



## THE IMPORTANCE OF ESTATE PLANNING

At Wonders & Worries, we have seen the pitfalls of parents falling ill or passing away unexpectedly without a proper estate plan. Not only is it our goal to ensure that the children and teenagers of these parents reach their full potential despite their parent's serious illness, but it is also our goal to ensure that YOU are fully prepared for the unexpected, the unknown, and, even, the inevitable.

An estate plan is much more than what happens after you pass away. A proper, comprehensive estate plan ensures that you are protecting your assets and properly preparing for your future, whether that means during your lifetime or upon your death. If something happens during your lifetime, who can make medical decisions on your behalf? Who can access your financial records? What happens if you become incapacitated?

## CREATING YOUR PLAN

When looking at your assets, it is important to look at the full picture—your financial accounts, life insurance policies, real property, and even personal property items. All of these items make up your estate. No matter age or net worth, everyone has possessions that need to be carefully organized and handled through an estate plan.

Enclosed you will find a record book to assist you in taking the next steps towards creating your estate plan. The following pages provide you with the opportunity to outline your full estate, list out which charities will benefit from your estate, and plan accordingly. We hope you can use this kit as an educational tool to learn more about the importance of estate planning and how to include Wonders & Worries in your estate plan. **Please note, this kit is NOT a legal document or an estate plan. You should consult with your attorney on all aspects of your estate and to have a personalized estate plan drafted to meet your wishes and goals.**



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## **SECTION ONE: GIVING TO WONDERS & WORRIES**

Legacy giving, or planned giving, refers to donations to nonprofits, such as Wonders & Worries, that can be fulfilled during your lifetime or after your passing. Legacy giving comes in many different shapes and sizes and is inclusive to every donor. A planned gift, no matter how small or large, can contribute to the ongoing efforts of the Wonders & Worries' mission. With legacy giving, you can ensure that your values and dedication to the Wonders & Worries' mission continues beyond your lifetime.

By donating to Wonders & Worries, whether through donations during your lifetime or upon your death, you can help fuel our organization's mission. Through donations, Wonders & Worries can continue to offer medical education and coping techniques at an age-appropriate level for children and teenagers dealing with a parent's serious illness or injury. Over the years, Wonders & Worries has been supporting children and teenagers through some of their hardest times. So, how can you give?

### **DURING YOUR LIFETIME**

#### **MAKE A DONATION**

Donations are outright gifts made directly to Wonders & Worries to help our organization continue our mission. Whether it is cash, personal property, securities, or stocks, any donation helps. You can even donate real property to Wonders & Worries. In turn, we could either use the property or sell it and keep the proceeds to help reach our goals. If you would like your donation to go towards a specific use, don't be afraid to let us know. Wonders & Worries wants to ensure that we are honoring your wishes and using the donation exactly as you intend.

#### **ENDOWMENTS**

While all gifts to Wonders & Worries contribute to our mission, endowments are a particularly meaningful gift during your lifetime as they offer a dependable source of funding. Endowment funds differ from outright donations. Each year, only a portion of the income earned is spent, while the remainder is added to the principal for growth. People often do not realize that endowments do not require a large donation amount. Donors may contribute any amount to an existing endowed program or pool resources with other like-minded individuals or companies to create a new endowment. In this sense, endowments are accessible to everyone.

One of the advantages of creating an endowment is the freedom to choose how your investment will support Wonders & Worries. They are a great way to permanently honor your family or loved ones and leave a lasting legacy.



## IN YOUR ESTATE PLAN

Including Wonders & Worries in your estate plan can be quite simple! There are several options that allow for you to leave your legacy and ensure your values and dedication to our mission continue beyond your lifetime. Legacy giving provides several other benefits, including, but not limited to, estate tax exemption and capital gains tax avoidance. By planning ahead and including us in your estate plan, you have the opportunity to provide long-term support to our organization. So, how can you partake in legacy giving?

### GIFTS PAYABLE UPON YOUR DEATH

These gifts are typically outright gifts contained within your estate plan, such as your Last Will and Testament. Outright gifts are great tools to potentially avoid estate taxes. Any assets gifted to charity are excluded from your taxable estate, and there are no limits on the amount that you can donate. You can include Wonders & Worries as a beneficiary in your Will (or even your life insurance policy)!

### GIFTS THAT RETURN INCOME

This refers to a gift that continuously provides financial support to Wonders & Worries. Typically, this is seen in the form of a Charitable Trust. For example, a Charitable Lead Trust may be set up so that a fixed amount or percentage is donated to Wonders & Worries (and other charitable organizations) annually for a set period of time. Upon expiration of that time, the remaining balance of the Trust is then donated in full to the named organizations.

For more information regarding how to include Wonders & Worries in your estate plan, **please contact your estate planning attorney.**



## SECTION TWO: YOUR PERSONAL INFORMATION

The following section will allow you to outline and record the important personal information in your life, including your familial history, your medical information, and your assets. This is to ensure that the important aspects of your life are in one place and easy to access. We hope this section is a helpful tool in assisting you with the first step of your estate planning process.

*IMPORTANT TIP: If you are married, you and your spouse should prepare separate record books. Most sections contained in your record book are personal to you, and this will help separate the information when you begin drafting your respective estate plans.*

### PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_  
Other Names: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



### SPOUSE/PARTNER INFORMATION

Current Spouse or Partner's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Marriage (if applicable): \_\_\_\_\_

Former Spouse's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of End of Marriage: \_\_\_\_\_

How did this marriage end? ☐ Divorce ☐ Death ☐ Legal Separation ☐ Annulled

Former Spouse's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of End of Marriage: \_\_\_\_\_

How did this marriage end? ☐ Divorce ☐ Death ☐ Legal Separation ☐ Annulled

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### CHILDREN'S INFORMATION

Child's Full Legal Name: \_\_\_\_\_  
Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Spouse's Name (if applicable): \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_  
Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Spouse's Name (if applicable): \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_  
Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Spouse's Name (if applicable): \_\_\_\_\_

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### GRANDCHILDREN'S INFORMATION

Grandchild's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Grandchild's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Grandchild's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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### PARENTS' INFORMATION

Parent's Full Legal Name: \_\_\_\_\_  
Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Date of Death (if applicable): \_\_\_\_\_ Resting Place (if applicable): \_\_\_\_\_

Parent's Full Legal Name: \_\_\_\_\_  
Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Date of Death (if applicable): \_\_\_\_\_ Resting Place (if applicable): \_\_\_\_\_



### SIBLINGS' INFORMATION

Sibling's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_ Resting Place (if applicable): \_\_\_\_\_

Sibling's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_ Resting Place (if applicable): \_\_\_\_\_

Sibling's Full Legal Name: \_\_\_\_\_

Other Names: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_ Resting Place (if applicable): \_\_\_\_\_



### YOUR PETS

Name of Pet: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Veterinarian's Phone: \_\_\_\_\_

Caretaker's Name: \_\_\_\_\_ Caretaker's Phone: \_\_\_\_\_

Name of Pet: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Veterinarian's Phone: \_\_\_\_\_

Caretaker's Name: \_\_\_\_\_ Caretaker's Phone: \_\_\_\_\_



## **MEDICAL INFORMATION**

### **EMERGENCY CONTACTS**

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

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

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

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

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

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

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

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

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

### **MEDICAL PROFESSIONALS**

Primary Care Physician Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_



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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



## EMPLOYMENT INFORMATION

### CURRENT EMPLOYMENT

Are You Retired?      ☐ Yes      ☐ No

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

Start Date: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Current Benefits: \_\_\_\_\_

Location of Benefits' Documents: \_\_\_\_\_

### PRIOR EMPLOYMENT

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

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Current Benefits: \_\_\_\_\_

Location of Benefits' Documents: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Current Benefits: \_\_\_\_\_

Location of Benefits' Documents: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_



### **MILITARY SERVICE**

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Disability and Income: \_\_\_\_\_

Other Benefits: \_\_\_\_\_



## ASSETS

### REAL PROPERTY

Property 1 Address: \_\_\_\_\_

Ownership Interest: \_\_\_\_\_ Names of Other Owners: \_\_\_\_\_

Property 2 Address: \_\_\_\_\_

Ownership Interest: \_\_\_\_\_ Names of Other Owners: \_\_\_\_\_

### FINANCIAL ACCOUNTS

Account #1: Type of Account: \_\_\_\_\_ Where is the Account Held? \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Name of Successor Beneficiary: \_\_\_\_\_

Account #2: Type of Account: \_\_\_\_\_ Where is the Account Held? \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Name of Successor Beneficiary: \_\_\_\_\_

Account #3: Type of Account: \_\_\_\_\_ Where is the Account Held? \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Name of Successor Beneficiary: \_\_\_\_\_

Account #4: Type of Account: \_\_\_\_\_ Where is the Account Held? \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Name of Successor Beneficiary: \_\_\_\_\_

### CRYPTOCURRENCY

Type(s) of Cryptocurrency: \_\_\_\_\_ Estimated Value (if available): \_\_\_\_\_

Where is your private key held? \_\_\_\_\_

Who else has access to your private key? \_\_\_\_\_

Do you have a plan for your Cryptocurrency when you pass away? \_\_\_\_\_





### LIFE INSURANCE POLICIES

**DID YOU KNOW?** You can name a charitable organization as the beneficiary of your life insurance policy.

Name of Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_  
\_\_\_\_ Whole \_\_\_\_ Term Name of Beneficiary: Wonders & Worries Death Benefit: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_  
\_\_\_\_ Whole \_\_\_\_ Term Name of Beneficiary: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

### OTHER ACCOUNTS

Owner/Participant: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Value of Account: \_\_\_\_\_ Name of Beneficiary: \_\_\_\_\_

Owner/Participant: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Value of Account: \_\_\_\_\_ Name of Beneficiary: \_\_\_\_\_

Owner/Participant: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Value of Account: \_\_\_\_\_ Name of Beneficiary: \_\_\_\_\_

Owner/Participant: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Value of Account: \_\_\_\_\_ Name of Beneficiary: \_\_\_\_\_

Owner/Participant: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Value of Account: \_\_\_\_\_ Name of Beneficiary: \_\_\_\_\_

Owner/Participant: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Value of Account: \_\_\_\_\_ Name of Beneficiary: \_\_\_\_\_

Owner/Participant: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Value of Account: \_\_\_\_\_ Name of Beneficiary: \_\_\_\_\_



## DIGITAL ESTATE

Every social networking account, online bank account, photo sharing account, and email account is included in your digital estate. By recording the important passwords and login information, your family and loved ones can access these accounts after you pass without dealing with the complications associated with that account. For example, certain platforms require you to name a digital executor during your lifetime if you want others to gain access to that account after you pass.

### PASSWORDS

Cell Phone Code: \_\_\_\_\_ Computer Password: \_\_\_\_\_

Account Type: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Type: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Type: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Type: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Type: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Type: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Account Type: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_



## **CRYPTOCURRENCY**

Type(s) of Cryptocurrency: \_\_\_\_\_ Estimated Value (if available): \_\_\_\_\_

Where is your private key held? \_\_\_\_\_

Who else has access to your private key? \_\_\_\_\_

Do you have a plan for your Cryptocurrency when you pass away? \_\_\_\_\_



## CHARITABLE AFFILIATIONS

This section is a great place to keep track of each charitable organization you are involved in so that you can remember which organizations you want to give back to during your life or in your estate plan.

Organization Name: Wonders & Worries

Position or Method of Involvement (donor, volunteer, etc.): \_\_\_\_\_

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

Position or Method of Involvement (donor, volunteer, etc.): \_\_\_\_\_

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

Position or Method of Involvement (donor, volunteer, etc.): \_\_\_\_\_

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

Position or Method of Involvement (donor, volunteer, etc.): \_\_\_\_\_

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

Position or Method of Involvement (donor, volunteer, etc.): \_\_\_\_\_



## SECTION THREE: YOUR ESTATE PLAN

The following section serves as a tool for you to record each and every aspect of your estate plan. If you do not currently have an estate plan, this section will allow you to begin the process of thinking about your estate plan. Who will care for you if you become incapacitated? Who will handle your finances? Who will inherit from your estate when you pass away? All of these questions will be addressed in the following section. **This section is not a legal document. Please consult with your estate planning attorney to finalize your estate plan.**

### SETTING YOUR ESTATE PLANNING GOALS

By downloading this kit, you have already taken the first step towards reaching your estate planning goals. It is clear that you want your plan to leave a legacy that will protect your loved ones and ensure your values are passed on. Who does estate planning benefit?

#### YOU

Preparing your estate plan takes planning and organizing during your lifetime. Creating your estate plan guarantees that you and your assets are taken care of in the event of your incapacity or death.

#### YOUR LOVED ONES

By planning now, you are ensuring that your spouse, children, grandchildren, and loved ones understand your wishes and are prepared in the event of your incapacity or death. An estate plan can also be set up to care for your loved ones and benefit your loved ones upon your death without any hiccups.

#### YOUR PHILANTHROPIC INTERESTS

Charitable gifts after your lifetime are one of the best ways to influence the future and ensure your values are passed on after your death. It is common to want your charitable goals to align with your values and the needs of your family. Proper estate planning can allow you to reach your goals by ensuring that both your family and charitable goals are met.

#### **TIP: MAKE YOUR WISHES KNOWN!**

Estate planning is the most effective way to make your wishes known to your loved ones. This can help prevent confusion over how to best honor your memory or how you wanted certain matters handled upon your incapacity or death. Additionally, if you are including Wonders & Worries in your plan, do not forget to also let us know! This will allow us to make sure your gift is used exactly as you intend.

### BUILDING YOUR ESTATE PLANNING TEAM

You do not have to go through this alone. There are plenty of professionals that can help you create a proper, comprehensive estate plan. Below is a list of people that should be key players in your estate planning team:

1. Estate Planning Attorney
2. Certified Public Accountant
3. Financial Planner



## A WELL-DESIGNED, COMPREHENSIVE ESTATE PLAN

Working with your estate planning team to develop a comprehensive estate plan will ensure that your loved ones have the information, guidance, and resources they need in the event of your incapacity or death. While each individual should have an estate plan that is unique to them and their personal preferences, below is a brief description of the essential documents to a well-designed comprehensive estate plan. **Please consult with your attorney to learn more about these documents and how they can be drafted in your personalized estate plan to meet your wishes and goals.**

### 1. Statutory Durable Power of Attorney

This is your financial power of attorney. The document allows you to appoint an agent or agents to make financial decisions and manage your financial and real property affairs on your behalf if you become incapacitated and/or are unable to do so yourself.

### 2. Medical Power of Attorney

Contrary to popular belief, your spouse does not automatically receive the right to make medical decisions for you if you become incapacitated. This document allows you to appoint an agent or agents to make medical decisions and consent to medical treatment on your behalf if you are incapacitated and are unable to make your wishes known.

### 3. HIPAA Releases

HIPAA Releases go hand-in-hand with the Medical Power of Attorney. The HIPAA forms allow the people named on the form to receive your medical information from medical professionals and healthcare providers.

### 4. Directive to Physicians

This document is also known as an Advanced Directive or a Living Will. It allows you to communicate your wishes about medical treatment if you are unable to make your wishes known due to a terminal condition or an irreversible condition.

### 5. Declaration of Guardian of Person and Estate

While the Power of Attorney documents are extremely useful throughout your lifetime, there may be a situation in which you need a permanent court-appointed legal guardianship over yourself due to your incapacity. This document allows for you to communicate to the court who you would like to act as your guardian. There are two types of guardians—Guardian of the Person and Guardian of the Estate. The Guardian of the Person is the one who is generally responsible for providing you care (e.g., feeding you, tucking you in at night, making medical decisions for you). The Guardian of the Estate is the one who manages your property and financial affairs.



#### 6. Guardian for Child(ren)

This document allows you to communicate to the court who you would like to act as the guardian(s) of your minor children if you both pass away. Similar to the Declaration of Guardian, there is a Guardian of the Person and a Guardian of the Estate.

#### 7. Disposition of Remains

This is the document that specifies how you would like your remains to be handled upon your passing. As we discussed, there are several options for handling your remains upon your death. Some options include: burial, cremation, donating body to science, being made into a diamond, etc.

#### 8. Last Will and Testament

The Will is the document that people are most familiar with when they think of estate planning. This is the document that lays out how you want your assets distributed upon your death. While your Will is a very important document, it is just a piece of paper until you pass away and it is admitted to probate.



## STATUORY DURABLE POWER OF ATTORNEY

Do you have a Statutory Durable Power of Attorney? \_\_\_\_\_ YES \_\_\_\_\_ NO

Location of Original Document: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ Date of Last Review: \_\_\_\_\_

### Agent Information

Primary Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

First Alternate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Second Alternate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

## MEDICAL POWER OF ATTORNEY

Do you have a Medical Power of Attorney? \_\_\_\_\_ YES \_\_\_\_\_ NO

Location of Original Document: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ Date of Last Review: \_\_\_\_\_

### Agent Information

Primary Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

First Alternate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Second Alternate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_





Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### HIPAA RELEASES

Do you have HIPAA Releases? \_\_\_\_\_ YES \_\_\_\_\_ NO

Location of Original Document: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ Date of Last Review: \_\_\_\_\_

**Representative Information:** *Who has access to your healthcare information?*

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### DIRECTIVE TO PHYSICIANS

Do you have a Directive to Physicians? \_\_\_\_\_ YES \_\_\_\_\_ NO

Location of Original Document: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ Date of Last Review: \_\_\_\_\_



## DECLARATION OF GUARDIAN OF PERSON AND ESTATE

Do you have a Declaration of Guardian? \_\_\_\_ YES \_\_\_\_ NO

Location of Original Document: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ Date of Last Review: \_\_\_\_\_

### Guardian of Person Information

Guardian of Person: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Guardian of Person: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Guardian of Estate Information

Guardian of Estate: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Guardian of Estate: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



## GUARDIAN FOR CHILDREN

Do you have a Declaration of Guardian for Children? \_\_\_\_ YES \_\_\_\_ NO

Location of Original Document: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ Date of Last Review: \_\_\_\_\_

### Guardian of Person Information

Guardian of Person: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Guardian of Person: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Guardian of Estate Information

Guardian of Estate: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Guardian of Estate: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



## DISPOSITION OF REMAINS

Do you have a Disposition of Remains? \_\_\_\_ YES \_\_\_\_ NO

Location of Original Document: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ Date of Last Review: \_\_\_\_\_

### Special Instructions Information

\_\_\_\_ Burial \_\_\_\_ Cremation Other: \_\_\_\_\_

Grave Site or Crematorium Information: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Funeral Arrangements (if applicable)

Funeral Home and/or Church: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_

### Agent Information

Primary Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

First Alternate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Second Alternate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



## LAST WILL AND TESTAMENT

Do you have a Will? \_\_\_\_\_ YES \_\_\_\_\_ NO

Location: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Last Review: \_\_\_\_\_

Estate Planning Attorney: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Executor Information

Primary Executor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

First Alternate Executor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Second Alternate Executor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



## SECTION FOUR: DISPOSITION OF YOUR ESTATE

This final section deals with who gets what. Now that you have determined your assets and outlined the important players in your estate plan, it is time to indicate who you want to inherit your assets. This section can be contained in your Last Will and Testament or your Trust, depending on how your estate plan is structured. **Please consult with your estate planning attorney on how to best structure your estate plan to meet your wishes and goals.**

### SPECIFIC GIFTS

#### To Charitable Organizations

Description of Gift: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Description of Gift: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Description of Gift: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

#### To Other Beneficiaries

Description of Gift: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Beneficiary (if applicable): \_\_\_\_\_



Description of Gift: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Beneficiary (if applicable): \_\_\_\_\_

Description of Gift: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Beneficiary (if applicable): \_\_\_\_\_

## PRIMARY BENEFICIARIES

### Charitable Organizations

Name of Organization: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Other Beneficiaries

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

Relationship: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



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

Relationship: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### ALTERNATE BENEFICIARIES

#### Charitable Organizations

Name of Organization: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

#### Other Beneficiaries

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

Relationship: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_





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

Relationship: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Percent of Estate: \_\_\_\_\_ %

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Once you have completed this tool kit, you are ready to meet with your estate planning team to draft or amend your estate planning documents. Please contact us and we will be happy to discuss the different choices for you or connect you with an estate planning team that will help you reach your goals.

Wonders & Worries has continuously supported children and teenagers dealing with a parent's serious illness or injury, and we wish to continue to do so. We hope that as part of your planning, you consider making a gift to Wonders & Worries. A donation to our organization, no matter the size, can help expand our organization to provide services to families in need nationwide.