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 ______________________________________
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) ______________
   _________________________________
<table>
<thead>
<tr>
<th>Record owners</th>
<th>______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>How and when acquired</td>
<td>______________________________</td>
</tr>
<tr>
<td>Cost (Basis)</td>
<td>______________________________</td>
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<td>______________________________</td>
</tr>
<tr>
<td>Insurance Company</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

*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 ______________________________________
        __________________________________________
        ______________________________________________
9. SELECTING FIDUCIARIES

Will Selections

Executor or Co-Executor ____________________________

1st Successor(s) ________________________________

2nd Successor(s) ________________________________

Trustee or Co-Trustees __________________________

Phone Number _________________________________

Life Insurance Agent ____________________________

Company Name ________________________________

Address _______________________________________

Phone Number _________________________________

Funeral Home _________________________________

Firm Name _____________________________________

Address _______________________________________

Phone Number _________________________________
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 physician(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.
For more information on ways you can support Milwaukee PBS, call Emmet Liston at (414) 297-8004 or send an e-mail to listone@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 St, 4th Floor
Milwaukee, WI 53233-1443.

Gifts to support Milwaukee PBS are solicited and administered by Milwaukee PBS staff. The MATC Foundation serves as the 501(c)3 conduit and provides financial management of these gifts.