Bay Area Ridge Trail Council

Estate Plan Organizer

Getting Organized

Check documents completed and filed in this Organizer:

[ ] Will
[ ] Living Trust
[ ] Power of Attorney for Property Management
[ ] Advance Health Care Directive

The Bay Area Ridge Trail Council has put this organizer together to assist you in your estate planning. We encourage you to consult with qualified legal counsel. If you have questions about the organizer or its contents, please contact us at 415-561-2595.

The Bay Area Ridge Trail Council
1007 General Kennedy Avenue, Suite 3
San Francisco, CA 94129
415-561-2595

Estate Inventory Form

This form is not as bad as it looks, and it could save you and your attorney valuable time. By filling out this form and bringing it to your first appointment, you will be providing your attorney with much of the information needed to draft an estate plan.

1. **Name** ____

   Address____

   ____

   Phone (Work) ____________________ (Home) ____________________

   Place and Date of Birth ______________________________________

   Social Security Number_________-________-___________ U.S. Citizen? ______

   Single? ❒ Married? ❒ Widowed? ❒ Separated? ❒ Divorced? ❒

   Domestic Partner? ❒

2. **Spouse** ____

   Place and Date of Birth ______________________________________

   Social Security Number_________-________-___________ U.S. Citizen? ______

3. **Children**

	Name	Age	Address
(A)	____________________	_______	____________________________________
(B)	____________________	_______	____________________________________
(C)	____________________	_______	____________________________________
(D)	____________________	_______	____________________________________
(E)	____________________	_______	____________________________________

4. Grandchildren

	Name	Age	Parent
(1)	______________________	________	____
(2)	______________________	________	____
(3)	______________________	________	____
(4)	______________________	________	____
(5)	______________________	________	____
(6)	______________________	________	____
(7)	______________________	________	____
(8)	______________________	________	____
(9)	______________________	________	____
(10)	______________________	________	____
(11)	______________________	________	____
(12)	______________________	________	____
(13)	______________________	________	____
(14)	______________________	________	____
(15)	______________________	________	____

The following is meant to give your attorney a good idea of the total value of your estate. Knowing your total worth is important to determine the type of estate plan that will keep your estate tax as low as possible.

5. Real Estate Information

Description and location	Market Value	Debt
________________________	$__________	$__________
________________________	$__________	$__________
________________________	$__________	$__________
________________________	$__________	$__________
________________________	$__________	$__________

TOTAL: $________________
(Total value of real estate = market value less debt)

6. Personal Property *Please list approximate current value:*

Automobile(s): $____________

Savings and Checking Accounts: $____________

Stocks/Bonds: $____________

Household Furnishings: $____________

Other Personal Assets: $____________

7. Death Benefits from Insurance $____________

8. Expected Inheritance $____________

9. TOTAL VALUE OF ESTATE: **$________________**
(Add all of the above, including total real estate value)

10. Name of Bank(s) ____

____

____

11. Names of stocks, bonds and other investment ________________________

____

____

12. Executor ________________________ **Alternate** _____________________

13. Funeral Arrangements ____

____

14. Beneficiary Information

Names of Persons or Charitable Organizations

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____
10. ____
11. ____
12. ____

Values Planning

Questions to Ask before You Plan Your Estate

1. How do you want to be remembered? By whom?
2. What kind of legacy do you want to leave for your children?
3. How much?
4. How do you want your children to use this legacy?
5. Do you have a plan to achieve your goals for your children?
6. Are your children trained in handling the wealth you intend to leave them? If not, you can begin the process by providing the opportunity for them to learn these skills by using a charitable fund or family investment partnership.
7. What values would you like to pass to your children?
8. What would your children say your values are?
9. What causes do you support?
10. Would you like the activities you support to continue after your death?
11. Are there other causes you would like to support?

To Whoever Takes Responsibility for Final Arrangements

In calm recognition of the inevitable, I have given thought to my personal wishes concerning my final arrangements. I feel that the effort I have made to pull information together and state my wishes will minimize the emotional strain on my survivors. I do not wish them to be burdened by the great pressures of having to make immediate decisions on unfamiliar matters that inescapably must be made then if I do not make them now.

Difficult though it may be for me to set this down, I feel that my loved ones would find it more difficult to make the decisions with no indication of my specific wishes.

Though these wishes may not be legally binding, I trust that they will help my survivors avoid confusion, extra expense, or the least self-reproach that might arise because of doubts, omissions, or commissions.

____ ________________________

Signature Date

Final Arrangements

Remembering all those poorly planned funerals I have attended and also the truly beautiful and inspiring ones, I make the following plans. I intend my service to reflect my life, loves, and values.

(If you are associated with a religious group, it is suggested that you fill out the following in consultation with the group leaders, providing a copy of these instructions for their files.)

Circumstances permitting, I wish my Burial Service to take place at:

Location ____

Address ______________________________________ City/ZIP _______________

Celebrant/Minister/Officiator____

My second choice would be: ____

(If you are a member of a religious congregation and wish a traditional ceremony used, specify the nature of the ceremony:

- ❒ Burial only
- ❒ Burial with additional ritual of _____________________________________

Suggested pallbearers:

____

____

____

____

____

____

If possible, I would like to have the following readings:

____

I would especially like the following music or hymns:

____

____

Policy regarding acceptance of flowers within religious buildings vary. Instead of sending flowers, many prefer to encourage a more lasting memorial. Most religious groups have both a general memorial fund and a building fund, as do many charities. Memorial gifts may also be made to *the Bay Area Ridge Trail Council*. (If you so desire, please indicate where you would like to have such contributions made.)

____

____

I prefer to be:

- ❑ Buried
- ❑ Cremated
- ❑ Before or ❑ After the funeral

Disposal of Ashes____

Location of cemetery lot deed, crypt deed, columbarium contract:

____

I have made arrangements to have certain parts or all of my body donated to:

____

Funeral Home to use:

____

____

Coffin specifications: ❑ Least expensive ❑ Mid-range ❑ Elaborate

I __ do / ___ do not wish to have my coffin open at the funeral home.

Other information for my survivors:

____

____

____

____

____

____

Signature

Date

Obituary and Other Information for My Friends and Family

Final Directions and instructions upon the death of:

______________________________________ ____________________

Name Date

Besides keeping this information in this organizer, you should also file this with your local congregation, if any, or your attorney, and notify your heirs that the form has been completed for their information.

Name (Complete) ____

Address:____

Birth Date:_______________ Place of Birth: ____________________________________

Baptism Date: _________________

Spouse's Name: ____

Spouse's Address: ____

Spouse's Birth Date: _____________ Spouse's Place of Birth: _____________________

Spouse's Baptism Date: ___________________

Church Affiliation: ____

Name and Address of Home Church: ____

____

Father's Full Name: ____

Birth Date/Place: _________________________________ Living ❑ Yes ❑ No

Mother's Full Name: ____

Birth Date/Place: _________________________________ Living ❑ Yes ❑ No

Names, addresses, and phone numbers of living brothers and sisters:

1. ____
2. ____
3. ____

Names, addresses, and phone numbers of other persons to notify upon my death who would not likely be reached through the published obituary:

1. ____
2. ____

3. ____

4. ____

5. ____

The following nearby person has agreed to care for my family (or pets) temporarily:

____

My Occupation: ____

Employer (Name & Address): ____

____

Location of Resume, if any ____

Organizations/Associations/Societies/Unions/Lodges/Professional Association, etc.
(Include office or position--past/present, and check if organization is to be notified).

Organization *Notify*

____

____

____

6. Charity(ies) to be mentioned in obituary

____

Miscellaneous Notes, Reflections, or Instructions

A List of Where Things Are Located

At the time of a person's sudden illness or death, family members or friends are often faced with the need for certain information. It is extremely helpful for them to have access to a record of insurance papers, marriage and birth certificates, bank account numbers, investments, etc.
For married couples, each spouse should compile separate information and prepare separate documents, although many of the materials will be the same.

The following check list will allow your loved ones to locate crucial documents and information at the time of incapacitation or death. It is important to keep the list up to date. Make sure by at least one other family member or a close friend knows where this list is. Review the information periodically, preferably with the person(s) who must use the information. We suggest that you make one or more copies of the following list after completing it. Keep one copy in the organizer and put others in sealed envelopes and give them to trusted persons.

Where Things Are

Documents or Information	***Location***
What may be needed in an emergency	
Address and phone numbers of doctors, dentists, attorney, home health care workers, family members, close friends	
Passport, citizenship papers	
Social Security card	
Birth certificate	
Drivers license	
Marriage certificate	
Medical insurance cards	
Safe deposit box and keys	
Safe and combination	
Pre-nuptial agreement	
Divorce papers	
Adoption paper	

Estate Planning Documents	***Location***
Will	
Living trust	
Advance health care directive	
Power of attorney for property	
Desires regarding last ceremonies	
Pre-paid burial plot or columbarium	
Pre-paid cremation papers	
Name and address of executor (Will)	
Name and address of successor trustee(s) (Living Trust)	
County issuing death certificate *(A sufficient number of copies are needed to transfer ownership of accounts and titles to property.)*	
Preferred professional funeral director	
Items needed for in case of serious illness	***Location***
Advance health care directive	
Durable power or attorney for property	
Financial institutions power of attorney forms (for institution who will not accept the general power of attorney form)	
Health care insurance card	
Medicare/MediCal cards	
Financial and Investment Documents	***Location***
Retirement plan(s) statements	
Retirement plan(s) beneficiary designations	

Company benefits such as deferred comp.	
Private investment accounts	
Stock certificates not held in an account	
On-line securities transaction information	
Mutual fund account statements	
Documents showing basis of stock	
Financial Documents (Personal)	***Location***
Past years' tax returns	
Gift tax returns, if any	
Debts owed	
Active loans you've made to individuals	
Mortgage documents	
Property tax records	
Rental and lease agreements	
Real estate deeds	
Motor vehicle title papers	
Charitable pledges outstanding	
Charitable donor-advised fund	
Charitable remainder trust or charitable pooled income fund	
Appraisal or inventory of valuable tangible personal property (art, jewelry, etc.)	
Financial Documents (Bank or Credit)	***Location***
Passbooks and statements	
Checkbooks and statements	

Credit cards and accounts statements	
Money market accounts and statements	
Insurance and Annuities	***Location***
Life Insurance documents	
Group life insurance	
Health and auto insurance cards	
Home insurance	
Other property insurance (rental)	
Commercial annuities	
Charitable annuities	
Beneficiary forms for insurance polices	
Veterans insurance benefits	
Miscellaneous Items	***Location***

Remembering the Bay Area Ridge Trail Council in Your Will

Sample Bequest Language

To Use In Your Will Or Living Trust
In Consultation With Your Attorney

I give devise and bequeath to the Bay Area Ridge Trail Council
(Tax I.D. 94-3148503), located at 1007 General Kennedy Avenue, Suite 3, San Francisco, CA 94129, the sum of ____________________________________ dollars ($ __________________)

OR ________________________percent (__________%) of the rest, residue and remainder

of my estate **OR** the following described property: _________________________

____.

The Bay Area Ridge Trail Council Legacy League Membership Form

Karen Kidwell
The Bay Area Ridge Trail Council
1007 General Kennedy Avenue, Suite 3
San Francisco, CA 94129

Dear Karen Kidwell,

(Check one):

[ ] I have remembered the Bay Area Ridge Trail Council through a bequest in my will or trust. Please enroll me in the Legacy League. You may publish my name on the Legacy League Honor Roll.

[ ] I have remembered the Bay Area Ridge Trail Council through a bequest in my will or trust. Please enroll me in the Legacy League. **Do not, however, publish my name.**

Name(s) (Please Print) ____

____

Address____

City____ State ___Zip __________

Signature: ____

Date: ____

We have provided for the Bay Area Ridge Trail Council as follows:
[ ] Charitable bequest (Indicate type of bequest): [ ] specific amount
[ ] percentage
[ ] whatever's left over (residual)
[ ] if all heirs deceased (contingent)

[ ] Charitable remainder trust
[ ] Charitable gift annuity
[ ] Retirement plan designation
[ ] Insurance designation
[ ] Pooled income fund account
[ ] Charitable lead trust
[ ] Other _____________________
[ ] Estimated gift value (optional) ____________

Name of person or entity responsible for transfer:

____

Phone number of same: ____________________