ESTATE PLANNING

A STEP-BY-STEP GUIDE

Secure Your Legacy: Protect your assets, provide for your loved ones, and gain peace of mind using our simple estate planning guide.

Decorah Bank & TRUST CO. Cresco Bank A DIVISION OF DECORAH BANK & TRUST CO.

Member FDIC

PREPARING FOR YOUR CONSULTATION

The following forms will help you gather the information needed to create your estate plan, or update an existing one. Please complete the information on each page of this guide in preparation to meet with your professional advisor.

Note: While we do not provide legal advice, the team at Decorah and Cresco Bank can provide you with professional expertise regarding estate planning questions.

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CONTACT US

Decorah Bank & Trust

202 E. Water St., Decorah, IA 52101

Cresco Bank & Trust

A division of Decorah Bank & Trust

126 2nd Ave SE, Cresco, IA 52136

Decorah: 563-382-9661 OR **Cresco:** 563-547-2244

Visit us online! Scan the QR code or visit us at **www.decorah.bank/wealth/trust-services**

Your Personal Information

Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____

Date of Birth: _____ Social Security Number: _____

Marriage Place & Date: _____

Are you a U.S. citizen? ☐ Yes ☐ No ☐ Naturalized ☐ Permanent Resident

Your Spouse's Information

Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____

Date of Birth: _____ Social Security Number: _____

Are they a U.S. citizen? ☐ Yes ☐ No ☐ Naturalized ☐ Permanent Resident

Your Children / Dependents

Please list all your children, including those from a prior marriage and deceased children. Then, list other persons who are dependent on your support.

1. Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

2. Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Your Children / Dependents...continued

3. Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

4. Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

5. Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Professional Advisors

Please list your current representatives.

Insurance Agent

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Organization Name: _____

Accountant / Tax Preparer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Organization Name: _____

Professional Advisors...continued

Attorney

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Organization Name: _____

Investment Advisor / Financial Advisor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Organization Name: _____

Life Insurance Policies

1. Policy Holder: _____ Company: _____ Type: _____

Account #: _____ Beneficiary: _____ Value $: _____

2. Policy Holder: _____ Company: _____ Type: _____

Account #: _____ Beneficiary: _____ Value $: _____

3. Policy Holder: _____ Company: _____ Type: _____

Account #: _____ Beneficiary: _____ Value $: _____

4. Policy Holder: _____ Company: _____ Type: _____

Account #: _____ Beneficiary: _____ Value $: _____

Total Value $: _____

Real Estate

1. Type: _____ Address: _____

City: _____ State: _____ Zip: _____

Purchase Date: _____ Cost $: _____ Value $: _____

Mortgage? ☐ Yes ☐ No If yes, name of Institution: _____

2. Type: _____ Address: _____

City: _____ State: _____ Zip: _____

Purchase Date: _____ Cost $: _____ Value $: _____

Mortgage? ☐ Yes ☐ No If yes, name of Institution: _____

3. Type: _____ Address: _____

City: _____ State: _____ Zip: _____

Purchase Date: _____ Cost $: _____ Value $: _____

Mortgage? ☐ Yes ☐ No If yes, name of Institution: _____

4. Type: _____ Address: _____

City: _____ State: _____ Zip: _____

Purchase Date: _____ Cost $: _____ Value $: _____

Mortgage? ☐ Yes ☐ No If yes, name of Institution: _____

5. Type: _____ Address: _____

City: _____ State: _____ Zip: _____

Purchase Date: _____ Cost $: _____ Value $: _____

Mortgage? ☐ Yes ☐ No If yes, name of Institution: _____

Total Value $: _____

Banking Accounts (Checking, Savings, Money Market, CDs)

1. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

2. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

3. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

4. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

5. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

6. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

7. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

8. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

9. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

10. Type: _____ Bank: _____
Account #: _____ Value $: _____
Account Title/Ownership: _____

Total Value $: _____

Retirement Accounts

1. Type: _____ Company: _____

Account #: _____ Value $: _____

2. Type: _____ Company: _____

Account #: _____ Value $: _____

3. Type: _____ Company: _____

Account #: _____ Value $: _____

4. Type: _____ Company: _____

Account #: _____ Value $: _____

5. Type: _____ Company: _____

Account #: _____ Value $: _____

6. Type: _____ Company: _____

Account #: _____ Value $: _____

7. Type: _____ Company: _____

Account #: _____ Value $: _____

Total Value $: _____

Investment Accounts / Brokerage Accounts / Stock & Bonds

1. Type: _____ Company: _____
Account #: _____ Value $: _____

2. Type: _____ Company: _____
Account #: _____ Value $: _____

3. Type: _____ Company: _____
Account #: _____ Value $: _____

4. Type: _____ Company: _____
Account #: _____ Value $: _____

5. Type: _____ Company: _____
Account #: _____ Value $: _____

6. Type: _____ Company: _____
Account #: _____ Value $: _____

7. Type: _____ Company: _____
Account #: _____ Value $: _____

8. Type: _____ Company: _____
Account #: _____ Value $: _____

9. Type: _____ Company: _____
Account #: _____ Value $: _____

10. Type: _____ Company: _____
Account #: _____ Value $: _____

11. Type: _____ Company: _____
Account #: _____ Value $: _____

Total Value $: _____

Vehicles (Cars, Boat, RV, Camper, UTV/ATV, etc.)

1. Make: _____ Model: _____ Year: _____

Do you have a loan against your vehicle? ☐ Yes ☐ No

If yes, name the lender/lienholder: _____

Insurance Provider: _____ Policy Number: _____

2. Make: _____ Model: _____ Year: _____

Do you have a loan against your vehicle? ☐ Yes ☐ No

If yes, name the lender/lienholder: _____

Insurance Provider: _____ Policy Number: _____

3. Make: _____ Model: _____ Year: _____

Do you have a loan against your vehicle? ☐ Yes ☐ No

If yes, name the lender/lienholder: _____

Insurance Provider: _____ Policy Number: _____

4. Make: _____ Model: _____ Year: _____

Do you have a loan against your vehicle? ☐ Yes ☐ No

If yes, name the lender/lienholder: _____

Insurance Provider: _____ Policy Number: _____

5. Make: _____ Model: _____ Year: _____

Do you have a loan against your vehicle? ☐ Yes ☐ No

If yes, name the lender/lienholder: _____

Insurance Provider: _____ Policy Number: _____

6. Make: _____ Model: _____ Year: _____

Do you have a loan against your vehicle? ☐ Yes ☐ No

If yes, name the lender/lienholder: _____

Insurance Provider: _____ Policy Number: _____

Digital Assets / Cryptocurrency / Bitcoin / NFTs

1. Type: _____ Cost $: _____ Value $: _____
   Account #: _____ Login: _____ Password: _____
   Account Exchange: _____
2. Type: _____ Cost $: _____ Value $: _____
   Account #: _____ Login: _____ Password: _____
   Account Exchange: _____
3. Type: _____ Cost $: _____ Value $: _____
   Account #: _____ Login: _____ Password: _____
   Account Exchange: _____
4. Type: _____ Cost $: _____ Value $: _____
   Account #: _____ Login: _____ Password: _____
   Account Exchange: _____
5. Type: _____ Cost $: _____ Value $: _____
   Account #: _____ Login: _____ Password: _____
   Account Exchange: _____

Personal Property (Furniture, Antiques, Cars, Boats, Art & Jewelry Collections, etc.)

1. Item: _____ Value $: _____
2. Item: _____ Value $: _____
3. Item: _____ Value $: _____
4. Item: _____ Value $: _____
5. Item: _____ Value $: _____
6. Item: _____ Value $: _____
7. Item: _____ Value $: _____
8. Item: _____ Value $: _____
9. Item: _____ Value $: _____
10. Item: _____ Value $: _____

Assets & Liabilities

Bring all totals from prior pages to estimate your assets and liabilities.

Assets	Current Value
Insurance Policies	$
Real Estate	$
Digital Assets / Cryptocurrency / Bitcoin / NFTs	$
Retirement Accounts	$
Investment Accounts / Brokerage Accounts / Stock & Bonds	$
Banking Accounts (Checking, Savings, Money Market, CDs)	$
Personal Property (Furniture, Antiques, Cars, Boats, Art & Jewelry Collections, etc.)	$
Total Assets	**$**

Liabilities	Current Value
Mortgage or Deed of Trust or Other Amount Owed on Real Property	$
Other Loans from Financial Institutions (Consolidated Loan, Home Equity Loan, etc.)	$
Student Loan	$
Amounts Owed on Credit Cards	$
Other Liabilities	$
Total Liabilities	**$**

Net Worth (Assets - Liabilities) =	**$**

Distribution of Your Estate

Your Executor. Your personal representative, or executor, administers your estate in accordance with the instructions in your Will. Please list a first choice and an alternate, in case the person who is your first choice predeceases you or is unable to serve. *This document is intended to assist in organizing key information. Please consult with legal counsel to have your valid estate plan documents prepared and executed. Designations in this document are not legally binding and do not convey any legal authority.*

First Choice

Legal Name / Institution: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Alternate Choice

Legal Name / Institution: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Guardianship. Who do you wish to serve as legal guardian to any children under 18, if applicable?

First Choice

Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Alternate Choice

Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Distribution. You may leave gifts of a specific monetary amount to your loved ones. Or, if you prefer, you can designate a percentage of your estate assets.

All of my estate goes to my spouse. ☐ **Yes** ☐ **No**

Should my spouse predecease me, or my response is "No," to the above question, I make the following gift designations.

Beneficiary: _____

Amount $: _____ Amount %: _____

Beneficiary: _____

Amount $: _____ Amount %: _____

Beneficiary: _____

Amount $: _____ Amount %: _____

Beneficiary: _____

Amount $: _____ Amount %: _____

Charitable Interests

Please list all charities, including religious institutions, that you would like to receive a gift designation.

Beneficiary: _____

Amount $: _____ Amount %: _____

Organization: _____

Amount $: _____ Amount %: _____

Organization: _____

Amount $: _____ Amount %: _____

Organization: _____

Amount $: _____ Amount %: _____

Organization: _____

Amount $: _____ Amount %: _____

Organization: _____

Amount $: _____ Amount %: _____

Organization: _____

Amount $: _____ Amount %: _____

Durable Power of Attorney

The Durable Power of Attorney is effective if you are proven incompetent to handle your own affairs. You should name a person to handle your affairs who you trust and has your best interest in mind. Also know as your "attorney-in-fact", this person has the power to take any legal action on your behalf, including the transfer of funds or purchase or sale of real property. *This document is intended to assist in organizing key information. Please consult with legal counsel to have a valid Durable Power of Attorney and/or Power of Attorney for Health Care prepared and executed. Designations in this document are not legal binding and do not convey any legal authority.*

First Choice

Legal Name / Institution: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Alternate Choice

Legal Name / Institution: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Power of Attorney for Health Care

The Power of Attorney for Health Care allows the attorney-in-fact to authorize or withhold medical care if you are unable to do so yourself. It is important that you discuss medical issues with this person in advance, such as use of medical means to prolong your life artificially. This should be a person in whose judgment you trust.

First Choice

Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Alternate Choice

Legal Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship: _____

Location of Important Documents

Describe the location(s), physical or digital of where your important documents are stored. If they are stored digitally, provide any passwords needed to access it. Include details, like where keys might be kept.

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Document: _____ Location: _____

Location of Passwords

Describe the location(s), physical or digital of where your passwords are stored. If they are stored digitally, provide any usernames and passwords needed to access it. Include details, like where keys might be kept. If you do not already have your usernames and passwords stored in a central location, please do so at your earliest convenience.