



Estate Planning Guide

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Personal Estate Planning Information

Your Personal Information

Please print clearly. Spell names exactly as you want them to appear in your estate documents.

Date: _____

Your Full Legal Name or how you would like it to appear in the documents:

Date of Birth: _____

Social Security Number: _____

Present Marital Status:

Married Single Divorced Legally Separated Widowed

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Your Spouse's Information

Spouse's Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Phone Number: _____ Email: _____

Check which documents you are presently interested in receiving:

Will Living Will Living Trust Durable Power of Attorney/Health Care
 HIPPA Release for Medical Records Durable Power of Attorney/Finances

Your Children's Information

1. Full Legal Name: _____

Date of Birth: _____

Marital Status:

Married Single Needs Special Care Dependent Exclude

Phone Number: _____ Email: _____

2. Full Legal Name: _____

Date of Birth: _____

Marital Status:

Married Single Needs Special Care Dependent Exclude

Phone Number: _____ Email: _____

3. Full Legal Name: _____

Date of Birth: _____

Marital Status:

Married Single Needs Special Care Dependent Exclude

Phone Number: _____ Email: _____

4. Full Legal Name: _____

Date of Birth: _____

Marital Status:

Married Single Needs Special Care Dependent Exclude

Phone Number: _____ Email: _____

5. Full Legal Name: _____

Date of Birth: _____

Marital Status:

Married Single Needs Special Care Dependent Exclude

Phone Number: _____ Email: _____

6. Full Legal Name: _____

Date of Birth: _____

Marital Status:

Married Single Needs Special Care Dependent Exclude

Phone Number: _____ Email: _____

Estate Assets

Please list all of your assets.

Real Estate

Main Residence Address: _____

City: _____ State: _____ Zip: _____

Second Residence Address: _____

City: _____ State: _____ Zip: _____

Vacation Home Address: _____

City: _____ State: _____ Zip: _____

Check if Your Property Check if Joint Property

Other Real Estate Property

Check if Your Property Check if Joint Property

Address: _____

City: _____ State: _____ Zip: _____

Check if Your Property Check if Joint Property

Address: _____

City: _____ State: _____ Zip: _____

Checking Accounts

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Checking Account Number: _____

Checking Account Number: _____

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Checking Account Number: _____

Checking Account Number: _____

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Checking Account Number: _____

Checking Account Number: _____

Savings Accounts/CD's/Money Market Funds

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Savings Account Number: _____

Savings Account Number: _____

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Account: _____

Bank Account Number: _____

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Account: _____

Bank Account Number: _____

Investments

Bonds or Bond Fund Custodian, Account Number: _____

Stocks or Stock Fund Custodian, Account Number: _____

Savings Bonds: _____

Other Assets: _____

Living Trust

A living trust is a written legal document through which your assets are placed into a trust for your benefit during your lifetime and then transferred to designated beneficiaries at your death or when you feel is appropriate by your chosen representative, your Successor Trustee. You are your own trustee during your life.

Your Successor Trustee is the manager of your Trust. They will carry out your wishes regarding the management and distribution of your estate. You should select a trusted person who understands your circumstances. The Successor Trustee will complete seven separate steps to ensure an orderly transfer of all of your property to the right individuals:

1. Locate your heirs
2. Determine your estate assets and values
3. Pay all outstanding bills
4. Make debt payments
5. Resolve any estate controversies
6. File your income and estate tax returns
7. Distribute your assets to heirs or manage them in a trust.

What would you like to Name your Living Trust: _____

Please name your Successor Trustee

Successor Trustee Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Alternate Successor Trustee Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

How do you want your assets to flow? _____

Please name your Trust Protector (optional)

Trust Protector Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Pour over Will

A pour over will take any asset you may have left out of your trust and pour it over into your trust. The person you name as an executor of the will carry out these responsibilities.

Your executor is the manager of your estate. They will make many decisions about the management and distribution of your estate, you should select a trusted person who understands your circumstances. An executor will usually complete seven separate steps to ensure an orderly transfer of all of your property to the right individuals. Often the successor trustee and the executor are the same person.

- 1 Locate your heirs
- 2 Determine your estate assets and values
- 3 Pay all outstanding bills
- 4 Make debt payments
- 5 Resolve any estate controversies
- 6 File your income and estate tax returns
- 7 Distribute your assets to heirs

Full Name of Your Executor: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Please name your Alternate Executor

In case the person above is unable to serve, please name an Alternate Executor:

Full Name of Your Alternate Executor: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Your Guardian for Minor Children

Guardian's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Please name your Alternate Guardian

Alternate Guardian's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Power of Attorney for Finances

A durable Financial Power of Attorney is a simple way of granting legal authority to someone you deem trustworthy to manage your finances and act on your behalf for financial issues. Married people usually name each other. You may want to consider naming an alternate.

Do you want to create a durable Power of Attorney for your Finances? Yes No

Please name a Power of Attorney for Your Finances

Each Other

Financial Power of Attorney's Full Name:

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Please name an Alternate Power of Attorney for Your Finances

Alternate Financial Power of Attorney's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Your Health Care Representative

There are three primary documents that will provide for your future healthcare decisions. A durable power of attorney for healthcare empowers another person you select to make key decisions on your healthcare if you are unable to make those decisions. These could include whether an operation should be done or other major healthcare decisions should be made.

A second document is a living will. If you are in your final weeks or days of life, then decisions must be made with respect to nutrition, hydration, resuscitation and other critical care.

A durable power of attorney for healthcare is important to ensure that the right person has been selected. It is called a “durable” power because it is effective even if you are ill and not capable of making your own decisions.

Please select your primary and secondary healthcare decision makers.

Please name your Power of Attorney for Healthcare

Each Other

Healthcare Power of Attorney's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

Please name your Alternate Power of Attorney for Healthcare

Healthcare Alternate Power of Attorney's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

HIPAA RELEASE FORM FOR MEDICAL RECORDS

HIPAA Release Form for your Medical Records is the third primary document to help provide for you future health care decisions. Congress passed a law entitled the Health Insurance Portability and Accountability Act (HIPAA”) that grants patients and/or their Authorized Personal Representative the right to receive, inspect and review their health information, including protected medical information and medical bill records, on demand.

Please name your Authorized Personal Representative to allow them to get these records.

Name your Authorized Personal Representative

Full Name of your Authorized Personal Representatives: _____
