



PLANNING FOR THE FUTURE  
A GUIDE TO WILLS AND TRUSTS

# Planning your Will and Trust

*It's a rare opportunity to give a gift that lasts beyond your lifetime—to care for others and to offer hope to those yet to be born. A gift to the Seton Family of Hospitals is just such an opportunity.*

On average, a person works more than forty years to accumulate assets, spends ten years conserving what has been earned, but spends less than two hours planning for 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 creation of an estate plan. The basic document in any such plan is a will and many plans also include a trust. This 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 to assist you in gathering the information your attorney will need to prepare a will and trust that accomplish your goals.



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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: \_\_\_\_\_

\_\_\_\_\_

# CHILDREN AND/OR OTHER DEPENDENTS

CHILD/DEPENDENT #1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

CHILD/DEPENDENT #2

\_\_\_\_\_  
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 #4

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

CHILD/DEPENDENT #5

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

CHILD/DEPENDENT #6

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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 agreement 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? \_\_\_\_\_

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.

# FINANCIAL INFORMATION: ASSETS

## Real Estate

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PARCEL #1 Description

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Location

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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

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Date of Purchase

Cost

Present Value

Total Real Estate Value \$ \_\_\_\_\_

# STOCKS, BONDS, MUTUAL FUNDS

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Company/Symbol/Account #		Number of Shares
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Date of Purchase	Cost	Present Value
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Company/Symbol/Account #		Number of Shares
--------------------------	--	------------------

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Date of Purchase	Cost	Present Value
------------------	------	---------------

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Company/Symbol/Account #		Number of Shares
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Date of Purchase	Cost	Present Value
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Company/Symbol/Account #		Number of Shares
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Date of Purchase	Cost	Present Value
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Company/Symbol/Account #		Number of Shares
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Date of Purchase	Cost	Present Value
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Company/Symbol/Account #		Number of Shares
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Date of Purchase	Cost	Present Value
------------------	------	---------------

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Company/Symbol/Account #		Number of Shares
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Date of Purchase	Cost	Present Value
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Total Value of Stocks, Bonds, Mutual Funds \$ \_\_\_\_\_

# BUSINESS OWNERSHIP

## Proprietorship, Partnership, Corporation

Name of Business	Share of Ownership	Date of Creation	Purchase Value	Present Value
_____			_____	
_____			_____	
_____			_____	
_____			_____	
_____			_____	
_____			_____	
_____			_____	
_____			_____	

Total Value of Business Ownership Interests \$ \_\_\_\_\_

## OTHER INVESTMENTS

Description/Cost	Present Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Value of Other Investments \$ \_\_\_\_\_

# PERSONAL PROPERTY

## Jewelry, Art, Furniture, Vehicles, Etc.

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ITEM #1 Description		Location
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Date of Purchase	Cost	Present Value
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ITEM #2 Description		Location
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Date of Purchase	Cost	Present Value
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ITEM #3 Description		Location
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Date of Purchase	Cost	Present Value
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ITEM #4 Description		Location
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Date of Purchase	Cost	Present Value
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Total Personal Property Value \$ \_\_\_\_\_

## OTHER ASSETS/NOTES RECEIVABLE

Description/Cost

Present Value

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Total Value of Other Assets/Notes Receivable \$ \_\_\_\_\_

## 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 (Amount & Frequency)	
_____	_____	_____	_____
Owner	Beneficiary	Face Value	Cash Value
_____	_____	_____	_____

### POLICY #2

Company	Type of Policy	Premium Payments (Amount & Frequency)	
_____	_____	_____	_____
Owner	Beneficiary	Face Value	Cash Value
_____	_____	_____	_____

### POLICY #3

Company	Type of Policy	Premium Payments (Amount & Frequency)	
_____	_____	_____	_____
Owner	Beneficiary	Face Value	Cash Value
_____	_____	_____	_____

Total Face Value of Insurance Policies \$ \_\_\_\_\_ Annual Income

## ANNUAL INCOME

Salary \_\_\_\_\_

Spouse's Salary \_\_\_\_\_

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

Other Income (list type and amount) \_\_\_\_\_

Total Annual Income \$ \_\_\_\_\_

## RETIREMENT ACCOUNTS

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

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## INHERITANCE

Do you expect to receive an inheritance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain. \_\_\_\_\_

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# FINANCIAL INFORMATION: LIABILITIES

## Mortgages, Trust Deeds, Loans, Etc.

Description/Terms

Present Balance

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Mortgages, Trust Deeds, Loans, etc. \$ \_\_\_\_\_

## OTHER DEBTS

Description/Terms

Present Balance

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Other Debts \$ \_\_\_\_\_



## 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

Alternate

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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

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

Guardian

Alternate

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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

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

## SPECIAL INSTRUCTIONS

To be noted regarding the disposition of unique items:

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





# TERMS OF TRUST

General Instructions:

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Income distribution as follows:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Principal distribution as follows:

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Instructions regarding termination of this trust:

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# 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)

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Real Property (Description)

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Stocks (Description)

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Other Property (Description)

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The Seton Family of Hospitals is supported by four foundations that raise funds and provide philanthropic support for the mission of Seton and the Daughters of Charity: The Seton Fund, Children's Medical Center Foundation of Central Texas, Seton Williamson Foundation and Seton Hays Foundation.



[www.seton.net](http://www.seton.net) | [www.setonfund.org](http://www.setonfund.org) | [www.childrensaustin.org](http://www.childrensaustin.org)  
[www.setonwilliamsonfdn.org](http://www.setonwilliamsonfdn.org) | [www.setonhaysfoundation.org](http://www.setonhaysfoundation.org)