



THE UNIVERSITY OF  
**CHICAGO**

**OFFICE OF GIFT PLANNING**

5235 South Harper Court, Suite 700 | Chicago, IL 60615

888.241.9802 | [giftplanning.uchicago.edu](http://giftplanning.uchicago.edu) | [giftplan@uchicago.edu](mailto:giftplan@uchicago.edu)

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# **CONFIDENTIAL ESTATE PLANNING ORGANIZER**



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## PERSONAL AND FAMILY INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DOMESTIC PARTNERSHIP/CIVIL UNION  
☐ WIDOWED ☐ DIVORCED ☐ LEGALLY SEPARATED

SPOUSE OR PARTNER'S NAME \_\_\_\_\_

SPOUSE OR PARTNER'S DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

» If you have a prenuptial agreement or separation agreement, please bring a copy of the agreement to your attorney's office.

ARE YOU A US CITIZEN? ☐ YES ☐ NO

IF NOT A US CITIZEN, OTHER CITIZENSHIP \_\_\_\_\_

IS YOUR SPOUSE OR PARTNER A US CITIZEN? ☐ YES ☐ NO

IF NOT A US CITIZEN, OTHER CITIZENSHIP \_\_\_\_\_

### CHILDREN (Please specify if a child is adopted, from a previous marriage, or deceased.)

(1) CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S SPOUSE OR PARTNER \_\_\_\_\_

CHILD'S CHILDREN \_\_\_\_\_



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**PERSONAL AND FAMILY INFORMATION (CONTINUED)**

(2) CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S SPOUSE OR PARTNER \_\_\_\_\_

CHILD'S CHILDREN \_\_\_\_\_

(3) CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S SPOUSE OR PARTNER \_\_\_\_\_

CHILD'S CHILDREN \_\_\_\_\_

(4) CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S SPOUSE OR PARTNER \_\_\_\_\_

CHILD'S CHILDREN \_\_\_\_\_

(5) CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S SPOUSE OR PARTNER \_\_\_\_\_

CHILD'S CHILDREN \_\_\_\_\_

(ATTACH MORE SHEETS AS NECESSARY.)



FINANCIAL INFORMATION

(ATTACH MORE SHEETS AS NECESSARY.)

BANK ACCOUNTS (checking, savings, money markets, CDs, etc.)

BANK ACCOUNT NAME	ADDRESS	VALUE	HOW OWNED (INDIVIDUALLY, SPOUSE, JOINT TENANCY, TENANCY IN COMMON, ETC.)

REAL ESTATE

LOCATION	DATE OF PURCHASE	VALUE	MORTGAGE	HOW OWNED (INDIVIDUALLY, SPOUSE, JOINT TENANCY, TENANCY IN COMMON, ETC.)

» Please bring copies of deeds to your attorney’s office.



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**FINANCIAL INFORMATION (CONTINUED)**  
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**INVESTMENT ASSETS** (stocks, bonds, mutual funds, etc.)

COMPANY/FUND	DATE OF PURCHASE	VALUE	NUMBER OF SHARES/ COST BASIS	HOW OWNED (INDIVIDUALLY, SPOUSE, JOINT TENANCY, TENANCY IN COMMON, ETC.)

**CLOSELY HELD STOCK AND BUSINESS INTERESTS**

INVESTMENT	OWNER (YOU, SPOUSE, TRUST, ETC.)	FORM OF ORGANIZATION	VALUE	PERCENT OF OWNERSHIP

» Please bring copies of partnership agreements, stockholder agreements, appraisals, etc., to your attorney's office.



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**FINANCIAL INFORMATION (CONTINUED)**  
(ATTACH MORE SHEETS AS NECESSARY.)

**RETIREMENT ASSETS** (IRAs, 401[k]s, pensions, profit sharing, etc.)

COMPANY	OWNER (YOU OR SPOUSE)	VALUE	VESTED	BENEFICIARIES (PRIMARY AND CONTINGENT)

**LIFE INSURANCE POLICIES**

COMPANY	OWNER	INSURED	FACE VALUE	CASH VALUE	LOANS AGAINST	BENEFICIARIES (PRIMARY AND CONTINGENT)



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**FINANCIAL INFORMATION (CONTINUED)**  
(ATTACH MORE SHEETS AS NECESSARY.)

**TANGIBLE PERSONAL PROPERTY** (cars, jewelry, art, collections, household furnishings, etc.)

PROPERTY	OWNER	VALUE	INSURANCE

» Please bring copies of appraisals to your attorney’s office.

**OTHER ASSETS**

DESCRIPTION	OWNER	VALUE	NOTES

(ATTACH MORE SHEETS AS NECESSARY.)

*I (or my spouse or partner) am a beneficiary of a bequest.*

Name of testator \_\_\_\_\_ Approximate value \_\_\_\_\_

*I (or my spouse or partner) am a beneficiary of a trust fund.*

Name of trust \_\_\_\_\_ Approximate value \_\_\_\_\_

*I (or my spouse or partner) am a beneficiary of another income or assets.*

### Description and value

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» Please bring copies of wills or trust documents to your attorney's office.

## LIABILITIES

[illegible]





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## ESTATE PLANNING OBJECTIVES

» Please bring copies of current estate planning documents (wills, trusts, durable powers of attorney, living wills, health care proxies/durable powers of attorney for health care, etc.) with you to your attorney's office.

### SOME QUESTIONS TO CONSIDER

*What should happen to your estate after your death?*

Do you wish to provide for your spouse or partner, children, grandchildren, or friends?

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Do you wish to provide for charities?

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How do you wish to provide for people, outright or through trusts?

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Are there particular items of personal property you wish to give to specific individuals?

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If no beneficiaries survive you, how do you want your estate distributed?

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Do you wish to disinherit anyone?

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*Whom do you wish to oversee the distribution of your estate? This may include collecting assets, paying debts, filing tax returns, completing necessary paperwork, hiring an attorney, and making sure your estate is distributed in accordance with your wishes.*

Whom do you wish to name as executor or personal representative of your will?

Executor \_\_\_\_\_

Alternative executor \_\_\_\_\_

If you have a trust, whom do you wish to name as trustee?

Trustee \_\_\_\_\_

Alternative trustee \_\_\_\_\_




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**ESTATE PLANNING OBJECTIVES (CONTINUED)**

» ***Please bring copies of current estate planning documents (wills, trusts, durable powers of attorney, living wills, health care proxies/durable powers of attorney for health care, etc.) with you to your attorney's office.***

If you have minor children, whom do you wish to name as their guardian?

Guardian \_\_\_\_\_

Alternative guardian \_\_\_\_\_

***What are your preferred funeral and burial/cremation instructions?***

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***Who can make medical decisions if you become incapacitated? You can name a health care agent or attorney-in-fact under a health care proxy or durable power of attorney for health care.***

Health care agent or attorney-in-fact \_\_\_\_\_

Alternate health care agent or attorney-in-fact \_\_\_\_\_

***What are your wishes regarding the receipt of life-sustaining treatment in the event of an incurable condition?***

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***Whom do you wish to name as your attorney-in-fact under a durable power of attorney for finances? This person can make financial decisions for you if you become incapacitated.***

Attorney-in-fact \_\_\_\_\_

Alternative attorney-in-fact \_\_\_\_\_



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**ESTATE PLANNING OBJECTIVES (CONTINUED)****SAMPLE BEQUEST LANGUAGE FOR A GIFT TO THE UNIVERSITY OF CHICAGO*****Unrestricted Expendable Gift***

"I give \_\_\_\_\_ to the University of Chicago, an Illinois not-for-profit corporation, to be used for its general educational and charitable purposes."

Describe dollar amount, property to be given, or proportion of residuary estate

***Expendable Gift for the College***

"I give \_\_\_\_\_ to the University of Chicago, an Illinois not-for-profit corporation, to be used for the benefit of the College for its instructional and student life programs for undergraduates."

Describe dollar amount, property to be given, or proportion of residuary estate

***Expendable Gift for a Particular University Unit***

"I give \_\_\_\_\_ to the University of Chicago, an Illinois not-for-profit corporation, to be used for the benefit of \_\_\_\_\_ for \_\_\_\_\_."

Describe dollar amount, property to be given, or proportion of residuary estate

research, student support).

Name of University Unit\*

Insert use (programs,

***Endowment Gifts***

Donors considering gifts for endowed scholarships, fellowships, or professorships should have their attorneys consult with a University representative before executing their estate planning documents, because certain minimum amounts and specific language are required.

\*For example, the Law School, the Division of the Social Sciences, the Department of Chemistry, the Smart Museum, the University Library, the Pritzker School of Medicine, and Chicago Booth.

The Office of Gift Planning is prohibited from giving legal or financial advice, and nothing provided in this organizer should be interpreted as such. The University of Chicago Office of Gift Planning encourages you to consult with your own adviser before creating an estate plan or deciding whether to create a planned gift for The University of Chicago.