Estate Planning *Booklet*

Honor the tradition. Embrace the future.

A TOOL FOR ASSEMBLING YOUR ESTATE PLANNING INFORMATION.

Penn Medicine

Thank you for requesting Penn Medicine's Estate Planning Booklet. We hope you will find it useful as you prepare to meet with your attorney to create a new estate plan or to update an existing plan.

Everyone needs a will. A will provides clear and specific direction on how you want your assets distributed. If you should die without a will, your estate will be distributed according to state laws — regardless of your wishes.

Even if you already have a will and an estate plan, it is important to review these documents periodically to affirm that they continue to take into account changing circumstances and tax laws. If your will is not updated, changes in your life, such as the birth of children or grandchildren, marriage, divorce, or the death of a loved one, could result in your wishes being unfulfilled.

To help you plan your estate, Penn Medicine has prepared this booklet to assist you in gathering the information your attorney will require. This booklet will also make it easier for your loved ones to locate quickly important information about your estate.

We encourage you, as a friend and supporter of Penn Medicine, to speak with your attorney about including a charitable bequest to Penn Medicine in your will. By remembering Penn Medicine you will enable us to continue our tripartite mission of education, research, and patient care.

We are pleased to present our Estate Planning Booklet and we thank you for your generous intentions for Penn Medicine.

Penn Medicine
Office of Planned Giving

3535 Market Street, Suite 750
Philadelphia, PA 19104-3309
215.898.9486

Preparing For An Estate Planning Conference With Your Attorney.

In preparing for an estate planning conference with your attorney, you will need the following documents and information:

Personal Information

Date this form was completed: __________

Legal Name __________
First *Middle* *Last*

Spouse __________
First *Middle* *Last*

Home Address __________

Street __________

City _____ State _____ Zip _____

Date of Birth (Self) _____ (Spouse) _____

Telephone (Home) _____ (Work) _____

Soc. Sec. # (Self) _____ (Spouse) _____

Birth Certificate Location _____ Copy Location _____

Date of Marriage _____ Place of Marriage _____

If divorced or separated:
Include names and dates of previous marriages, whether the marriage ended by divorce or legal separation, and the location of papers.

____

____

Financial obligation to former spouse or children ☐ Yes ☐ No

If spouse is deceased, details:

Name: _____ Date of marriage: _____ Date of death: _____

Location of will: __________

Location of federal estate tax return: __________

Location of gift tax returns: __________

There ☐ is ☐ is not a prenuptial agreement.
There ☐ is ☐ is not a post-nuptial agreement.

Location of agreement: ____________________

____

U.S. Citizen? ☐ Yes ☐ No

If not a U.S. citizen by birth, indicate date and place of naturalization.

Naturalization Date ____________ Place ____________

Naturalization Papers Located: ____________________

Other Citizenship: ____________________

Spouse:
U.S. citizen? ☐ Yes ☐ No

If not a U.S. citizen by birth, indicate date and place of naturalization.

Naturalization Date ____________ Place ____________

Naturalization Papers Located: ____________________

Other Citizenship: ____________________

Nearest Relatives

List in order

1. Children* 2. Grandchildren 3. Brothers and/or Sisters 4. Parents 5. Nieces and/or Nephews

**Clearly identify children that are not children of both spouses, such as a child one of you had from a previous marriage.*

Name	Relationship	Date of Birth	Address	Soc. Sec. #[1]

[1]Include address and social security numbers of family members if gifting program is in place or anticipated.

Financial Information.

Estimated Annual Income. Self:______________ Spouse: ______________

Personal Property

Include personal effects, automobile(s), jewelry, household effects, furniture, art, etc.

Item	Location	Value
		$
		$
		$
		$
		$
		$
		$
		$
		$
	Total	$

Cash

(Checking, Savings, and Money Market)

Bank and Address	Title*	Account #	Value
			$
			$
			$
			$
			$
			$
			$
			$
		Total	$

** Husband, wife, jointly (Indicate joint tenant if not spouse)*

Certificates of Deposit

Bank & Address	Certificate	Maturity Date	Owned By*	Value
				$
				$
				$
				$
				$
			Total	$

Stocks, Bonds, and Mutual Funds Held In Brokerage Accounts

Bank & Address	Certificate	Maturity Date	Owned By*	Value
				$
				$
				$
				$
				$
				$
				$
				$
			Total	$

* *Husband, wife, jointly (Indicate joint tenant if not spouse)*

Financial Information.

Securities not held in a brokerage account (including "S" corporation)

Type of Security	Owned By*	Serial #	Date of Purchase	Value
				$
				$
				$
				$
				$
				$
			Total	$

Location of any stock certificates, bonds, options, etc., that are not held in brokerage accounts:

Money invested in mortgages, personal loans, and trust deeds

(Money owed to you)

With Whom & Address	Cost When Acquired	Title*	Current Value
			$
			$
			$
			$
			$
			$
			$
		Total	$

** Husband, wife, jointly (Indicate joint tenant if not spouse)*

Real Estate Owned

Type of Property & Location	Cost When Acquired	Owned By*	Current Value	Debt/Lender
			$	
			$	
			$	
			$	
		Total	$	

Other Assets

Type of Property	Owned By*	Cost Basis	Date of Investment	Current Value
				$
				$
				$
				$
				$
				$
				$
			Total	$

** Husband, wife, jointly (Indicate joint tenant if not spouse)*

Financial Information.

Life insurance you own (on your own life)

Company	Type of Policy	Policy Owned By*	Present Beneficiaries	Face Amount
				$
				$
				$
				$
				$
			Total	$

Location of life insurance policies:

____

____

____

Additional Funds (UTMA, 529 Plan, etc.)

Company	Owned By/Custodian*	Beneficiary	Fund Type (UTMA, 529 Plan, etc.)	Value
				$
				$
				$
				$
				$
			Total	$

** Husband, wife, jointly (Indicate joint tenant if not spouse)*

Other Insurance (including umbrella policies)

Company	Type of Policy	Policy Owned By*	Policy #	Coverage
				$
				$
				$
			Total	$

Individual Retirement Plans, Pensions, Retirement or Death Benefit Plans

Fund Name & Co.	Account #	Beneficiary	Value
			$
			$
			$
			$
		Total	$

Safe Deposit Boxes

Box Location	Box #	Key Location	Names of Others with Access

** Husband, wife, jointly (Indicate joint tenant if not spouse)*

Other Property.

☐ I am currently ☐ I expect to be the beneficiary of an inheritance.

Source's name ______________________ Approximate value $ __________

☐ I am currently ☐ I expect to be the beneficiary of other income or assets.

Source's name ______________________ Approximate value $ __________

Location of any employment contracts or business agreements relating to interests in corporations, partnerships, and sole proprietorships:

____

____

____

Liabilities.

To whom debt or mortgage is owed	Address	Payment Date	Amount
			$
			$
			$
			$
		Total Approximate Indebtedness	$

Trusts.

Location of any trusts that you have created (2503(c) trust, life insurance trust, etc.) or under which you are a beneficiary:

____

____

____

Tax Records and Federal Gift Tax Returns.

Location of tax records:

____

____

____

☐ I have ☐ I have not

Made a gift of more than $3,000 ***prior*** to December 31, 1976.

Describe: ____________________________________

☐ I have ☐ I have not

Made a gift of more than $3,000 (or gifts that totaled more than $3,000) to any one recipient in any year ***after*** December 31, 1976.

Describe: ____________________________________

Fiduciaries.

Proposed Executor(s):

Name __________________ Telephone __________________

Address ____________________________________

Relationship ____________________________________

Proposed Substitute Executor(s):

Name __________________ Telephone __________________

Address ____________________________________

Relationship ____________________________________

Proposed Guardian(s) of Minor Children:

Name ______________________ Telephone ______________________

Address ______________________

Relationship ______________________

Proposed Substitute Guardian of Minor Children:

Name ______________________ Telephone ______________________

Address ______________________

Relationship ______________________

Proposed Trustee(s):

Name ______________________ Telephone ______________________

Address ______________________

Relationship ______________________

Proposed Substitute Trustee(s):

Name ______________________ Telephone ______________________

Address ______________________

Relationship ______________________

Your Accountant:

Name ______________________ Telephone ______________________

Address ______________________

Your Attorney:

Name ______________________ Telephone ______________________

Address ______________________

Your Financial Planner:

Name ______________________ Telephone ______________________

Address ______________________

Plan Your Estate Distributions.

You do not need to describe every item of your personal or real property in your will. However, if there is a specific asset you want to give to a particular individual, please list it here.

Also, if you wish to bequeath a specific sum of money to a person or charity, please state the amount and the name.

Individuals

Person	Address	Itemize Property or Sum of Money	Location of Asset

Charities

Charity Name	Address	Telephone	Amount
			$
			$
			$
			$
			$

After the specific bequests (if any), the simplest way to divide the residue of your estate is by percentages. Name the person or charity you wish to remember, and then state what percentage of the total remaining amount of your estate each is to receive.

________________________________ __________ %

________________________________ __________ %

________________________________ __________ %

________________________________ __________ %

________________________________ __________ %

________________________________ __________ %

Medical Legacy Circle

Be part of the Penn Medicine Legacy.

The University of Pennsylvania School of Medicine & Health System has established the Medical Legacy Circle of the University of Pennsylvania's Charles Custis Harrison Society.

The Medical Legacy Circle pays tribute to our alumni and friends committed to the advancement of medical education, research, and patient care, and to the role of Penn Medicine in the history and progress of medicine and the medical profession.

We are most grateful to the members of the Medical Legacy Circle, who generously support the future of Penn Medicine through their financial and estate planning.

Sample Bequest Language

"I hereby give, devise, and bequeath to the Trustees of the University of Pennsylvania, a non-profit corporation organized and operating under the laws of the Commonwealth of Pennsylvania and located in Philadelphia, Pennsylvania, the sum of $______ [or percentage of your estate or specific description of the gift] to be used by Penn Medicine [describe purpose of gift here, if desired]."

For assistance with customized bequest language please contact:

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Miscellaneous.

Location of Living Will or Medical Directives Order:

My Preferred Funeral and Burial Instructions are:

Letter of Last Instructions.

You may wish to write a letter of last instructions to your surviving spouse, to guardians of your minor children, to your children or to other persons. This letter is not legally binding, but it can be of great help and comfort to your loved ones. A letter permits you to communicate your personal expressions, helpful information, or specific instructions, such as:

- Location of your will, important papers, and records;
- Names and addresses of persons to help your surviving spouse;
- Names, addresses, and telephone numbers of individuals you wish to be notified of your death; and
- Specific funeral and burial instructions.

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