



***PREMIER TRUST***


**ESTATE PLANNING**

**WORKBOOK**

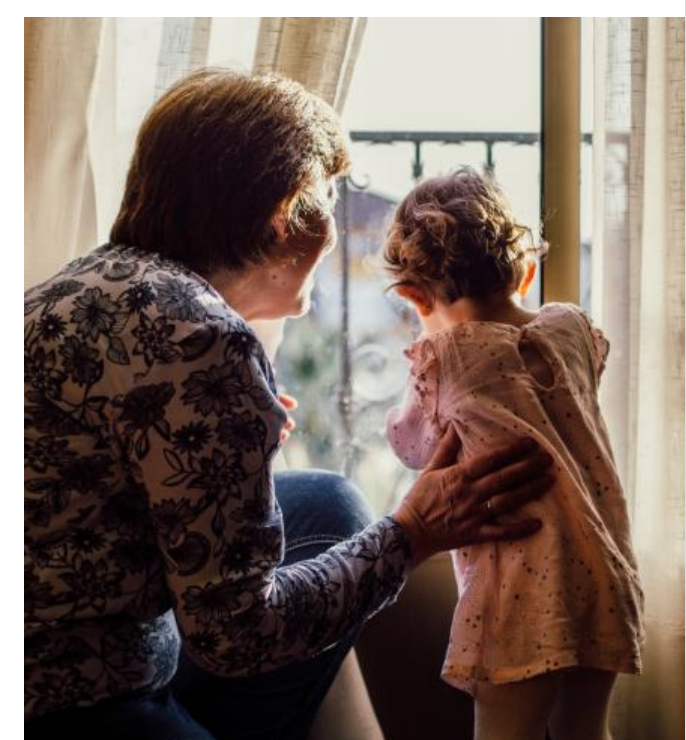
How to

**communicate**

your wishes



# A GUIDE TO PLANNING YOUR WILL AND TRUST



On average, a person works more than forty years to accumulate assets. However, planning for the distribution of those assets is usually an afterthought. Failing to prepare a will or trust can lead to heartache and contention among your heirs which can easily be avoided.

A Guide to Planning Your Will and Trust is designed to encourage you to think about how you want your assets to be distributed when you are gone. It is a tool to help you gather the information your attorney will need to prepare a will and/or trust that accomplishes your goals.

If you desire, Premier Trust is happy to provide you with names of qualified attorneys to assist with your estate planning.

For questions and more information please contact us at (702) 577-1777 or [info@premiertrust.com](mailto:info@premiertrust.com).



# Family INFORMATION

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

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

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Other Name (by which you might be known): \_\_\_\_\_

Occupation/Employer (or former if retired): \_\_\_\_\_

Martial Status:    Single    Married    Divorced    Seperated    Widowed

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

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

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Other Name (by which you might be known): \_\_\_\_\_



# Children and Other **BENEFICIARIES**

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

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

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_



# Children and Other **BENEFICIARIES**

Do you have anyone that depends on you for support?    Yes    No

If yes, Name:                    \_\_\_\_\_

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

Gifts - List any specific items or amounts that you wish to give to any individual or organizations

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

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

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

All other Tangible Personal Property be distributed to?

- Tangible Personal Property refers to any type of property that can generally be moved (i.e. is not attached to real property or land), touched or felt. These generally include items such as furniture, clothing, jewels, art, writings, or household goods.

Spouse, if spouse predeceases, to children equally      Children Equally

Other - Specify:                    \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Personal INFORMATION

Are you a US Citizen? Yes No If no, list citizenship \_\_\_\_\_

Do you have a will? Yes No If so, where is the original? \_\_\_\_\_

Do you have a trust? Yes No If so, where is the original? \_\_\_\_\_

When was the trust prepared or last updated?

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

When was the last time you reviewed your will or trust?

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

Do you have a Durable Financial Power of Attorney? Yes No

Do you have a Durable Power of Attorney for Health Care? Yes No

Do you have an online resource with details of wishes, such as EverPlans? Yes No

Do you have a safe deposit box? Yes No

If so, where is it located? \_\_\_\_\_

How is it titled? \_\_\_\_\_ Who has access? \_\_\_\_\_

Average Annual Income

Salary + Bonus \_\_\_\_\_

Spouse's Salary + Bonus \_\_\_\_\_

Investment Income \_\_\_\_\_

Total \_\_\_\_\_



# Financial INFORMATION

Real Property - Any interest in real estate (domestic or foreign), including your residence, rental property, vacation home, timeshare, vacant land, etc.

Address/Description	Owner	Market Value	Loan Holder	Loan Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
	Total	_____	Total	_____

Brokerage Accounts - List all brokerage accounts you own

Account	Investment Type	Owner	Broker/Custodian	Current Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

Bank & Savings Accounts - Do NOT include IRAs or 401(k)s here

Name of Institution	Type	Owner	Current Value	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
			Total	_____



# Financial INFORMATION

## IRAs, 401(k)s & Retirement Plans

Name of Institution	Type	Beneficiary	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

## Life Insurance Policies & Annuities

Name of Company	Type of Insurance	Insured	Owner	Beneficiary	Cash Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total					_____

## Business Interests - General and Limited Partnerships, Sole Proprietorships, Privately-Owned Corporations, Limited Liability Companies, and Professional Corporations

Name of Institution	Type	Owner	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____





# Financial INFORMATION

## Automobiles, Boats & RVs

Description (make/model)	How titled	Loan Amount	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

## Money Owed to You - Mortgages, promissory notes or other monies payable to you

Name of Debtor	Note Date	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

## Anticipated Inheritance or Gift - Gifts or inheritances that you expect to receive in the future

From Whom	In Trust or Outright	When Anticipated	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

# Financial INFORMATION

Digital Assets - Email, online banking, social media accounts, cloud storage, blogs, anything that requires a login

Description	Current Value
_____	_____
_____	_____
_____	_____
_____	_____
	Total _____

Other Assets - Any property that does not fit into any listed category

Type	Owner	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Debts - Any substantial debts owed by you that were not included in any of the listed categories

Type	Owed to	Debt
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____



# Additional INFORMATION

	Name/Firm	Telephone
Attorney	_____	_____
Accountant	_____	_____
Financial Professional	_____	_____
Life Insurance Agent	_____	_____

Concerns - Please rate the following as to how important they are to you: H-High concern, S-Some concern, L-Low concern, N/A-No concern or Not Applicable.

	Comments
Creating a comprehensive plan to administer affairs at death or disability	_____
Providing for and protecting a spouse	_____
Providing for and protecting children	_____
Providing for and protecting grandchildren	_____
Avoiding or reducing your estate taxes	_____
Avoiding probate	_____
Reducing administration costs at time of your death	_____
Avoiding a guardian in case of disability	_____
Avoiding will contest or other disputes upon death	_____
Protecting assets from lawsuits or creditors	_____
Preserving the privacy of affairs in case of disability or at time of death	_____
Planning for a child with special needs or disabilities, such as medical or learning disabilities	_____
Protecting children's inheritance from creditors. This includes failed marriages	_____
Protecting an inheritance in the event of a surviving spouse's remarriage	_____
Providing for charities at the time of death	_____
Providing that your death shall not be unnecessarily prolonged by artificial means or measures	_____



# Additional **INFORMATION**

Other Concerns

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Questions For Your Team of Professionals

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Briefly describe what you would like a trust to accomplish for you

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# Trust INFORMATION

**Successor Trustee** - You should select someone that you would like to oversee carrying out the provisions of your trust. This should be someone responsible and trustworthy. Be sure to select an alternate in case your primary choice is unable to serve.

\_\_\_\_\_  
Successor Trustee Name

\_\_\_\_\_  
Alternate Successor Trustee Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Personal Representative (Executor)** - You should select someone that you would like to oversee carrying out the provisions of your will. This should be someone responsible and trustworthy. Be sure to select an alternate in case your primary choice is unable to serve.

\_\_\_\_\_  
Personal Representative Name

\_\_\_\_\_  
Alternate Personal Representative Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Guardian for Minors** - If both you and your spouse die while you have minor children, who would you want to appoint as guardian of those children? You may select separate people to be in charge of the children's physical and financial well-being. Be sure to select an alternate(s) in case your primary choice is unable to serve.

\_\_\_\_\_  
Guardian for Minors Name

\_\_\_\_\_  
Alternate Guardian for Minors Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



# Trust **INFORMATION**

**Funeral & Burial** - Please indicate below whether you would like to be cremated and your desires for the disposition of your remains.

Are your funeral & burial wishes included in your will?     Yes     No

Do you have a funeral pre-need plan?     Yes     No

Person #1 - Please indicate your wishes for your funeral and burial arrangements.

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Would you like your remains to be cremated?     Yes     No

If yes, what are your wishes for your cremains?

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Person #2 - Please indicate your wishes for your funeral and burial arrangements.

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Would you like your remains to be cremated?     Yes     No

If yes, what are your wishes for your cremains?

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