Catholic Foundation of West Tennessee

PERSONAL & FINANCIAL INFORMATION WORKSHEET

YOU & YOUR FAMILY

Please print! Spell names exactly as they are to appear in your estate documents. Use full legal names – no nicknames.

YOUR INFORMATION

Your Full Legal Name _____

Date of Birth_____ Gender: ☐ Male ☐ Female

Present Marital Status:

☐ Married ☐ Single ☐ Divorced ☐ Legally Separated ☐ Widowed

If widowed, on what date were you widowed?_____

Home Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Employer:_____

Job Title:_____ Work Phone:_____

Citizenship Status:

☐ US Citizen by birth ☐ Naturalized Citizen ☐ Legal Permanent Resident

What documents do you currently have? ☐ Will ☐ Living Will ☐ Living Trust

☐ Durable Power of Attorney for Healthcare ☐ Durable Power of Attorney for Finances

What is the importance of your goals for your estate? (Circle for each: 1=Low; 5=High)

Reduce Estate Taxes	1	2	3	4	5
Increase Current Income	1	2	3	4	5
Guardianship of Minors	1	2	3	4	5
Provide Income for Heirs	1	2	3	4	5
Provide for Healthcare if Disabled	1	2	3	4	5
Create a Charitable Legacy	1	2	3	4	5

Other Goals?_____

YOUR SPOUSE'S INFORMATION

Spouse's Full Legal Name:_____

Date of Birth_____ Gender: ☐ Male ☐ Female

Present Marital Status:

☐ Married ☐ Single Divorced ☐ Legally Separated ☐ Widowed

If widowed, on what date were you widowed?_____

Home Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Employer:_____

Job Title:_____ Work Phone:_____

Citizenship Status:

☐ US Citizen by birth ☐ Naturalized Citizen ☐ Legal Permanent Resident

What documents do you currently have? ☐ Will ☐ Living Will ☐ Living Trust

☐ Durable Power of Attorney for Healthcare ☐ Durable Power of Attorney for Finances

Do you or your spouse have a prenuptial agreement that identifies and disposes of separate spousal property? (if yes, attach a copy) ☐ Yes ☐ No

YOUR CHILDREN'S INFORMATION

Please list all children, whether minors or adults, including deceased children and children of a prior marriage. If you have more than five children, please attach additional pages as needed. If you wish to exclude a child as a beneficiary of your estate, check the EXCLUDE box. If you have no children, write NONE.

1. Full Legal Name:_____

Date of Birth_____Gender: ☐ Male ☐ Female

Social Security Number:_____

Marital Status:

☐ Married ☐ Single Needs Special Care ☐ Dependent ☐ Exclude

Home Address:_____

City:_____ State:_____ Zip: _____

Origin: ☐ Child of Present Marriage ☐ Child of Prior Marriage or Relationship

☐ Deceased

2. Full Legal Name:_____

Date of Birth_____Gender: ☐ Male ☐ Female

Social Security Number:_____

Marital Status:

☐ Married ☐ Single Needs Special Care ☐ Dependent ☐ Exclude

Home Address:_____

City:_____ State:_____ Zip: _____

Origin: ☐ Child of Present Marriage ☐ Child of Prior Marriage or Relationship

☐ Deceased

3. Full Legal Name:_____

Date of Birth_____Gender: ☐ Male ☐ Female

Social Security Number:_____

Marital Status:

☐ Married ☐ Single ☐ Needs Special Care ☐ Dependent ☐ Exclude

Home Address:_____

City:_____ State:_____ Zip: _____

Origin: ☐ Child of Present Marriage ☐ Child of Prior Marriage or Relationship

☐ Deceased

4. Full Legal Name:_____

Date of Birth_____Gender: ☐ Male ☐ Female

Social Security Number:_____

Marital Status:

☐ Married ☐ Single ☐ Needs Special Care ☐ Dependent ☐ Exclude

Home Address:_____

City:_____ State:_____ Zip: _____

Origin: ☐ Child of Present Marriage ☐ Child of Prior Marriage or Relationship

☐ Deceased

5. Full Legal Name:_____

Date of Birth_____Gender: ☐ Male ☐ Female

Social Security Number:_____

Marital Status:

☐ Married ☐ Single ☐ Needs Special Care ☐ Dependent ☐ Exclude

Home Address:_____

City:_____ State:_____ Zip: _____

Origin: ☐ Child of Present Marriage ☐ Child of Prior Marriage or Relationship

☐ Deceased

YOU & YOUR CONTACTS

YOUR EXECUTOR

Your executor is the manager of your estate. Because he or she will make many decisions about the management and distribution of your estate, you will want to select someone you trust and who understands your circumstances. An executor will usually complete eight separate steps to ensure an orderly transfer of all your property to the right individuals.

1. Submit your will to the probate court
2. Locate your heirs
3. Determine your estate assets and values
4. Pay bills and the estate attorney
5. Make debt payments
6. Resolve any estate controversies
7. File your income and estate tax returns
8. Distribute your assets to heirs

Name your Executor

Executor's Full Legal Name:_____

Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Relationship:_____

Name an alternate Executor *(will serve should your executor predecease you or be unwilling/unable to serve.)*

Alternate Executor's Full Legal Name:_____

Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Relationship:_____

YOUR GUARDIAN FOR YOUR MINOR CHILDREN

Name your Guardian

Guardian's Full Legal Name:_____

Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Relationship:_____

Name an alternate Guardian *(will serve should your guardian predecease you or be unwilling/unable to serve.)*

Alternate Guardian's Full Legal Name:_____

Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Relationship:_____

POWER OF ATTORNEY FOR FINANCES

Name your Power of Attorney for Finances

Do you want to create a durable power of attorney for finances? ☐ Yes ☐ No

Primary Choice Full Legal Name:_____

Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Relationship:_____

Name an alternate Power of Attorney for Finances *(will serve should your power of attorney for finances predecease you or be unwilling/unable to serve.)*

Alternate POAF Full Legal Name:_____

Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Relationship:_____

YOUR HEALTHCARE REPRESENTATIVE

There are two main documents that provide for your future healthcare decisions. A durable power of attorney for healthcare empowers another person that you select to make key decisions regarding your care, including treatment options.

The second document is a living will. If you are in your final weeks or days of life, decisions may need to be made with respect to nutrition, hydration, resuscitation and other critical care. The living will makes your decision on a durable power of attorney for healthcare all the more important, as this person will ensure that your wishes as outlined in the living will are carried out should you be unable to do so.

In some states, both these documents are combined into one, called an "Advance Directive."

Name your Power of Attorney for Healthcare

POA for Healthcare Full Legal Name:_____

Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Relationship:_____

Name an alternate Power of Attorney for Healthcare *(will serve should your POAH predecease you or be unwilling/unable to serve.)*

Alternate POAF Full Legal Name:_____

Address:_____

City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____

Email:_____

Relationship:_____

ESTATE FINANCES

Please list all of your assets and liabilities. This will help your attorney plan your estate. Many people learn at the end of this exercise is worth more than they had previously thought.

ASSETS

Real Estate

Asset	$ Total Value of Asset	X if Joint Property	X if Your Property	X if Spouse's Property
Primary Residence				
Alternate Residence				
Vacation Home				
Office or other Commercial Property				
Office or other Commercial Property				
Total Value of Real Estate				

Checking Accounts

Account Number/Bank	$ Total Value of Asset	X if Joint Property	X if Your Property	X if Your Spouse's Property
Total present value of checking accounts				

Savings Accounts/CDs/Money Market Funds/Credit Union Accounts

Account Number/Bank	$ Total Value of Asset	X if Joint Property	X if Your Property	X if Your Spouse's Property
Total present value of savings accounts				

Investments

Asset	$ Total Value of Asset	X if Joint Property	X if Your Property	X if Spouse's Property
Bonds or Bond Funds				
Stocks				
Saving Bonds				
Defined Pensions				
Retirement Accounts (IRA/401K/402B)				
Life Insurance (Face Value/Death Benefit)				
Business Interests				
Total Value of Investments				

Personal Property

Asset	$ Total Value of Asset	X if Joint Property	X if Your Property	X if Spouse's Property
Furniture/Household Furnishings				
Tools & Equipment				
Antiques & Collectibles				
Jewelry				
Automobiles/Vechiles				
Miscellaneous				
Total value of personal property				

Electronic Assets Plan

In a modern world of email, websites, social media and other online accounts, as well as various password protected devices such as smartphones, routers, laptops, etc., it is important to provide information for your executor to be able to access these various accounts and devices in order to secure them and, as needed, shut them down/close them.

It is recommended that you create an encrypted document that contains all login information for your various devices and accounts. Store this document on a separate external device such as a thumb-drive or external hard drive, etc.

Because passwords often change and you create new accounts regularly, keep this document updated.

Provide your executor and alternate executor with the encryption password for this document and instructions on the location of the device on which it is stored. You might also consider providing specific instructions to your executor regarding the management of your electronic assets.

TOTAL ASSETS

Real Estate $_____ *plus* Checking Accounts $_____

plus Savings Accounts $_____ *plus* Investments $ _____

plus Personal Property $_____ = **Total Assets $**_____

Liabilities

Description	$ Total Amount of Debt	X if Joint Debt	X if Your Debt	X if Spouse's Debt
Mortgage on Primary Residence				
Mortgage on Alternate Residence				
Mortgage on Vacation Home				
Vehicle Debts				
Charge Accounts				
Installment Contracts				
Loans on Life Insurance				
Other Debts				
Total Liabilities/Debts				

Total Assets $_____ *minus* Total Debts $_____

= **TOTAL ESTATE $**_____