

Planning for the FUTURE

- Your Guide to Wills & Trusts -



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A GUIDE TO PLANNING YOUR WILL AND TRUST

On average, a person works more than forty years to accumulate assets and spends ten years conserving what has been earned, but does not spend even two hours to plan for the distribution of those assets. The chaos that often occurs following the death of a loved one can be burdensome. This burden can be eased, however, through proper planning.

A key element of proper planning is the implementation of an estate plan. The basic document in any such plan is a will and many plans also include a trust. A Guide to Planning Your Will and Trust is designed to encourage you to think about how you want your assets to be distributed at death and assist you in gathering the information your attorney will need to prepare a will and trust that accomplishes your goals.



Tim & Barb Regnitz,
Echo Society Members



Dave Milligan,
Echo Society Member

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FAMILY INFORMATION

Full Name _____

Other names by which you are known _____

Address _____

Phone (Home) _____ (Work) _____

Date of Birth _____

Birthplace _____

Citizenship _____

Social Security Number _____

Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced _____ Separated

Information on previous marriages _____

Full Name of Spouse _____

Address _____

Phone (Home) _____ (Work) _____

Date of Birth _____ Birthplace _____

Citizenship _____

Social Security Number _____

Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced _____ Separated

Information on previous marriages _____

FAMILY INFORMATION

Children and/or Other Dependents

Child/Dependent #1

Name _____

Relationship _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Child/Dependent #3

Name _____

Relationship _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Child/Dependent #5

Name _____

Relationship _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Are any children/dependents deceased? Yes No

Are any of your grandchildren deceased? Yes No

Child/Dependent #2

Name _____

Relationship _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Child/Dependent #4

Name _____

Relationship _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Child/Dependent #6

Name _____

Relationship _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Do you have any grandchildren? Yes No

Does any child/dependent listed
have special needs? Yes No

PERSONAL INFORMATION

Do you have a will? Yes No

If yes, what is the date of that will? _____

Where is your will located/stored? _____

If available, provide your attorney with a copy of your will.

Do you have a trust? Yes No

If yes, what is the date of that trust? _____

Where is your trust located/stored? _____

If available, provide your attorney with a copy of your trust.

Do you have a safe deposit box? Yes No

If yes, where is the safe deposit box located? _____

Describe dependents who may need special consideration _____

Have you given durable power of attorney to anyone? Yes No

If yes, who is named as your power of attorney? _____

Where is your power of attorney located/stored? _____

If available, provide your attorney with a copy of your power of attorney.

Do you have a durable power of attorney for health care or advanced health care directive? Yes No

If yes, who is named as your agent for health care decisions? _____

Where is your health care document located/stored? _____

If available, provide your attorney with a copy of your health care document.

Do you have a living will? Yes No

If yes, what is the date of that living will? _____

Where is your living will located/stored? _____

If available, provide your attorney with a copy of your living will.

FINANCIAL INFORMATION: ASSETS

Real Estate

PARCEL # 1 Description

Location

Nature of Title/Such as Joint Ownership or Tenants In Common

Date of Purchase

Cost

Present Value

PARCEL # 2 Description

Location

Nature of Title/Such as Joint Ownership or Tenants In Common

Date of Purchase

Cost

Present Value

PARCEL # 3 Description

Location

Nature of Title/Such as Joint Ownership or Tenants In Common

Date of Purchase

Cost

Present Value

PARCEL # 4 Description

Location

Nature of Title/Such as Joint Ownership or Tenants In Common

Date of Purchase

Cost

Present Value

Total Real Estate Value \$ _____

FINANCIAL INFORMATION: ASSETS

Stocks, Bonds and Mutual Funds

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Total Value of Stocks, Bonds and Mutual Funds \$ _____

FINANCIAL INFORMATION: ASSETS

Business Ownership

Proprietorship, Partnership, Corporation

Name of Business	Share of Ownership	Date of Purchase	Present Value

Total Value of Business Ownership Interests \$ _____

Other Investments

Description	Cost	Present Value

Total Value of Other Investments \$ _____



FINANCIAL INFORMATION: ASSETS

Personal Property

Jewelry, Art, Furniture, Vehicles, Etc.

ITEM # 1 Description _____ Location _____

Date of Purchase _____ Cost _____ Present Value _____

ITEM # 2 Description _____ Location _____

Date of Purchase _____ Cost _____ Present Value _____

ITEM # 3 Description _____ Location _____

Date of Purchase _____ Cost _____ Present Value _____

ITEM # 4 Description _____ Location _____

Date of Purchase _____ Cost _____ Present Value _____

Total Value of Personal Property \$ _____

Other Assets/Notes Receivable

Description	Cost	Present Value

Total Value of Personal Property \$ _____



FINANCIAL INFORMATION: ASSETS

Bank or Savings Accounts

Type (Checking or Savings)	Name of Institution	Approximate Balance

Total Bank or Savings Accounts \$ _____

Insurance Policies

POLICY #1

Company	Type of Policy	Premium Payments (<i>Amount/frequency</i>)	
Owner	Beneficiary	Face Value	Cash Value

POLICY #2

Company	Type of Policy	Premium Payments (<i>Amount/frequency</i>)	
Owner	Beneficiary	Face Value	Cash Value

POLICY #3

Company	Type of Policy	Premium Payments (<i>Amount/frequency</i>)	
Owner	Beneficiary	Face Value	Cash Value

Total Value of Insurance Policies \$ _____ \$ _____
Face Value
Cash Value



FINANCIAL INFORMATION: ASSETS

Annual Income

Salary _____

Spouse's Salary _____

Investment Income _____

Other Income (list type and amount) i.e. annuities _____

Total Annual Income \$ _____

Retirement Accounts

List Retirement Accounts, Pension Plans and Profit Sharing Benefits by type and amount:

Inheritance

Do you expect to receive an inheritance? Yes No

If Yes, explain _____

FINANCIAL INFORMATION: LIABILITIES

Mortgages, Trust Deeds, Loans, Etc.

Name of Business	Share of Ownership	Date of Purchase	Present Value

Total Mortgages, Trust Deeds, Loans, Etc. \$ _____

Other Debts

Description	Terms	Present Balance

Total Other Debts \$ _____



WILL INFORMATION

Beneficiaries

List the people, group and/or charitable organizations that you want to benefit when you die.

BENEFICIARY # 1 Name Address

Description of Gift (*specific asset or amount*)

BENEFICIARY # 2 Name Address

Description of Gift (*specific asset or amount*)

BENEFICIARY # 3 Name Address

Description of Gift (*specific asset or amount*)

BENEFICIARY # 4 Name Address

Description of Gift (*specific asset or amount*)

BENEFICIARY # 5 Name Address

Description of Gift (*specific asset or amount*)

BENEFICIARY # 6 Name Address

Description of Gift (*specific asset or amount*)

Special instructions to be noted regarding the disposition of unique items:

WILL INFORMATION

Executor

Name someone that you want to be in charge of 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.

Executor

Name

Street Address

City State Zip

Alternate

Name

Street Address

City State Zip

Guardian

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 your children's physical and financial well-being. Be sure to select an alternate in case your primary choice is unable to serve.

Guardian

Name

Street Address

City State Zip

Alternate

Name

Street Address

City State Zip

TRUST INFORMATION

Trustee

Name someone that you want to be in charge of 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. You may name the same (or different) people as Executor and Trustee.

Trustee

Alternate

Name

Name

Street Address

Street Address

City State Zip

City State Zip

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



TRUST INFORMATION

Trust Beneficiary Information

List the people, group and/or charitable organizations that you want to benefit from your trust when you die (if different from the beneficiaries listed).

BENEFICIARY # 1 Name Address

Description of Gift (*specific asset or amount*)

BENEFICIARY # 2 Name Address

Description of Gift (*specific asset or amount*)

BENEFICIARY # 3 Name Address

Description of Gift (*specific asset or amount*)

BENEFICIARY # 4 Name Address

Description of Gift (*specific asset or amount*)

TRUST INFORMATION

Terms of Trust

General Instructions _____

Income distribution as follows:

Name _____
Name _____
Name _____
Name _____
Name _____
Name _____

Principal distribution as follows:

Instructions regarding termination of this trust: _____



TRUST INFORMATION

Trust Principal

Which of the assets you listed do you want to include in your trust? If you aren't sure, this is an issue to discuss with your attorney.

Insurance Policies *(Description and Amount)*

Real Property *(Description)*

Stocks *(Description)*

Other Property *(Description)*



THE ECHO SOCIETY

The Echo Society is a group of generous donors whose commitment to their community lasts forever in the form of a planned gift to the Porter County Community Foundation. Planned gifts can include:

- Any permanently endowed fund you may establish or contributions to an existing fund;
- A gift specified in your will or trust;
- Naming the Foundation as a beneficiary of your IRA, life insurance policy or qualified retirement plan;
- Gifts of real estate;
- Charitable gift annuities; or
- Life income trusts such as charitable remainder trusts and charitable lead trusts.



"It is the heart and shared belief in the **power of generosity** that has encouraged us to work alongside the Porter County Community Foundation. Our family is humbled to make a gift with **long-term and far-reaching effects.**"

- Jon & Amber Hicks,
Echo Society Members

Why the Porter County Community Foundation?

A gift to the Porter County Community Foundation is different for a number of reasons:

- **It's forever** – A donor's gift through the Foundation is preserved, while the earnings are used to support worthwhile organizations today and into the future—organizations of your choice...organizations in your community.
- **It goes farther, faster** – By combining your gift with others through the Porter County Community Foundation, your gift can do more.
- **We connect you to the causes you care about** –With a single gift through the Foundation, you can touch many lives...in dramatic ways.

Through your planned gift, your voice carries on, giving hope and inspiration to the generations that follow. For more information about the Echo Society or the Porter County Community Foundation, contact us at 219.465.0294 or www.pccf.gives.

