For nearly 25 years, hundreds of alumni, alumnae, parents and friends have created legacies at Hobart and William Smith Colleges. Many began thinking about their plan by going through a process of evaluating what was important to them, who they needed to take care of, and the impact they wanted to make.

This guide asks important questions for you to consider and offers ways to organize your long-term plans so that you can consider creating a legacy at Hobart and William Smith. If you have any questions or would like to learn more about making a permanent impact on the Colleges, please contact Leila Rice, associate vice president of Advancement, at (315) 781-3545 or rice@hws.edu.

Thank you for your interest, and we hope you find this planning guide helpful.

TABLE OF CONTENTS

- Things You Can Do To Get Your Estate in Order  pages 1-3
- Important Document Locator  pages 5-6
- Estate Planning Record Book  pages 9-22
  Estate Documents  pages 19-20
  Distribution of Estate  pages 21-22
- Wheeler Society Membership Form  Inside pocket
25 THINGS YOU CAN DO TO GET YOUR ESTATE IN ORDER

One of the greatest gifts you can leave your survivors is an organized estate. The time you spend now will help your loved ones to cope later, and also will ensure your wishes will be carried out. Here is a simplified checklist to get you started on organizing your estate, and depending on your individual situation, you might discover other items to be addressed. It’s a good idea to discuss your plans with your loved ones and the executor of your will. You’ll also want to consult with your legal, financial and tax advisers.

Estate Planning

1. **Make or update your will.** A will allows you to determine what happens to your money and possessions when you die, and who becomes the guardian of your minor children or adult children with special needs. Otherwise, state laws and courts make those decisions for you.

2. **Make a living will.** This document can speak for you by outlining the medical procedures you want taken if you become too ill to state your wishes yourself.

3. **Create durable powers of attorney.** These documents allow you to appoint someone to make decisions on your behalf if you become incapacitated. There are two types: one to deal with your personal, legal and financial affairs, and another to deal with health-care decisions.

4. **Create a letter of instruction.** This document provides a list of instructions for your survivors to follow. For example, it can spell out funeral wishes, people to contact, and where your will and other key papers can be found. It also can provide information about your financial accounts and activities.

5. **Calculate your net worth, including life insurance proceeds.** If you have substantial net worth, consider talking to a tax or financial adviser to determine steps necessary to minimize or eliminate the impact of federal and state estate taxes.

6. **Establish a trust if appropriate.** A trust is a legal entity that holds property designated by you for the benefit of you and your beneficiaries. For example, you might need to set up a trust if you name minor children as your life insurance beneficiaries (legally they are too young to receive proceeds directly).

7. **Consider funeral pre-planning.** Pre-planning can relieve stress on your survivors and give you control over the ultimate funeral arrangements. If you are a U.S. military veteran, you may want military honors at your service; contact your local funeral home or military installation to check on eligibility and availability.

8. **Make arrangements for the orderly transfer of business assets.** Business owners can predetermine what will happen to assets through legal agreements and life insurance on business partners.
Insurance Planning

9. Consider buying or updating your life insurance. Life insurance provides an immediate source of cash that can be exempt from federal and state income tax (but, in general, not estate taxes). It is important to review your ownership, beneficiaries and coverage amount every two or three years to make sure your policies still reflect your needs and wishes.

10. Consider buying health/medical insurance. There are three major types of coverage that help protect and stretch your assets: Long Term Care enables you to cover the cost of long-term health care in your home or at a long-term care facility; Major Medical protects you against the ever-rising cost of medical care; and Disability helps protect your income if you no longer can work.

11. Review your pension plan’s survivor benefits. This might be a plan offered through your employer or the military’s Survivor Benefit Plan (SBP). SBP choices made at retirement can be changed if you divorce or marry. Also, the government periodically offers open enrollment periods that enable the plan owner to make changes.

12. Review your IRA, 401(k) and other retirement plans for beneficiary arrangements and benefits.

Organizing Financial Records

Note: If you store any of the following information on your computer, make a list of all passwords and indicate where any flash drives are stored and where the information can be found.

13. Create a list of financial accounts. List account numbers and pertinent information about your investments, bank accounts, insurance policies (life, disability, homeowners, credit and life) and other financial matters.

14. List the location of valuable documents. Your list might include deeds, car titles, military records, birth and marriage certificates, divorce decrees and estate planning documents.

15. List your personal data. This can include your Social Security number, driver’s license numbers, VA claim number, your date of birth and the names and phone numbers of family members.

16. Make arrangements for access to your safe-deposit box. In many states, safe-deposit boxes are closed upon death and are not opened until probate. Make sure copies of your will and other important documents are available outside your safe-deposit box.

17. List loan payments. This listing should include information about credit cards, mortgages, consumer loans, and auto and personal loans.

18. List other income sources and government benefits. This includes pensions and Social Security. For information on military benefits, check with the Veterans’ Administration or your nearest military installation’s casualty assistance office.
19. List the location of tax records.

20. Verify account ownership and beneficiary designations. Check financial accounts and insurance policies to make sure these conform to your estate planning arrangements.

21. List all organizations in which you have membership. They may provide special death benefits and should be noted for your survivors.

Personal Planning

22. Provide a trusted family member or friend with the location of confidential or valuable items you may have put away for safe keeping.

23. Provide a family member or friend with the location of spare keys and security codes.

24. Provide easy access to your will and your durable powers of attorney. Keep signed original copies in your attorney’s office as well as a copy in a fireproof file at home. Also give a signed copy to your executor.

25. Provide the name of your veterinarian and care instructions for pets, if appropriate.

26. Provide a family member or friend with the names and addresses of special friends, alma maters or any person or organization who would want to be notified.
IMPORTANT DOCUMENT LOCATOR

– **Where do you keep your personal papers?**

  Birth Certificate:______________________________________________________________

  Social Security Card:____________________________________________________________

  Driver’s license number and expiration date:_______________________________________

  Veteran’s discharge papers:_______________________________________________________

  Passport/Citizenship papers:_______________________________________________________

  Adoption or guardianship papers:_________________________________________________

  Medical records:_______________________________________________________________

  Marriage:

    • Marriage license:____________________________________________________________

    • Pre-nuptial agreement:_______________________________________________________

    • Divorce or separation agreement:____________________________________________

    • Property Settlement:________________________________________________________

  Computer passwords, location of flash drives, security codes, etc.:__________________

  Home fireproof file access:_______________________________________________________

– **Your bank information?**

  Safe deposit box and keys:_______________________________________________________

  Account statements:

    • Checking:_______________________________________________________________

    • Money market:___________________________________________________________

    • Savings account:________________________________________________________

    • Home equity loan:________________________________________________________

  Credit cards:_______________________________________________________________

  Loan documents:_____________________________________________________________
– **Your investment information?**

Fund account statements:
- Brokerage accounts: ____________________________
- Mutual fund accounts: ____________________________
- On-line Securities transactions accounts: ____________________________
- Retirement plan: ____________________________
- Stock certificates not held in an account: ____________________________

Bearer bonds not held in an account: ____________________________

Beneficiary forms for IRAs, 401(k)s and other benefit plans: ____________________________

Partnerships or other business agreements: ____________________________

Other employee benefits: ____________________________

Deferred compensation agreement documents: ____________________________

– **Your real estate papers?**

Property deeds, titles and abstracts: ____________________________

Mortgage documents: ____________________________

Property and school tax records: ____________________________

Rental and/or lease agreements: ____________________________

Homeowners insurance policies: ____________________________

– **Your other property?**

Automobile Titles: ____________________________

Boat Titles: ____________________________

Provenance and Appraisal of Tangible Personal Property: ____________________________

– **Your life insurance and annuities contracts?**

Life insurance policies: ____________________________

Group life policies: ____________________________
Health and accident ID cards:____________________________________________________________
Long-term health care policy:____________________________________________________________
Commercial annuity statements:__________________________________________________________
Charitable Gift Annuities agreement:______________________________________________________
VA insurance papers:___________________________________________________________________

- The information your family will need?

Medications:__________________________________________________________________________

Contact information:
  • Physician:_______________________________________________________________________
  • Medical Specialist:________________________________________________________________
  • Accountant:_____________________________________________________________________
  • Attorney:_______________________________________________________________________
  • Insurance agent:__________________________
  • Financial advisers:__________________________
  • Veterinarian:__________________________
  • Funeral home:__________________________
  • Clergy or other trusted personal adviser:__________________________

Will:________________________________________________________________________________

Trust documents:_____________________________________________________________________

Funeral instructions:__________________________________________________________________

Pre-paid funeral documents:_____________________________________________________________

Cemetery plot deed or columbarium niche:_________________________________________________

Health Care Proxy (living will):___________________________________________________________

Durable Power of Attorney:______________________________________________________________

Direction for the care of pets:_____________________________________________________________

Important house maintenance/care information/instructions:____________________________________

Business documents/agreements:_________________________________________________________
YOUR INFORMATION

Name: _______________________________________________________________________________
Current Spouse’s/Partner’s Name (including maiden): ________________________________________
Home Address: ________________________________________________________________________
Mailing Address (if different): ________________________________________________________________________
Home/Cell Phone: ________________________________________________________________________
Work Phone: ________________________________________________________________________
Date of Birth and Location: ________________________________________________________________________
Social Security Number: ________________________________________________________________________
Marriage Place and Date: ________________________________________________________________________
Citizenship: ________________________________________________________________________
Drivers License Number and State: ________________________________________________________________________
Military service, branch, years of service: ________________________________________________________________________
Your Spouse’s/Partner’s Date of Birth/Location: ________________________________________________________________________
Your Spouse’s/Partner’s Social Security Number: ________________________________________________________________________
Your Spouse’s/Partner’s Drivers License number and State: ________________________________________________________________________
Name of former spouse/partner: ________________________________________________________________________
Date of Previous Marriage: ________________________________________________________________________
Specify if the marriage terminated by death or divorce: ________________________________________________________________________
Date of divorce, annulment, legal separation or death: ________________________________________________________________________
YOUR PARENTS/SIBLINGS

Parent Name: ____________________________________________
Address: ________________________________________________
City, State, Zip: __________________________________________
Home Phone/Cell: __________________________________________
Email: ___________________________________________________
Date of Birth/Location: _____________________________________
Date of Death: _____________________________________________
Social Security Number: _____________________________________

Parent Name: ____________________________________________
Address: ________________________________________________
City, State, Zip: __________________________________________
Home Phone/Cell: __________________________________________
Email: ___________________________________________________
Date of Birth/Location: _____________________________________
Date of Death: _____________________________________________
Social Security Number: _____________________________________

Living Siblings

Name: __________________________________ Name: ____________
Address: __________________________________ Address: ____________
Date of Birth: ___________________________ Date of Birth: ____________

Name: __________________________________ Name: ____________
Address: __________________________________ Address: ____________
Date of Birth: ___________________________ Date of Birth: ____________
YOUR CHILDREN/DEPENDENTS

First Child’s Name/Phone Number: ________________________________
Date of Birth/Location: __________________________________________
Location of Birth Certificate: _____________________________________
Location of Adoption Documents: ________________________________
Social Security Number: ________________________________
Driver’s license number and state: ________________________________

Second Child’s Name/Phone Number: ________________________________
Date of Birth/Location: __________________________________________
Location of Birth Certificate: _____________________________________
Location of Adoption Documents: ________________________________
Social Security Number: ________________________________
Driver’s license number and state: ________________________________

Third Child’s Name/Phone Number: ________________________________
Date of Birth/Location: __________________________________________
Location of Birth Certificate: _____________________________________
Location of Adoption Documents: ________________________________
Social Security Number: ________________________________
Driver’s license number and state: ________________________________

Fourth Child’s Name/Phone Number: ________________________________
Date of Birth/Location: __________________________________________
Location of Birth Certificate: _____________________________________
Location of Adoption Documents: ________________________________
Social Security Number: ________________________________
Driver’s license number and state: ________________________________
Children of your current spouse/partner from a previous marriage/relationship

First Child’s Name/Phone Number: __________________________________________________________
Date of Birth/Location: ___________________________________________________________________
Location of Birth Certificate: _______________________________________________________________
Location of Adoption Documents: ___________________________________________________________
Social Security Number: __________________________________________________________________
Driver’s license number and state: __________________________________________________________

Second Child’s Name/Phone Number: ______________________________________________________
Date of Birth/Location: ___________________________________________________________________
Location of Birth Certificate: _______________________________________________________________
Location of Adoption Documents: ___________________________________________________________
Social Security Number: __________________________________________________________________
Driver’s license number and state: __________________________________________________________

List any persons, other than minor children who are partially or wholly dependent upon either you or
your spouse now or possibly in the future

Dependent’s Name:_____________________________________________________________________
Address: _____________________________________________________________________________
Relationship: _______________________________

Dependent’s Name:_____________________________________________________________________
Address: _____________________________________________________________________________
Relationship: _______________________________

Grandchildren

Name: ___________________________________  Name: _____________________________________
Address:__________________________________  Address: ___________________________________
Date of Birth: _____________________________  Date of Birth: _______________________________
Name: ___________________________________ Name: _____________________________________
Address:__________________________________ Address: ___________________________________
Date of Birth: _____________________________ Date of Birth: _______________________________

Name: ___________________________________  Name: _____________________________________
Address:__________________________________  Address: ___________________________________
Date of Birth: _____________________________  Date of Birth: _______________________________

YOUR PETS

Type:_________________________________________________________________________________
Name:__________________________________V et contact Information:__________________________
Care Needs:____________________________________________________________________________

Type:_________________________________________________________________________________
Name:__________________________________V et contact Information:__________________________
Care Needs:____________________________________________________________________________

EMPLOYER INFORMATION

Current/Most Recent Employer(s)

Company Name:_______________________________________Phone Number:____________________
Current Benefits:________________________________________________________________________
Position:_____________________________________________Start date(end date, if retired)__________

Previous Employer(s)

Company Name:_______________________________________Phone Number:____________________
Current Benefits:________________________________________________________________________
Position:_____________________________________________Start date and end date _____________
Company Name:_______________________________________ Phone Number:____________________

Current Benefits:________________________________________________________________________

Position:_____________________________________________ Start date and end date_______________

LEGAL AND FINANCIAL ADVISERS

Name of Attorney:______________________________________________________________________
Firm:_________________________________________________________________________________
Address:______________________________________________________________________________
Phone:______________________________________ Email:____________________________________

Name of Accountant:____________________________________________________________________
Firm:_________________________________________________________________________________
Address:______________________________________________________________________________
Phone:______________________________________ Email:____________________________________

Name of Financial Adviser:_______________________________________________________________
Firm:_________________________________________________________________________________
Address:______________________________________________________________________________
Phone:______________________________________ Email:____________________________________

Name of Insurance Agent:________________________________________________________________
Firm:_________________________________________________________________________________
Address:______________________________________________________________________________
Phone:______________________________________ Email:____________________________________

Other Adviser

Name of Adviser:______________________________________________________________________
Firm:_________________________________________________________________________________
Address:______________________________________________________________________________
Phone:______________________________________ Email:____________________________________
ASSETS AND LIABILITIES

ASSETS:

Cash (savings, money market and checking accounts, CDs)

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Institution</th>
<th>Name(s) on Account</th>
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Safe Deposit Box

<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Name(s) on Box</th>
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</table>

Real Estate

Description and location of property | Name(s) on Title
-------------------------------------|------------------|
-------------------------------------|------------------|
-------------------------------------|------------------|
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Stock, Bonds, Mutual Funds (non-retirement investments)

Description (XYZ Brokerage) | Name(s) on Account
--------------------------------|------------------|
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### Personal Assets (automobiles, jewelry, furniture, art work, boats, collections, etc.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Owner(s)</th>
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### Life Insurance

- **Name of Company:** __________________________  **Insured:** __________________________
- **Beneficiaries:** __________________________________________________________________
- **Face Amount:** __________  **Owner(s) of policy:** __________________________

- **Name of Company:** __________________________  **Insured:** __________________________
- **Beneficiaries:** __________________________________________________________________
- **Face Amount:** __________  **Owner(s) of policy:** __________________________

- **Name of Company:** __________________________  **Insured:** __________________________
- **Beneficiaries:** __________________________________________________________________
- **Face Amount:** __________  **Owner(s) of policy:** __________________________

### Annuities

- **Description:** __________________________  **Annuitant:** __________________________
- **Beneficiaries:** __________________________________________________________________
- **Present Value:** __________
<table>
<thead>
<tr>
<th>Description</th>
<th>Annuitant</th>
<th>Beneficiaries</th>
<th>Present Value</th>
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</thead>
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<tr>
<th>Description</th>
<th>Annuitant</th>
<th>Beneficiaries</th>
<th>Present Value</th>
</tr>
</thead>
</table>

**Retirement Benefits (pensions, profit sharing, IRAs, Keoghs, 401(k), 403(b), etc.)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Beneficiary</th>
<th>Owned by you</th>
<th>Owned by Spouse</th>
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**Business Interest**

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<th>Business name and address</th>
<th>Estimated Value</th>
<th>Owner(s)</th>
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**Other Assets**

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<tr>
<th>Description</th>
<th>Owner(s)</th>
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</table>
LIABILITIES:

**Mortgages**

<table>
<thead>
<tr>
<th>Description of Property</th>
<th>Name of Creditor</th>
<th>Debtor(s)</th>
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**Loans (Bank, Auto, personal, etc)**

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<tr>
<th>Description</th>
<th>Name of Creditor</th>
<th>Debtor(s)</th>
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**All other liabilities**

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<th>Description</th>
<th>Debtor(s)</th>
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<tr>
<td>ESTATE DOCUMENTS</td>
<td></td>
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</tbody>
</table>
| Do you have a will?  
   __Yes  __No |
| Are you the creator or beneficiary of any trust?  
   __Yes  __No |
| Document Title: ____________________________________________ |
| Date Prepared: ____________________________ |
| Prepared by (name, title, contact information): ____________________________________________ |
| Executor or trustee: ____________________________________________________________________ |
| Alternate executor or trustee: ____________________________________________________________ |
| Additional Notes: ______________________________________________________________________ |

| Document Title: ____________________________________________ |
| Date Prepared: ____________________________ |
| Prepared by (name, title, contact information): ____________________________________________ |
| Executor or trustee: ____________________________________________________________________ |
| Alternate executor or trustee: ____________________________________________________________ |
| Additional Notes: ______________________________________________________________________ |

| Have you signed a financial durable power of attorney?  
   __Yes  __No |
| Document Title: ____________________________________________ |
| Date Prepared: ____________________________ |
| Prepared by (name, title, contact information): ____________________________________________ |
| Agent’s name: _________________________________________________________________________ |
| Alternate: __________________________________________________________________________ |
Do you have a living will?  __ Yes  __ No
Date Prepared:______________________________

Do you have a health care power of attorney?  __ Yes  __ No
Have you named a health care agent—a person to supervise your care if you are unable to do so?  __ Yes  __ No
Agent’s Name:____________________________________________________________________________
Alternatives:____________________________________________________________________________
Document Title:____________________________________________________________________________
Date Prepared:______________________________
DISTRIBUTION OF ESTATE

(per your Will/Trust Provisions and/or Beneficiary Designations)

To Spouse/Partner:
Description of asset or percentage of estate
_____________________________________________________________________________________
_____________________________________________________________________________________

To other beneficiaries
Description of asset or percentage of estate | Name of Beneficiary/Relationship/Address
_______________________________________ | ________________________________________
_______________________________________ | ________________________________________
_______________________________________ | ________________________________________
_______________________________________ | ________________________________________
_______________________________________ | ________________________________________
_______________________________________ | ________________________________________

To Charitable Organizations *
Name and address of charitable organization | Percentage of net estate, dollar amount, specific asset
_______________________________________ | ________________________________________
_______________________________________ | ________________________________________
_______________________________________ | ________________________________________

*In order for charities to use your estate gifts as you intend, you may want to have a confidential conversation with each of the organizations.
# Residue of Estate

<table>
<thead>
<tr>
<th>Name and address of individual beneficiaries</th>
<th>Percentage of residuary estate</th>
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<table>
<thead>
<tr>
<th>Name and address of charitable beneficiaries*</th>
<th>Percentage of residuary estate</th>
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*In order for charities to use your estate gifts as you intend, you may want to have a confidential conversation with each of the organizations.

The information in this publication is not intended as legal advice. For legal advice, please consult an attorney.
NOTES