust or other amounts owed on real property	
_____	_____
_____	_____

ESTATE  
PLANNING  
PREPARATION  
FORM

**CONFIDENTIAL  
FOR YOUR  
ATTORNEY**

Other Loans from Financial Institutions  
(consolidated loan, home equity loan, etc.)

**Approximate Value**

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Student Loan

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Amounts owed on credit cards

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Other Liabilities

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Total Liabilities: \_\_\_\_\_

Total Assets: \_\_\_\_\_

**Net Worth (Assets–Liabilities):** \_\_\_\_\_



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## XII. REAL PROPERTY

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

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## 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:
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, who do you wish to serve as their guardian?

**First Choice:**

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternate:**

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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- e. **Testamentary Trust.** If you wish, you can create a testamentary 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.

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#### 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?

**First Choice:**

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternate:**

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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## 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. Who do you wish to nominate as your attorney-in-fact?

**First Choice:**

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternate:**

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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## 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:

\_\_\_\_\_  
\_\_\_\_\_

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## **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.

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## **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: \_\_\_\_\_

# Options for Next Steps:

1. Free, no obligation and confidential consultation with us.
2. We can review your estate information with you; initially advise you regarding what information you have or don't have, and what documents you will need; and assist you with bequest language, beneficiary designation language or life income gift arrangements.
3. Bring this completed form to your attorney to begin the process of drafting the estate documents you will need. We can work directly with your attorney in drafting any bequest language for your will, revocable living trust, retirement plan or life insurance designation.





**For More Information:**

National Park Foundation  
1500 K Street NW, Suite 700  
Washington, DC 20005

Phone: (202) 796-2500

Email: [PlannedGiving@nationalparks.org](mailto:PlannedGiving@nationalparks.org)

Web: [www.nationalparks.mylegacygift.org](http://www.nationalparks.mylegacygift.org)

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