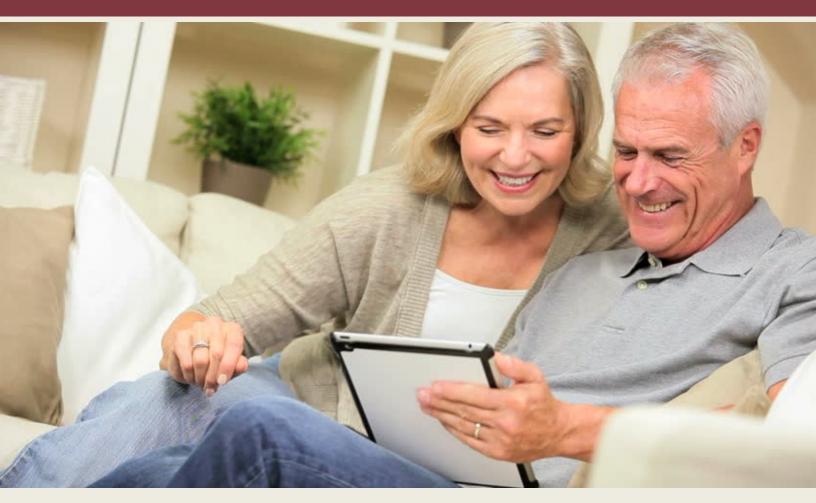
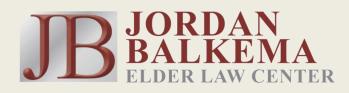
# Time to Organize Estate Planning 101



Jordan Balkema Elder Law Center, PLLC Offices in: Big Rapids, Traverse City, Gaylord, and Cadillac





Hello,

I am excited to share this planning packet with you. I often encounter the misconception that estate planning is only for the wealthy and that the average person doesn't need those kinds of documents. I understand the reason for the question - we hear the words "estate planning" and we mistakenly believe that estate planning is only for the very wealthy and not for the average every day American.

I will often ask of them – Do you own a home or real estate, a car, boat or recreational vehicles? Do you have bank, money market or certificate of deposit accounts or bonds? What about tools and household items?

Once I start listing these off, I see the lightbulb go on and I can see their realization that they DO have some assets of value, which need to be accounted for and distributed upon their death.

Estate planning is a process where one provides in writing how their assets, both real property, personal goods and bank accounts, will be divided up upon their passing. Further, a properly drafted estate plan makes sure you have a Durable Power of Attorney for Finances, should you become incapacitated and require someone else to manage your affairs, and a Health Care Patient Advocate Agreement to ensure someone can make your health care decisions in case you are no longer able to make your own decisions.

Another situation to consider is any disability status your children, grandchildren or other beneficiaries may have. If they receive an outright distribution from you when you pass away, they could be disqualified from their much-needed benefits through the State of Michigan (or other entity.) This can be properly addressed by setting up a special needs trust for a disabled individual.

As you can see, there are many facets to a properly drafted estate plan. If there is anything we can assist you with, please contact one of our office locations.

We look forward to hearing from you.

Kindly,

To Ball

R. Todd Balkema Attorney at Law

#### **Common Estate Planning Terms**

**Probate Process** – Probate is the court process of administering your assets upon your death. A probate judge will review all of the steps of the administration of your assets. The process may be lengthy and expensive.

Last Will and Testament – A legal document that expresses a person's wishes as to how their property is to be distributed after their death and appoints a person, known as the Personal Representative, to manage and distribute the property. You may also appoint a guardian for your minor children in your Last Will and Testament. Property that passes through your Last Will and Testament will have to go through the Probate process. Your Last Will and Testament does not control the distribution of joint assets or of assets that name a living beneficiary (i.e. life insurance policies, retirement plans, etc.)

**Revocable Living Trust** – A written document that determines how your assets will be administered after you die. Assets can include real estate, valuable possessions, bank accounts and investments. Assets you place (or title) in the name of the trust are then transferred to your designated beneficiaries upon your death, or be continued in trust for their benefit, if you so choose. The assets in a trust do not generally have to go through the probate process as long as the beneficiaries of the trust are living. In addition to avoiding probate, the trust may offer additional benefits such as avoiding or reducing taxes and assisting a married individual qualify for Medicaid benefits. Always seek the advice of a qualified elder law attorney when considering the benefits of a revocable trust.

**Durable Power of Attorney** – A written authorization allowing a person to represent or act on another's behalf in private affairs, business, or and legal matters. The person authorizing the other to act is the principal or grantor. The one authorized to act is the agent or attorney-in-fact. The power of attorney may be structured to allow another person to act immediately on your behalf or at a future time when you can no longer act for yourself. The word "Durable" means the individual will be able to act even if you are incompetent.

**Patient Advocate Agreement/Health Care Power of Attorney** – A set of written instructions appointing another individual to make your health care decisions if you can no longer make your own decisions as determined by 2 physicians,

**Ladybird Deed** – A deed which transfers your property to designated a individual(s) upon your passing outside of the probate process. You retain full control of your property during your lifetime, including the power to rent, mortgage or sell the property.

#### **Personal Information**

Completing this booklet will be helpful to not only your heirs/beneficiaries, but to your estate planning attorney and your financial planner.

| Partner #1 Name        |                  |                   |  |
|------------------------|------------------|-------------------|--|
| Prior names (if any)   |                  |                   |  |
|                        |                  |                   |  |
| City, State and Zip    |                  |                   |  |
| Home phone             | Cell Phone       | Work Phone        |  |
| Email                  |                  |                   |  |
| Date of birth          | City and State   | of Birth          |  |
| Social Security Number | Driver           | 's License Number |  |
| Military branch        | Dates of Service |                   |  |
|                        |                  |                   |  |
| Partner #2 Name        |                  |                   |  |
| Prior names (if any)   |                  |                   |  |
| Address                |                  |                   |  |
| City, State and Zip    |                  |                   |  |
| Home phone             | Cell Phone       | Work Phone        |  |
| Email                  |                  |                   |  |
|                        |                  | of Birth          |  |
| Social Security Number | Driver           | 's License Number |  |
| Military branch        | Dates of Service |                   |  |
|                        |                  |                   |  |

Location of our important documents such as tax records, estate planning documents, titles, deeds, military records, etc.

# Family Members

| Partner #1 mothe     | r's name                   |                       |                 |
|----------------------|----------------------------|-----------------------|-----------------|
|                      |                            |                       |                 |
|                      | L father's name Sibling #2 |                       |                 |
|                      | Sibling #4                 |                       |                 |
| Partner #2 mothe     | r's name                   |                       |                 |
|                      |                            |                       |                 |
|                      |                            | ibling #2             |                 |
|                      | Sibling #4                 |                       |                 |
| Name of Child #1     |                            |                       |                 |
| Date of birth        |                            | Place of Birth        |                 |
|                      |                            |                       |                 |
|                      |                            | Child of Partner #2 🗆 | Adopted child 🗆 |
| Name of Child #2     |                            |                       |                 |
|                      |                            | Place of Birth        |                 |
|                      |                            |                       |                 |
| Child of both $\Box$ | Child of Partner #1 🗆      | Child of Partner #2 🗆 | Adopted child 🗆 |
| Name of Child #3     |                            |                       |                 |
| Date of birth        |                            | Place of Birth        |                 |
| Address              |                            |                       |                 |
| Child of both $\Box$ | Child of Partner #1 🗆      | Child of Partner #2 🗆 | Adopted child 🗆 |
| Name of Child #4     |                            |                       |                 |
|                      |                            | Place of Birth        |                 |
|                      |                            |                       |                 |
| Child of both $\Box$ |                            | Child of Partner #2 🗆 | Adopted child 🗆 |

## **Family Members Continued**

If you have additional children or additional family members you would like referenced, such as nieces, nephews, or close friends who may be involved in your estate plan, list them here:

| Name of individua    | ıl #1                        |                       |                      |
|----------------------|------------------------------|-----------------------|----------------------|
| Date of birth        | Date of birth Place of Birth |                       |                      |
| Address              |                              |                       |                      |
|                      |                              | Child of Partner #2 🗆 |                      |
| Relationship other   | r 🗆                          |                       |                      |
|                      |                              |                       |                      |
| Name of individua    | il #2                        |                       |                      |
|                      |                              | Place of Birth        |                      |
| Address              |                              |                       |                      |
| Child of both $\Box$ | Child of Partner #1 🗆        | Child of Partner #2 🗆 | Adopted child $\Box$ |
| Relationship other   | r 🗆                          |                       |                      |
|                      |                              |                       |                      |
| Name of individua    | ıl #3                        |                       |                      |
|                      |                              | Place of Birth        |                      |
|                      |                              |                       |                      |
|                      |                              | Child of Partner #2 🗆 | Adopted child 🗆      |
| Relationship other   | r 🗆                          |                       |                      |
|                      |                              |                       |                      |
| Name of individua    | ıl #4                        |                       |                      |
|                      |                              | Place of Birth        |                      |
| Address              |                              |                       |                      |
| Child of both $\Box$ | Child of Partner #1 🗌        | Child of Partner #2 🗆 | Adopted child $\Box$ |
| Relationship other   | r 🗆                          |                       |                      |

# **Employment Information**

List any current employers and any previous employers who you may have benefits with:

| Employee                |                   |
|-------------------------|-------------------|
| Company Name            |                   |
| Supervisor              | Phone Number      |
| Position                |                   |
|                         | _ Retirement date |
| Death Benefits – if any |                   |
|                         |                   |
| Employee                |                   |
| Company Name            |                   |
|                         | Phone Number      |
| Position                |                   |
| State date              | _ Retirement date |
| Death Benefits – if any |                   |
|                         |                   |
| Employee                |                   |
|                         |                   |
| Supervisor              | Phone Number      |
| Position                |                   |
|                         | _ Retirement date |
| Death Benefits – if any |                   |
|                         |                   |
| Employee                |                   |
| Company Name            |                   |
| Supervisor              | Phone Number      |
| Position                |                   |
|                         | _ Retirement date |
| Death Benefits – if any |                   |

| Documents   |  |  |
|---|--|--|
| What documents do you have in place?                      |  |  |
| Partner #1  |  |  |
| Will 🗆 Yes 🗆 No   |  |  |
| Trust 🛛 Yes 🖓 No  |  |  |
| Durable Power of Attorney for Finances 🛛 Yes 🖓 No         |  |  |
| Health Care Power of Attorney 🗌 Yes 🗌 No                  |  |  |
| Funeral Representative Designation $\Box$ Yes $\Box$ No   |  |  |
| Do you have long term care insurance $\Box$ Yes $\Box$ No |  |  |
| If yes, name of long-term care insurance company          |  |  |
|   |  |  |
| Policy Number Telephone Number                            |  |  |
| Where are the original of these documents located         |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Partner # 2   |  |  |
|   |  |  |
| Will 🗆 Yes 🗆 No   |  |  |
| Trust 🗆 Yes 🗆 No  |  |  |
| Durable Power of Attorney for Finances 🛛 Yes 🖓 No         |  |  |
| Health Care Power of Attorney 🛛 Yes 🖓 No                  |  |  |
| Funeral Representative Designation 🛛 Yes 🗌 No             |  |  |
| Do you have long term care insurance 🗆 Yes 🛛 No           |  |  |
| If yes, name of long-term care insurance company          |  |  |
| Policy Number Telephone Number                            |  |  |
| Where are the original of these documents located         |  |  |
|   |  |  |

#### **Funeral Arrangements**

Preplanning your funeral can be a good idea. Having your guidance may relieve stress for your loved ones during a difficult period. Even if you don't purchase a funeral plan, it is good to provide your family members with instructions as to your wishes.

| Partner #1   |
|--|
| I currently have a prepaid funeral contract with     |
| Preferred Funeral Home                               |
| I currently own burial space at                      |
| Preferred Cemetery                                   |
| I prefer  Cremation  Burial  Donation of Body to     |
| Place of Service                                     |
| Funeral Home   |
| Cemetery   |
| Church   |
| Other  |
|  |
| Religious Preference                                 |
| Clergy   |
| Religious passages                                   |
| Music  |
| Casket 🛛 Open during service 🖓 Closed during service |
| Participating Organizations/Groups                   |
| Floral Preferences                                   |
| Memorial Donations                                   |
| Clothing   |
| Headstone inscription                                |
|  |
| Other preferences                                    |

# **Funeral Arrangements - Continued**

#### Assets

| Real Estate       |                        |                        |
|-------------------|------------------------|------------------------|
| Property location | Property Ownership     | <b>Estimated Value</b> |
|                   | (single, joint, trust) | (2x SEV or appraised)  |
|                   |                        | \$                     |
|                   |                        | \$                     |
|                   |                        | \$                     |
|                   |                        | \$                     |
|                   |                        | \$                     |

Cash and Bank Accounts (savings, checking, money market, cds, cash)

| Location | Ownership | Value |
|----------|-----------|-------|
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |

Retirement Accounts (IRA, 401K, Keogh, lump sum pension, tax-deferred annuities)

| Location | Ownership | Value |
|----------|-----------|-------|
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | Ş     |

| Life Insurance |           |       |
|----------------|-----------|-------|
| Location       | Ownership | Value |
|                |           | \$    |
|                |           | \$    |
|                |           | \$    |
|                |           | \$    |
|                |           | \$    |
|                |           | Ś     |
|                |           | Ś     |

## Investments (brokerage accounts, non-tax deferred annuities, stocks, bonds)

| Ownership | Value     |
|-----------|-----------|
|           | \$        |
|           | \$        |
|           | \$        |
|           | \$        |
|           | \$        |
|           | \$        |
|           | \$        |
|           | Ownership |

Business interests (corporations, limited liability companies, DBAs, partnerships)

| Location | Ownership | Value |
|----------|-----------|-------|
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |

## **Obligations Owed To You – (promissory notes, mortgages, land contracts)**

| Location | Ownership | Value |
|----------|-----------|-------|
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$\$  |
|          |           | \$\$  |
|          |           | \$    |

## Personal Assets (automobiles, boats, collections, jewelry, art)

| Ownership | Value |
|-----------|-------|
|           | \$    |
|           | \$    |
|           | \$    |
|           | \$    |
|           | \$    |
|           | \$    |
|           | \$    |
|           |       |

## Any other assets not referenced above

| Location | Ownership | Value |
|----------|-----------|-------|
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | \$    |
|          |           | ۶     |
|          |           |       |

#### TOTAL VALUE OF ALL:

#### Liabilities

## Mortgages

| Property location | Name of Creditor | Whose Debt | Amount Owed |
|-------------------|------------------|------------|-------------|
|                   |                  |            | \$          |
|                   |                  |            | \$          |
|                   |                  |            | \$          |
|                   |                  |            | \$          |
|                   |                  |            | \$          |

#### Land Contracts

| Property location | Name of Creditor | Whose Debt | Amount Owed |
|-------------------|------------------|------------|-------------|
|                   |                  |            | \$          |
|                   |                  |            | \$          |
|                   |                  |            | \$          |
|                   |                  |            | \$          |
|                   |                  |            | \$          |

# Personal Loans (automobiles, boats, notes)

| Loan Purpose | Name of Creditor | Whose Debt | Amount Owed |
|--------------|------------------|------------|-------------|
|              |                  |            | \$          |
|              |                  |            | \$          |
|              |                  |            | \$          |
|              |                  |            | \$          |
|              |                  |            | \$          |

# **Credit Card Companies**

| Account Number | Name of Creditor | Whose Debt | Amount Owed |
|----------------|------------------|------------|-------------|
|                |                  |            | \$          |
|                |                  |            | \$          |
|                |                  |            | \$          |
|                |                  |            | \$          |
|                |                  |            | \$          |

## Taxes (property taxes, state and federal income taxes)

| Account Number | Name of Creditor | Whose Debt | Amount Owed |
|----------------|------------------|------------|-------------|
|                |                  |            | \$          |
|                |                  |            | \$          |
|                |                  |            | \$          |
|                |                  |            | \$          |
|                |                  |            | \$          |

#### **All Other Liabilities**

| Account Number    | Name of Creditor | Whose Debt | Amount Owed |
|-------------------|------------------|------------|-------------|
|                   |                  |            | \$          |
|                   |                  |            | \$          |
|                   |                  |            | _           |
|                   |                  |            | \$          |
|                   |                  |            |             |
| Total Liabilities |                  |            | \$          |

**Estimated Estate Value** 

**Total Assets** 

**Minus Total Liabilities** 

**Total Net Value of Estate** 

| \$<br>        | <br> | <br> |
|---------------|------|------|
| \$<br>1 1 1 1 | <br> |      |
| \$            |      |      |

## Advisors (financial, legal, physicians)

| Name | Company/Position | Phone Number |
|------|------------------|--------------|
|      |                  |              |
|      |                  |              |
|      |                  |              |
|      |                  |              |
|      |                  |              |
|      |                  |              |
|      |                  |              |
|      |                  |              |
|      |                  |              |
|      |                  |              |

# Individuals to be notified upon my passing

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |

## Pets

| Pet #1 Name                             | Breed |  |  |
|---|-------|--|--|
| Veterinarian                            | Phone |  |  |
| Special Instructions regarding this pet |       |  |  |
|   |       |  |  |
|   |       |  |  |
| Pet #2 Name                             | Breed |  |  |
| Veterinarian                            | Phone |  |  |
| Special Instructions regarding this pet |       |  |  |
|   |       |  |  |
|   |       |  |  |
| Pet #3 Name                             | Breed |  |  |
| Veterinarian                            | Phone |  |  |
| Special Instructions regarding this pet |       |  |  |
|   |       |  |  |
|   |       |  |  |
| Pet #4                                  |       |  |  |
| Name                                    | Breed |  |  |
| Veterinarian                            | Phone |  |  |
| Special Instructions regarding this pet |       |  |  |
|   |       |  |  |
|   |       |  |  |

#### **Miscellaneous Information For My Family/Friends**

#### **In Conclusion**

The Jordan Balkema Elder Law Center, PLLC, has been providing quality legal services for over 40 years. We want to congratulate you on completing this booklet and hope that by doing so it helps you gather your important information into one location and possibly reduce some stress and anxiety on you and your family.

Please contact our office if there is any way we can assist you in your planning needs. Whether it is estate planning, Medicaid planning, guardianship/conservatorship or estate/trust administration, you will always find knowledgeable, friendly, caring legal services when you meet with our staff.

We may be reached through our website at <u>www.myelderlawplanning.com</u>, or at any of our locations listed below. In addition to our office locations, we offer video conferences and home visits.

218 Maple Street, Suite A Big Rapids, Michigan 49307 (231)796-4012

117 N. Mitchell, Suite 3 Cadillac, Michigan 49601 (231)846-3606 1760 Forest Ridge Drive, Ste. A Traverse City, Michigan 49686 (231)935-4646

1684 S. Otsego Avenue Gaylord, Michigan 49736 (800)395-4347