# TAKE CHARGE!

Your Estate Planning Guide and Organizer



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# Introduction

Let's start with a simple question: do you really need an estate plan? The simple answer is "yes," unless you are willing to relinquish to others — who may be perfect strangers — the decisions about your family, your bank accounts, your investments, your care, and anything else important to you. To be candid, putting an estate plan in place requires some effort. But like those seemingly daunting projects you may confront at work and in the home, once done you will feel a sense of



accomplishment and even relief. And you will have given your loved ones the gift of stability should an unanticipated event make you absent from their lives.

There are several benefits to making an estate plan:

- Peace of Mind for You an estate plan is designed to provide for you during life should the unforeseen (your incapacity) happen and for your family when the foreseen (your passing) does occur.
- Peace of Mind for Your Family an estate plan and documents will help guide your family if they need to make difficult decisions about your care and provide the authority they might need to do so, and to know what to do when you are gone. Consider your plan a final gift to your family and other loved ones at the very time they need it the most.
- ▶ **Distribution That You Want** without an estate plan of some type, the laws of your state determine what happens to your property. This is called *intestate succession* (property inheritance when there is no will). Very likely the distributions it dictates will NOT be the ones you would have chosen. And no state distribution law provides for gifts to friends or charities, or makes provisions for your pets. Make sure what you've earned and accumulated in your lifetime goes to help those you love and causes you care about.

- Provisions for Your Family an estate plan is especially important if you have minor children, as it will name a guardian to care for your children and in many instances establishes a trust to help ensure their financial well-being.
- ► Financial Wisdom a good estate plan will help streamline the distribution process, minimize administrative costs, and possibly reduce taxes that might otherwise be owed. That means you leave the most you can to the people you love and the causes you care about.

In this booklet, we will first spend some time talking about the key elements of an estate plan, the documents you should have, and some charitable giving ideas you might want to incorporate into your estate plan. Then you'll have the opportunity to record personal and financial information that you need to share with your family and to create your estate plan. (Note: If you are married or have a partner, it will be most helpful if each of you complete separate information inventories.) Finally, we end with some frequently asked questions and answers.

Let's get started.



# Key Elements of an Estate Plan

#### DOCUMENTS RELATED TO YOUR FINAL WISHES

- Will. A valid will is generally typed, dated, and signed by you, as well as two legally competent witnesses. States differ as to whether a handwritten will, with or without witnesses, is valid.
- Revocable Living Trust. This can be used instead of a will as the main document to distribute your property. You might hear it referred to as a "living trust" or "RLT." The trust is created while you are living, most often people serve as their own trustee, and the power to change and even revoke it can be retained. The living trust becomes irrevocable upon your death. A living trust requires that you actually transfer your property into it for it to be effective.

There are pros and cons with each approach, and an estate planning attorney can advise you as to which is best for your situation.

Note: Even if you decide upon a revocable living trust, you should still have what is called a "pour-over" will. It catches any property that was, intentionally or inadvertently, left out of the trust during your life and is not transferred in another way. While this property will still need to go through probate, it will eventually be distributed according to your trust instructions instead of being distributed under state law provisions.



- Beneficiary Designations. These are the forms you fill out when you do things like open a bank or stock brokerage account, establish an IRA or other type of retirement plan, purchase a commercial annuity or life insurance policy. They indicate who will receive whatever remains upon your passing (or the death benefit in the case of life insurance).
- Form of Ownership. Jointly owned property that is "jointly owned with right of survivorship" passes directly to the surviving joint owner regardless of what the will or living trust might provide. This is most often seen with real estate but can involve other types of property as well. If you live in a community property state, your half of the community property will pass automatically to your spouse.

These latter two means of passing property can have a profound impact on how your overall estate is distributed and should be considered as part of any coordinated plan.

#### DOCUMENTS PROVIDING FOR PHYSICAL OR MENTAL INCAPACITY

- Power of Attorney (POA) for financial matters. This document grants to someone you trust the ability to act on your behalf for a variety of potential transactions and responsibilities. When the POA becomes effective, the extent of the authority granted can be tailored to your particular desires.
- **Power of Attorney** for health care decisions. This document appoints someone to make decisions for you regarding medical treatment if you are not able to do so. It allows you to specify who is in charge of making critical treatment decisions and, perhaps more importantly, who does not have that authority.
- Health Care Directive. Sometimes referred to as an "advance directive" or "living will" (not to be confused with a living trust), this specifies the type of end-of-life treatment you want to receive. It is a directive to the physicians treating you and for the person holding your Health Care Power of Attorney.
- Physician's Order for Life Sustaining Treatment (POLST). This allows for your doctor, working with you, to document for the benefit of health care providers your wishes regarding resuscitation and other life-sustaining procedures.

If you have any questions about our estate planning guide, or you would like to learn more about how your gift can help Museum of Science, please contact us at:

- call 617-589-4417
- email giftplanning@mos.org

# Steps to Having an Estate Plan

Depending on your situation, creating an estate plan doesn't have to be overly difficult or expensive. Here are some practical steps to get you started:

- 1. Take inventory of what you own. List all of your assets and their approximate value. Include pertinent information about each asset. There is a section later in this booklet for just this purpose.
- 2. Make a list of tangible personal property, such as jewelry, dishes, books, furniture items other than real estate and investments and who is to receive each item upon your passing. You may want to maintain this as a separate list rather than designating this in your will, for maximum flexibility.
- 3. Make a list of all your electronic devices, along with the passwords needed to access the information. Then make a list of all digital accounts with a coordinated list of passwords. Place the lists in a secure place known to your fiduciary and possibly one other trusted individual. Give written instructions for what you want to happen to your social media accounts. Do you want them to continue or to be taken down? Make sure your power of attorney gives your fiduciary the right to access your electronic devices and digital accounts.
- 4. Think about your goals for your estate plan, for example, who you want to benefit, how you want to treat each of your children, any special needs that you want to provide for, what happens if you and your spouse both pass away close in time, and if there are charities or organizations you want to remember. Your attorney will most likely ask you about goals you didn't consider, but at least you'll have a head start on those that are most top-of-mind.
- 5. Consider whom you would like to name as your agents e.g., the executor of your will or the trustee of your trust, the person to hold your power(s) of attorney and gather pertinent information about them. There is also a section in this booklet for that purpose.

- 6. Go see an attorney, preferably one who specializes in estate planning. If you don't have one or know of one to call, ask us for referrals or check with family, friends, or co-workers for recommendations.
- 7. Follow through on whatever actions are decided upon in the meeting with your attorney. Rely on the advice of your attorney and other professional advisors as you make your decisions.
- 8. Share your plans with others. Key documents are of little or no value if no one knows what they say or where to find them when they are needed. This is especially true for the person(s) you have designated to serve as your personal administrator/executor under your will or the trustee of your living trust. It's also important to give loved ones at least a general sense of what to expect, so that there won't be surprises later on.
- 9. Rest assured that you have made good decisions and have a plan in place.







# Consider Your Charitable Legacy

You may have charities that you believe in strongly, and you may have supported these organizations throughout your lifetime. Making a gift provision to one or more charitable organizations in your estate can be a natural extension of that support. You might be surprised at how much you can leave or the personal and other family goals you can achieve with a charitable gift.

**Bequest.** This is a gift made through your will or living trust. You can leave a specified amount of money, a particular piece of property, or all or a portion of the "residual" of your estate (what remains after your final expenses, debts, and specific gifts are paid). You can also make such a gift contingent. A contingency ensures your wishes are carried out even though your circumstances may have changed since you wrote your will or living trust. See page 27.

Beneficiary Designation Gift. Just as you designate individuals to receive certain assets directly as your named beneficiary, you can name a charity to receive all or part of the assets controlled by your beneficiary designations. Beneficiary designations are most commonly associated with IRAs and other retirement plan assets and life insurance policies, but it can

also work with assets such as checking and savings accounts, brokerage accounts, and commercial annuities. Designating charity as a beneficiary of your IRAs and other retirement plans is a tax-smart gifts since we are a tax-exempt organization. By contrast, if you leave IRAs and other retirement plans to heirs, distributions from these accounts are taxable to individuals.

In addition to leaving a final legacy, beneficiary designations have the advantage of being flexible (give as little or as much as you like), revocable (generally they can be changed at any time), and perhaps most importantly, they leave the assets under your control should you need them during your lifetime.

A beneficiary designation gift to charity is eligible for an unlimited estate tax charitable deduction if your estate is subject to taxation.

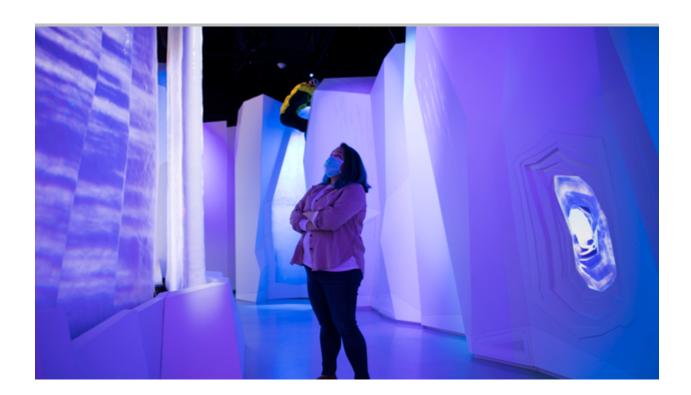


Charitable Gift Annuity. This is a simple way to make a gift and receive fixed payments for life in return. In addition, you receive an income tax charitable deduction and the payments are partly tax-free. A gift annuity is arranged directly with the charity you wish to support. Once the payment obligation is met, the charity can use the remaining amount in its programs.

Charitable Remainder Trust. This is another way to support your favorite cause and receive tax benefits while securing an income for yourself and/or family members. A charitable remainder trust is an especially attractive gift if you would like to sell an appreciated asset (e.g, real estate held for investment purposes), and generate income from the sale without paying capital gains tax.

Charitable Lead Trust. A lead trust is the opposite of a remainder trust. The charity receives the payments first for each year the trust is in existence, and at the end of the trust term, what is left is returned to you or to your heirs. This can be an excellent way to transfer substantial assets to your children while minimizing gift and estate taxes.

**Retained Life Estate.** You can give your home or farm to charity and continue living in it for the rest of your life. You have the satisfaction of knowing that this generous gift has been completed and the added benefit of saving on income taxes with the charitable deduction you will receive.



# **Essential Information Organizer**

(Contains confidential and sensitive information — keep in a secure location)

This questionnaire is designed to help you organize your important information. This will in turn help you when you see an attorney to prepare your will and other key planning documents. It will also help your loved ones at a time when they need it the most — if you are no longer able to make decisions for yourself or if you have passed away.

While it will take some time to complete, the time couldn't be better spent. While death (and taxes) is a certainty, when it will happen is not, and there are other uncertainties in life. Imagine the peace of mind that will come from knowing you have done all that you can do for yourself and your loved ones to be prepared for the unexpected. Gathering information is your first step in this process.

| Date:              |            |
|--------------------|------------|
| I. You and You     | ur Family  |
| You                |            |
| Full Legal Name    |            |
| Maiden Name (if ap | pplicable) |
| Address 1          |            |
| Address 2          |            |
| Phone              |            |
| Email              |            |

| Date of Birth   | Place of Birth                                     |
|---|--|
| Social Security Number  |  |
| Driver's License (state and num.  | ner)   |
| Marital Status: Single  | ☐ Married ☐ Widowed ☐ Divorced ☐ Legally Separated |
| If married, place and date of   | narriage   |
| Do you have a prenuptial agr  | eement? Yes No                                     |
| If widowed, divorced, or legal  | y separated, what date did this occur?             |
| Are you a U.S. citizen or a La  | wful Permanent Resident?                           |
| ☐ No ☐ Born in the U☐ Lawful Permanent Re   | .S. Naturalized (date and place)esident            |
| Are You: Employed   | Retired  |
| Current or Most Recent Emp  | oyer   |
| Name  |  |
| Phone   |  |
| Supervisor  |  |
| Position  | Start Date End Date                                |
| Company Benefits  |  |
| Military Service  |  |
| Branch  |  |
| Service Dates   |  |
| Military Identification #   |  |
| Check what planning documents will Provided From the Care Directive Physician's Order for Later Treatment (POLST) | Personal Property Inventory                        |

| Your Spouse  |
|--|
| Full Legal Name  |
| Maiden Name (if applicable)  |
| Address 1  |
| Address 2  |
| Phone  |
| Email  |
| Date of Birth Place of Birth   |
| Social Security Number   |
| Driver's License (state and number)  |
|  |
| Status       — Is your spouse a U.S. citizen or a Lawful Permanent Resident?         ☐ No       ☐ Born in the U.S.       ☐ Naturalized (date and place)         ☐ Lawful Permanent Resident       ☐ Other Citizenship? |
| Check what planning documents you have and their location:   |
| Will   |
| Revocable Living Trust   |
| Health Care Directive  |
| Physician's Order for Life Sustaining Treatment (POLST)  |
| Power of Attorney — Financial  |
| Power of Attorney — Health   |
| Personal Property Inventory  |
|  |
| Your Children  |
| First Child  |
| Full Legal Name  |
| Address 1  |
| Address 2  |
| Phone  |
| Email  |
| Date of Birth Place of Birth   |
| Social Security Number   |
| Driver's License (state and number)  |
| Status ☐ Dependent ☐ Adopted ☐ Previous Marriage ☐ Special Needs ☐ Decease   |
| Date of adoption or death  |

| Second Ch       | hild                             |                       |          |
|-----------------|----------------------------------|-----------------------|----------|
| Full Legal N    | ame                              |                       |          |
| Address 1       |                                  |                       |          |
| Address 2       |                                  |                       |          |
| Phone           |                                  |                       |          |
| Email           |                                  |                       |          |
| Date of Birth   | Place of Birth                   |                       |          |
| Social Secu     | rity Number                      |                       |          |
| Driver's Lice   | ense (state and number)          |                       |          |
| <u>Status</u>   | ☐ Dependent ☐ Adopted ☐ Previous |                       | Deceased |
| Date            | e of adoption or death           |                       |          |
| (Add additional | pages as needed.)                |                       |          |
| Your Grand      | lchildren                        |                       |          |
| First Gran      | dchild                           |                       |          |
| Full Legal N    | ame                              |                       |          |
| Parents' Nar    | mes                              |                       |          |
| Address 1       |                                  |                       |          |
| Address 2       |                                  |                       |          |
| Phone           |                                  |                       |          |
| Email           |                                  |                       |          |
| Date of Birth   | n Place of Birth                 |                       |          |
| Social Secu     | rity Number                      |                       |          |
| Driver's Lice   | ense (state and number)          |                       |          |
| <u>Status</u>   | ☐ Dependent ☐ Special Needs ☐ ☐  | eceased Date of death |          |

(Add additional pages as needed.)

## **Your Parents**

| N/I | <b>~</b> + | h | _ |   |
|-----|------------|---|---|---|
| IVI | ΟL         | Ш | e | I |

| Full Legal Name                     |                |  |
|-------------------------------------|----------------|--|
| Address 1                           |                |  |
| Address 2                           |                |  |
| Phone                               |                |  |
| Email                               |                |  |
| Date of Birth                       | Place of Birth |  |
| Social Security Number              |                |  |
| Driver's License (state and number) |                |  |
| Date of Death                       | Resting Place  |  |
| Father                              |                |  |
| Full Legal Name                     |                |  |
| Address 1                           |                |  |
| Addross 2                           |                |  |
| Phone                               |                |  |
| Email                               |                |  |
| Date of Birth                       | Place of Birth |  |
| Social Security Number              |                |  |
| Driver's License (state and number) |                |  |
| Date of Death                       | Resting Place  |  |
| Your Pets                           |                |  |
| First Pet                           |                |  |
| Name                                |                |  |
| Description                         |                |  |
| Vet Contact Information             |                |  |
| Food/Medicine/Special Instructions  |                |  |
| Second Pet                          |                |  |
| Name                                |                |  |
| Description                         |                |  |
| Vet Contact Information             |                |  |
| Food/Medicine/Special Instructions  |                |  |
|                                     |                |  |

## **II. Professional Advisors**

(Add additional pages as needed.)

| ☐ Physician          |       |   |
|----------------------|-------|---|
| Name                 |       | _ |
| Practice/Compa       | any   |   |
| Contact Informa      | ation |   |
| ☐ Dentist            |       |   |
| Name                 |       |   |
| Practice/Compa       | any   |   |
| Contact Informa      | ation |   |
| ☐ Attorney           |       |   |
| Name                 |       |   |
| Practice/Compa       | any   |   |
| Contact Informa      | ation |   |
| ☐ Financial Planner  |       |   |
| Name                 |       |   |
| Practice/Compa       | any   |   |
| Contact Informa      | ation |   |
| ☐ Accountant         |       |   |
| Name                 |       |   |
| Practice/Compa       | any   |   |
| Contact Informa      | ation |   |
| ☐Broker              |       |   |
| Name                 |       |   |
| Practice/Compa       | any   |   |
| Contact Informa      | ation |   |
| ☐ Life Insurance Age | nt    |   |
| Name                 |       |   |
| Practice/Compa       | any   |   |
| Contact Informa      | ation |   |
| Other                |       |   |
|                      |       |   |
|                      |       |   |

# **III. Financial Information**

| ☐ Tax Records                       |                |
|-------------------------------------|----------------|
| Location                            |                |
| Preparer Name                       |                |
| Contact Information                 |                |
|                                     |                |
| ☐ Safety Deposit Box(es)            |                |
| Location/Institution                |                |
| Address                             |                |
| Box Number                          |                |
| Key Location                        |                |
| Who Has Access Authority? .         |                |
|                                     |                |
| ☐ Social Security Payments          |                |
| Deposited to Account                |                |
| Bank Name                           |                |
| Bank City/State                     |                |
| Phone Number                        |                |
| Account Number                      |                |
|                                     |                |
| ☐ Pension Information               |                |
| Type of Plan                        |                |
| Company Name                        |                |
| Address                             |                |
| Benefit Value                       |                |
| Named Beneficiary -                 |                |
| -                                   |                |
| ☐ Insurance Policies — Disability/A | ccident/Health |
| Туре                                |                |
| Company                             |                |
| Contact Info                        |                |
| Policy#                             |                |

# **IV. Assets and Debts**

#### Assets

| Cash (checking, savings, money market, CDs)                 |        |
|---|--------|
| Туре  |        |
| Bank Name/Location  |        |
| Account #   |        |
| Maturity Date   |        |
| Owned by You Alone \$                                       |        |
| Owned Jointly with Spouse \$                                |        |
| If co-owner is someone other than a spouse, note here:      |        |
|   |        |
| Securities (stocks, bonds, mutual funds, savings bonds)     |        |
| Description   |        |
| Location/Firm   |        |
| Number of Shares  |        |
| Owned by You Alone \$                                       |        |
| Owned Jointly with Spouse \$                                |        |
| If co-owner is someone other than a spouse, note here:      |        |
| My securities broker is:                                    |        |
| Name  |        |
| Firm  |        |
| Address/Phone   |        |
|   |        |
| Business Interests (Closely Held Stock, Partnerships, LLC L | Jnits) |
| Business Name   |        |
| Location  |        |
| Number of Shares/Percent                                    |        |
| Owned by You Alone \$                                       |        |
| Owned Jointly with Spouse \$                                |        |
| If co-owner is someone other than a spouse, note here:      |        |
|   |        |
| Real Estate   |        |
| Description   |        |
| Address   |        |
| Date Purchased  |        |
| Owned by You Alone \$                                       |        |
| Owned Jointly with Spouse \$                                |        |
| If co-owner is someone other than a spouse, note here:      |        |
|   |        |

| Life Insurance/Annuities      |   |
|-------------------------------|---|
| Description                   |   |
| Name of Company               |   |
| 1 1/4 '4 4                    |   |
| Beneficiary                   |   |
| Policy#                       |   |
| Owned by You Alone            | \$  |
| Owned Jointly with Spouse     | \$  |
| If co-owner is someone other  | er than a spouse, note here:                        |
| Retirement Assets (IRAs, 401) | (k), 403(b), etc.)                                  |
| Description                   |   |
| Custodian Name/Address        |   |
| Beneficiary                   |   |
| Owned by You Alone            | \$  |
| Owned Jointly with Spouse     | \$  |
|                               | er than a spouse, note here:                        |
| Description                   | s held, accounts, or notes receivable)              |
| Debtor Name/Address           |   |
| Owned by You Alone            | \$  |
| Owned Jointly with Spouse     | \$  |
| If co-owner is someone other  | er than a spouse, note here:                        |
|                               |   |
| Other Income Producing Ass    | ets (patents, royalties, copyrights, etc.)          |
| Description                   |   |
| Company                       |   |
| Owned by You Alone            | \$  |
| Owned Jointly with Spouse     | \$  |
| If co-owner is someone other  | er than a spouse, note here:                        |
|                               |   |
| Tangible Personal Property (  | cars, jewelry, antiques, boats, collections, tools) |
| Description                   |   |
| Date of Purchase              |   |
| Owned by You Alone            | \$  |
| Owned Jointly with Spouse     | \$  |
| If co-owner is someone othe   | er than a spouse, note here:                        |

## Debts

| Mortgages (first and second, h  | home equity)                      |
|---|-----------------------------------|
| Description/Loan #  |                                   |
| <b>~</b>  |                                   |
|   | \$                                |
| Owed Jointly with Spouse  | \$                                |
| If co-debtor is someone other   | er than a spouse, note here:      |
|   |                                   |
| Loans (insurance, bank, perso   | ·                                 |
| Description/Loan #  |                                   |
| One dite = Nie == =   |                                   |
| Owed by You Alone   | \$                                |
| Owed Jointly with Spouse  | \$                                |
| If co-debtor is someone other   | er than a spouse, note here:      |
|   |                                   |
|   |                                   |
| Credit Cards  |                                   |
|   |                                   |
|   |                                   |
| Description/Account # Creditor Name   |                                   |
| Description/Account # Creditor Name   | \$                                |
| Description/Account # Creditor Name Owed by You Alone Owed Jointly with Spouse  | \$                                |
| Description/Account # Creditor Name Owed by You Alone Owed Jointly with Spouse  | \$<br>\$                          |
| Description/Account # Creditor Name Owed by You Alone Owed Jointly with Spouse  | \$s  er than a spouse, note here: |
| Description/Account # Creditor Name Owed by You Alone Owed Jointly with Spouse If co-debtor is someone other All Other Debts or Obligation  | \$ser than a spouse, note here:s  |
| Description/Account # Creditor Name Owed by You Alone Owed Jointly with Spouse If co-debtor is someone othe  All Other Debts or Obligation Description/Loan #                                 | \$ser than a spouse, note here:   |
| Description/Account # Creditor Name Owed by You Alone Owed Jointly with Spouse If co-debtor is someone othe  All Other Debts or Obligation Description/Loan #                                 | \$ser than a spouse, note here:   |
| Description/Account # Creditor Name Owed by You Alone Owed Jointly with Spouse If co-debtor is someone othe  All Other Debts or Obligation Description/Loan # Creditor Name Owed by You Alone | \$ser than a spouse, note here:   |



## V. Agents

| Executor                          |                                    |                   |
|-----------------------------------|------------------------------------|-------------------|
| Name                              |                                    |                   |
| A d d = 2 2 1                     |                                    |                   |
| Address 2                         |                                    |                   |
| Phone                             | Email                              |                   |
| Relationship, if not spouse       |                                    |                   |
|                                   |                                    |                   |
| Alternate Executor                |                                    |                   |
| Name                              |                                    |                   |
| Address 1                         |                                    |                   |
| Address 2                         |                                    |                   |
| Phone                             | Email                              |                   |
|                                   |                                    |                   |
|                                   |                                    |                   |
| Guardian (if you have minor ch    | ildren)                            |                   |
| Note: If there are two parents, ι | isually the first named guardian w | ∕ill be a spouse. |
| Name                              |                                    |                   |
| Address 1                         |                                    |                   |
| Address 2                         |                                    |                   |
| Phone                             | Email                              |                   |
| Relationship                      |                                    |                   |
|                                   |                                    |                   |
| Alternate Guardian                |                                    |                   |
| Name                              |                                    |                   |
| Address 1                         |                                    |                   |
| Address 2                         |                                    |                   |
| Phone                             | Email                              |                   |
| Relationship                      |                                    |                   |
|                                   |                                    |                   |
| Power of Attorney — Health 0      | are                                |                   |
| Name                              |                                    |                   |
| Address 1                         |                                    |                   |
| Address 2                         |                                    |                   |
| Phone                             | Email                              |                   |
| Relationship, if not spouse       |                                    |                   |

# Alternate Power of Attorney — Health Care Name Address 1 Address 2 Email \_\_\_\_\_ Phone Relationship \_\_ Power of Attorney — Financial Name Address 1 Address 2 \_\_\_\_\_ Email \_\_\_\_\_ Phone Relationship, if not spouse \_\_\_\_\_ Alternate Power of Attorney — Financial Name Address 1 Address 2 Email Phone Relationship



# **VI. Final Instructions**

| Body, Organ, Tissue Donation   |
|--|
| I wish to donate my body, organs, or tissue ☐ Yes ☐ No                                   |
| If yes, please describe your intention   |
|  |
|  |
| Funeral Instructions   |
| Funeral Home   |
| Funeral Arrangements   |
| ☐ Cremation ☐ Burial ☐ Body Donation   |
| ☐ I have prepaid funeral arrangements with <i>(company, address, phone, amount paid)</i> |
|  |
|  |
|  |
|  |
|  |
|  |
| Preferred resting place  |
| Preferred funeral and burial/cremation instructions                                      |
| Obituary (what you would like included)  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
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# **Personal Statement to Loved Ones** (Take a few moments to think about what you want say to those you love that a will or living trust doesn't convey: what you feel is important in life, how you would like to be remembered, what you would like the next generation to know or, perhaps, simply what makes you happy.) **Distribution of Estate** (If your state allows it, you can create a separate list for gifts of tangible personal property that can easily be changed and updated, see pg. 26.) **Gifts to Spouse** Description of Asset/Percent of Estate Contingent Beneficiary Name/Address

| Gifts to Heirs/Others                  |
|--|
| Description of Asset/Percent of Estate |
|  |
|  |
|  |
|  |
|  |
|  |
| Beneficiary Name/Relationship/Address  |
|  |
| (Add additional pages as needed.)      |
| Gifts to Charity                       |
| Legal Name of Charity/Tax ID #         |
| Location                               |
| Amount \$                              |
| OR Percent of Net Estate               |
| OR Description of Asset                |
| (Add additional pages as needed.)      |
| Residue of Estate                      |
| Individual Beneficiaries               |
| Name                                   |
| Address                                |
| Percent of Residue                     |
| Charitable Beneficiaries               |
| Legal Name/Tax ID #                    |
| Address                                |
| Demont of Decidue                      |

## **Gifts of Tangible Personal Property**

This list includes personal items that can easily be moved, such as furniture, books, jewelry, kitchen goods, china, clothes, art, and the like. If the items have a high financial value, talk with your attorney about the best way to transfer them. Whenever you update this list, make sure to make a copy and give the original to your executor or your attorney.

| Description | Recipient | Contact Information |
|-------------|-----------|---------------------|
| 1           |           |                     |
|             |           |                     |
|             |           |                     |
| 3.          |           |                     |
| 4           | _         |                     |
|             |           |                     |
| 5           | - ·       |                     |
| 6.          |           |                     |
|             |           |                     |
| 7           | _         |                     |
|             |           |                     |
|             |           |                     |
| 9           | -         |                     |
| 10.         | _         |                     |
|             |           |                     |
| 11          |           |                     |
| 12.         |           |                     |
|             |           |                     |
|             |           |                     |
| Signature:  |           | Date:               |
|             |           |                     |

## Charitable Gifts — Sample Bequest Language

You may wish to include a charity in your will or living trust. If so, this is sample bequest language to share with your attorney.

#### Gift of Cash

| I give to Museum of Science, 1 Science Park, Boston, MA 02114-1099, Federal Tax Identification |
|--|
| Number: 04-2103916, or its successor organization, the sum of                                  |
| (\$)   |
| to be used for its general purposes [or specify a different use].                              |

#### **Gift of Property**

I give to Museum of Science, 1 Science Park, Boston, MA 02114-1099, Federal Tax Identification Number: 04-2103916, or its successor organization, [description of property] to be used for its general purposes [or specify a different use].

#### Gift of a Percent of the Net Estate

I give to Museum of Science, 1 Science Park, Boston, MA 02114-1099, Federal Tax Identification Number: 04-2103916, or its successor organization, all (or stated percentage) of the rest, residue, and remainder of my estate to be used for its general purposes [or specify a different use].

#### **Contingent Gift**

If my [name of primary beneficiary] does not survive me, or shall die within ninety (90) days from the date of my death, or as a result of a common disaster, then I give to Museum of Science, 1 Science Park, Boston, MA 02114-1099, Federal Tax Identification Number: 04-2103916, or its successor organization, [describe cash, property or percentage of residual estate] to be used for its general purposes [or specify a different use].

#### **NEXT STEPS:**

To receive further information and assistance on estate planning, or to learn more about how your gift can help Museum of Science, please contact us at:

- call 617-589-4417
- · email giftplanning@mos.org

# Frequently Asked Questions

### Do I need to have an estate plan?

Yes. Regardless of the size of your estate, you still want your assets to go to those you love and care for, and you want to be assured that your wishes are carried out. But a good estate plan does far more than that. It cares for you, as well as your things. It grants a Power of Attorney for financial and health matters should you become incapacitated and states your wishes regarding final medical care. Your estate documents become a last expression of what you have valued in your life, expressed through a personal statement and by what you leave to whom. By being thoughtful and organized about your affairs, you will have left a final, loving gift to your family and friends.

#### Do I need to see an attorney?

Yes. Estate planning is a very complex area of the law and shouldn't be left to a one-size-fits-all arrangement. This is especially true when you have a combined family. What is best for your sister and brother-in-law is not necessarily best for you! While there is a cost involved in preparing your plan, it is modest compared to the value of having appropriate arrangements for your family, minimizing probate fees and costs, and possibly saving state and federal estate taxes.

## How often should I update my plan?

It is a good idea to update your plan every seven to ten years. Some people have an annual check-up with their attorney. Certainly whenever there is a significant event in your life, such as the birth of a child or grandchild, sale of a business, retirement, or death of a spouse or other loved one, you should review your plan for necessary changes.

## What if I have a plan but want to change one thing?

If your plan is fairly current, it is easy to make a change or two, such as adding a charitable beneficiary. Your attorney can prepare an amendment to your will (called a "codicil") or to your living trust. Many times this can be done quickly and for a nominal cost.

\*The information provided in this booklet is offered solely as general education information and is not intended to be a substitute for professional estate planning or legal advice. Because the laws of each state vary and your own circumstances are unique, you should seek the advice of your own attorney, tax advisor, and/or financial planner before deciding on a course of action and in creating your estate plan.