MILWAUKEE PBS

Personal Estate Planning Guide

Milwaukee PBS
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We know the importance of planning for the future.

Whatever your stage in life, it is a good idea to think about and plan for how your affairs will be handled. A few simple steps today can give you peace of mind tomorrow by ensuring that you and your loved ones are well protected. Your estate plan can also be used to support charitable causes that matter most to you, such as the quality programs and educational services offered to our community by this station. Please use this booklet as a reference as you think through this important process.

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The information you include in this booklet is important. Please complete the booklet as thoroughly as possible. The information you gather in advance of your meeting with an advisor will help him or her assess your specific needs and create a plan that meets your goals for protecting your family and assets.

Be sure to keep this booklet in a private place as it contains confidential information.

1. PERSONAL INFORMATION

Full Name _____

Street Address _____

City _____

State _____ Zip _____

Home Phone Number _____

Cell Phone Number_____

E-mail Address_____

Date of Birth_____

Social Security Number _____

U.S. Citizen? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No

If yes, please list branch and dates of service

_____

_____

If not a Veteran, was your former spouse a Veteran? ☐ Yes ☐ No

If yes, please list branch and date of service

_____

_____

Spouse Name (IF APPLICABLE)_____

_____

Street Address _____

City _____

State _____ Zip _____

Home Phone Number _____

Cell Phone Number_____

E-mail Address_____

Date of Birth_____

Social Security Number _____

Occupation/Employer _____

U.S. Citizen? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No

If yes, please list branch and dates of service

_____

Have you ever had a will or trust?

Will? ☐ Yes ☐ No

Trust? ☐ Yes ☐ No

2. MARITAL INFORMATION

Date of Marriage _____

Place of Marriage _____

City _____

State or Province _____

Country _____

3. CHILDREN (IF APPLICABLE, INCLUDE ADULT AND MINOR CHILDREN, AS WELL AS ANY WHO HAVE PREDECEASED YOU)

1. Name of Child _____

☐ Male ☐ Female

☐ Married ☐ Single

Street Address _____

City _____

State _____ Zip _____

Date of Birth _____

Phone Number _____

Relationship

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

Relationship to Spouse

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

2. Name of Child _____

☐ Male ☐ Female

☐ Married ☐ Single

Street Address _____

City _____

State _____ Zip _____

Date of Birth _____

Phone Number _____

Relationship

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

Relationship to Spouse

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

3. Name of Child _____

☐ Male ☐ Female

☐ Married ☐ Single

Street Address _____

City _____

State _____ Zip _____

Date of Birth _____

Phone Number _____

Relationship

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

Relationship to Spouse

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

4. Name of Child _____

☐ Male ☐ Female

☐ Married ☐ Single

Street Address _____

City _____

State _____ Zip _____

Date of Birth _____

Phone Number _____

Relationship

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

Relationship to Spouse

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

☐ Please check this box and attach a separate page to list additional children.

Do any of your children have physical or mental special needs?

☐ Yes ☐ No

If yes, explain _____

_____

_____

_____

Have you made gifts to one or more of your children that you wish to treat as an advancement of their inheritance? If yes, please provide information.

☐ Yes ☐ No

If yes, explain _____

_____

_____

4. GRANDCHILDREN (IF APPLICABLE)

1. Name of Grandchild _____

☐ Male ☐ Female

☐ Married ☐ Single

Street Address _____

City _____

State _____ Zip _____

Date of Birth _____

Phone Number _____

Name(s) of Grandchild's Parent(s) or Guardian(s) _____

Is this grandchild a direct descendant (natural or adopted) child of your child?

☐ Yes ☐ No

2. Name of Grandchild _____

☐ Male ☐ Female

☐ Married ☐ Single

Street Address _____

City _____

State _____ Zip _____

Date of Birth _____

Phone Number _____

Name(s) of Grandchild's Parent(s) or Guardian(s) _____

Is this grandchild a direct descendant (natural or adopted) child of your child?

☐ Yes ☐ No

Do any of your grandchildren have physical or mental special needs?

☐ Yes ☐ No

If yes, explain _____

_____

_____

Have you made gifts to one or more of your grandchildren that you wish to treat as an advancement of their inheritance? If yes, please provide information.

☐ Yes ☐ No

If yes, explain _____

_____

_____

☐ Please check this box and attach a separate page to list additional grandchildren.

5. LONG-TERM CARE INSURANCE

Do you have Long-term Care Insurance?

☐ Yes ☐ No

If yes, please provide a copy of the policy to your advisors.

6. MISCELLANEOUS

1. Do you have any legal issues your advisor should be aware of?

☐ Yes ☐ No

If yes, explain _____

_____

_____

_____

2. Where do you store your important papers?

_____

_____

3. Have you prepaid your burial and funeral arrangements?

☐ Yes ☐ No

If yes, please provide copies of your cemetery deed and funeral contract.

4. Are there any difficult family dynamics that could impact your planning?

☐ Yes ☐ No

If yes, please provide information _____

_____

_____

_____

5. Does anyone in your immediate or extended family have special need issues (including any spouses or your children)?

☐ Yes ☐ No

If yes, name and relationship of disabled family member _____

_____

7. ASSET INFORMATION

It's helpful to have assets and beneficiary information completed prior to visiting with an attorney. The sections below will help you prepare.

A. REAL PROPERTY (IF NONE, WRITE "NONE")

1. Type* _____

Location (Description) _____

_____

_____

Record owners_____

_____

How and when acquired _____

_____

Cost (Basis) _____

Market Value_____

Mortgage Bal._____

How Title Held_____

Insurance Company_____

2. Type* _____

Location (Description) _____

_____

_____

Record owners_____

_____

How and when acquired _____

_____

Cost (Basis) _____

Market Value_____

Mortgage Bal._____

How Title Held_____

Insurance Company_____

*residence, rental, time share, vacant land, oil and other mineral interests

☐

Please check this box and attach a separate page to list additional real property.

PLANNING NOTE - If your home is your primary asset and you have charitable intentions, ask your advisor about how a Retained Life Estate can help you give now, avoid probate, and stay in your home for the rest of your life.

B. CASH & BANK ACCOUNTS (IF NONE, WRITE "NONE")

1. Name of Bank/Branch _____

_____

Account Number _____

Account Type* _____

Balance/Value _____

How Title Held**_____

Beneficiary(ies) _____

_____

2. Name of Bank/Branch _____

_____

Account Number _____

Account Type* _____

Balance/Value _____

How Title Held**_____

Beneficiary(ies) _____

_____

*Savings, certificate of deposit, checking, other

**Joint, survivorship, trust, custodial

PLANNING NOTE - If you have charitable intentions and wish to avoid probate, it's possible to name a charitable organization, like your local station, as a beneficiary of your checking, savings and other accounts.

C. STOCKS & BONDS (IF NONE, WRITE "NONE")

1. Name of Institution _____

_____

Account Type _____

Current Value _____

Owner _____

Beneficiary(ies) _____

_____

2. Name of Institution _____

_____

Account Type _____

Current Value _____

Owner _____

Beneficiary(ies) _____

_____

PLANNING NOTE - If you have charitable intentions and wish to avoid probate, it's possible to name a charitable organization, like your local station, as a beneficiary of your brokerage accounts.

D. RETIREMENT ACCOUNTS
(IRAS, 401(K), ANNUITIES, KEOGHS, ETC.)
(IF NONE, WRITE "NONE")

1. Name of Institution _____

_____

Account Number _____

Owner _____

Beneficiary(ies) _____

_____

Date Established _____

Current Value _____

2. Name of Institution _____

_____

Account Number _____

Owner _____

Beneficiary(ies) _____

_____

Date Established _____

Current Value _____

PLANNING NOTE - An individual named as beneficiary of a retirement account must generally pay taxes on the gift. You can avoid this unfavorable consequence by naming a qualified charitable organization, like your local station, as a beneficiary of your retirement account.

E. LIFE INSURANCE
(WHOLE LIFE, TERM, ACCIDENTAL/ TRAVEL, ETC.)
(IF NONE, WRITE "NONE")

1. Name of Institution _____

_____

Account Number _____

Owner _____

Beneficiary(ies) _____

_____

Date Established _____

Current Death Benefit _____

Cash Value _____

Type of Policy* _____

2. Name of Institution _____

_____

Account Number _____

Owner _____

Beneficiary(ies) _____

_____

Date Established _____

Current Death Benefit _____

Cash Value _____

Type of Policy* _____

*Term, Whole/Universal, Accidental/Travel, Other

PLANNING NOTE - If you have a policy that is no longer needed, consider donating it to a qualified charitable organization, like your local station. You can donate it outright or later by naming the charity as your beneficiary.

F. VEHICLES (IF NONE, WRITE "NONE")

1. Make _____

Model _____

How titled _____

State of Registration _____

Estimated Value _____

Insurance Company _____

2. Make _____

Model _____

How titled _____

State of Registration _____

Estimated Value _____

Insurance Company _____

G. OTHER PERSONAL PROPERTY

Household Goods _____ $

_____

Art & Antiques _____$

Books & Collectibles _____ $

Jewelry & Gems _____ $

Other _____ $

Other _____ $

H. SAFE DEPOSIT BOX (IF NONE, WRITE "NONE")

Location and how registered_____

_____

_____

I. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

(IF NONE, WRITE "NONE")

Describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive. Please provide a copy of the Will or Trust that creates the interest, if available.

_____

_____

_____

_____

J. BUSINESS INTERESTS (IF NONE, WRITE "NONE")

If you and/or a spouse have any ownership in a business please provide additional information regarding the nature, interest and value of the business interest. If there are business documents, please provide copies to your advisor(s).

_____

_____

_____

_____

K. MISCELLANEOUS (IF NONE, WRITE “NONE”)

If you and/or your spouse have any property interest not described above, please explain the nature of the interests and the estimated value of each._____

_____

_____

_____

8. Advisors

Personal Attorney _____

Company Name _____

Address_____

_____

Phone Number _____

Financial Planner _____

Company Name _____

Address _____

_____

Phone Number _____

Accountant _____

Company Name _____

Address _____

_____

Phone Number _____

Life Insurance Agent _____

Company Name _____

Address _____

Phone Number _____

Funeral Home _____

Firm Name _____

Address _____

_____

Phone Number _____

9. SELECTING FIDUCIARIES

Will Selections

Executor or Co-Executor _____

_____

1st Successor(s) _____

_____

2nd Successor(s) _____

_____

Trustee or Co-Trustees _____

_____

10. FINANCIAL GENERAL POWER OF ATTORNEY

Agents or Co-Agents _____

_____

1st Successor(s) _____

_____

2nd Successor(s) _____

_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

☐ Yes, my Co-Agents may act independently of each other.

☐ No, each task must be undertaken jointly by all Co-Agents.

Healthcare Power of Attorney & Living Will

Agents or Co-Agents _____

_____

1st Successor(s) _____

_____

2nd Successor(s) _____

_____

☐ Yes, my Co-Agents may act independently of each other.

☐ No, each task must be undertaken jointly by all Co-Agents.

11. PHYSICIANS AND HEALTHCARE PROVIDERS

Please provide the physican(s) you would like your advisors to provide your healthcare documents.

Primary Physician_____

Address_____

_____

Phone Number _____

Specialty Physician _____

Address_____

Phone Number _____

Other Physician_____

Address_____

Phone Number _____

12. GUARDIANS OF MINOR CHILDREN

The surviving parent of a minor child is ordinarily entitled to be the guardian of that child. However, a person should be selected to serve as a guardian for a minor child in the event of the simultaneous death of both spouses or the death of a single parent. It is advisable to make sure that the proposed guardian is willing to serve in that capacity. The guardian will also hold the monies for the minor children unless an alternative is expressed in the will. Parents who serve as the guardian of an adult child should seek legal counsel on the appointment of a successor guardian.

Provide the following information about the person(s) you select to be Guardian(s)/ Trustee(s).

Primary choice for Guardian/Trustee

Full Name _____

Relationship _____

Secondary choice for Guardian/Trustee

Full Name _____

Relationship _____

Are there any beneficiaries with special needs, or receiving Social Security Disability Insurance (SSDI), or Supplemental Security Income (SSI)? Provide relevant details below.

Estate planning is a continuous process.

Change is constant in our lives. From time to time, it is important to reflect on how these changes might affect your estate plans. Review and update this booklet as your situation evolves. Feel free to contact us if you need an additional booklet.

If you have questions about your estate plans, please consult your attorney or other advisors. Your advisors should feel free to contact us with any questions on how you can leave a legacy to support this station.

This planning guide is for informational purposes only. Be sure to consult with your advisors about your personal financial situation.

MILWAUKEE PBS

For more information on ways you can support Milwaukee PBS, please contact Christie Mole at (414) 297-6338 or molec@matc.edu.

To include Milwaukee PBS in your will, trust, etc., please use our legal name:
MATC Foundation - Milwaukee PBS Fund

Milwaukee PBS
1036 N. 8 Street
Milwaukee, WI 53233-1443

Federal Tax ID / EIN: 39-1341603

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