Estate Planning Guide

Provided to you free by: WKNO Public Media

Introduction

Thank you for considering a legacy gift to WKNO Public Media. Your generosity and vision ensure that our mission to educate, inform, and inspire through quality programming will continue to thrive for generations to come. By including WKNO in your estate plans, you help us remain a vital resource for the community, fostering creativity, exploration, and lifelong learning.

The Importance of Estate Planning

You owe it to yourself and your loved ones to complete your personal estate planning record. Estate planning is essential for protecting your assets and ensuring that your wishes are honored. A well-crafted estate plan provides financial security for your family, minimizes tax burdens, and supports the causes you care about most. Thoughtful estate planning allows you to leave a lasting impact on WKNO Public Media, preserving the values and programs you cherish.

To Know

When planning your estate, it's important to know that you don't have to designate specific dollar amounts to your chosen charities or beneficiaries. Instead, ***you have the option to allocate a percentage of your estate*** to each recipient, offering a flexible and dynamic way to distribute your assets.

By choosing to leave a percentage, you ensure that your estate adapts to any changes in its value over time, providing clarity and ease to your loved ones and the causes you care about.

How to Use This Record Book

Including WKNO in your estate plan can be as simple as specifying a percentage of your estate to be directed to us. This approach allows you to make a meaningful impact on the future of public media while maintaining the flexibility to support other important priorities.

Whether you choose 1%, 5%, or more, ***every gift helps WKNO*** continue to provide quality programming and services to our community.

Your support through a ***percentage-based bequest ensures that your legacy will live on***, enriching the lives of future generations.

1. **Complete the Forms:** Begin by clicking inside the blue boxes and typing the necessary information.

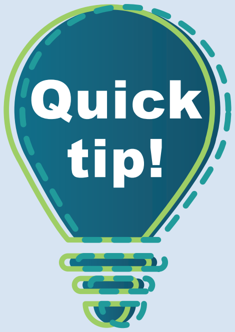
2. **Save Your Work:** To save your progress, go to the File menu and select "Save As." Rename the file with a unique name or the current date and save it to a convenient location. Renaming the file allows you to reuse the original record book multiple times.

3. **Store Safely:** Once completed, print your records, and store them in a secure place, such as a safe-deposit box.

This record provides critical personal information about you and your family, which will be invaluable to your executor (personal representative) when the time comes to settle your estate. It will help your executor locate beneficiaries, safe-deposit boxes, deeds, titles, stock or bond certificates, wills, trust agreements, and other vital documents.

Planning Your Legacy

Your record serves as the foundation for your estate plan, helping you secure your family's future and support the causes you hold dear. It will clarify the composition of your estate and what you wish your beneficiaries to inherit, prompting you to consider how your assets will be distributed—whether through estate percentages, joint ownership, other documented arrangements, or provisions in your will. If you haven't yet drafted a will, having this information on hand will simplify the process.



You and your spouse should prepare separate record books if you're married or partnered. While some sections contain shared information, others are distinctly personal. Plus, it makes it easier for loved ones to manage your unique affairs over time.

Don't hesitate to contact us for additional copies of this record book. See the last page for contact information.

Considering WKNO in Your Estate Plan

- **Bequests:** Designate WKNO as a beneficiary in your will or living trust, specifying an exact amount, a percentage or residual of your estate, or a particular asset.

- **Retirement Plans and IRAs:** Naming WKNO as a beneficiary of your retirement accounts is a simple way to make a meaningful gift with a percentage of your plan while potentially reducing the tax burden on your heirs.

- **Life Insurance Policies:** You can name WKNO as a full, percentage, or contingent beneficiary of your life insurance policy.

Benefits of Including WKNO in Your Plans

- **Legacy:** Your gift ensures that future generations will continue to benefit from the educational and cultural programming that WKNO provides.
- **Tax Advantages:** Charitable gifts can reduce estate taxes and may offer current tax benefits.
- **Simplicity:** Adding WKNO as a beneficiary in your estate plan is straightforward and can be adjusted if your circumstances change.

Your Legacy at WKNO

Your planned gift is a testament to your values and your belief in the power of public media. We honor our legacy donors through our recognition programs, ensuring that your commitment to WKNO is celebrated now and in the future.

Next Steps

1. **Consult with Your Advisors:** Work with your financial or legal advisors to determine the best way to include WKNO in your estate plans.
2. **Communicate Your Intentions:** Inform WKNO of your plans so we can ensure your wishes are understood and followed.
3. **Document Your Gift:** Use our sample bequest language or other tools to formalize your gift.

Contact Us

For more information on including WKNO Public Media in your estate plans, please contact:

David Warren

WKNO Public Media
Donor Advisor

dwarren@wkno.org

901-729-8701

7151 Cherry Farms Rd.
Cordova, TN 38016

We are here to assist you in creating a legacy that reflects your values and your commitment to quality public media.

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 _______________________________

Relationship

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

Relationship to Spouse

☐ Natural child ☐ Adopted

☐ Stepchild ☐ Deceased

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) ____________________

____

____

Record owners____________________________

____

How and when acquired _________________

____

Cost (Basis) _____________________________

Market Value_____________________________

Mortgage Bal.____________________________

How Title Held___________________________

Insurance Company______________________

*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 ____________________________________

____

Phone Number ____________________________

Life Insurance Agent ______________________

Company Name ___________________________

Address ____________________________________

Phone Number ____________________________

Funeral Home ____________________________

Firm Name ________________________________

Address ____________________________________

____

Phone Number ____________________________

9. SELECTING FIDUCIARIES

Will Selections

Executor or Co-Executor ___________________

____

1st Successor(s) _____________________________

____

2nd Successor(s) ___________________________

____

Trustee or Co-Trustees ____________________

____

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 physican(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 an Ongoing Process. . .

It is important to revisit your plans as life changes. Whether it's a new family member, a change in financial circumstances, or a shift in your priorities, these events can impact your estate plans. Take the time to review and update this booklet as your situation evolves. If you need an additional copy, please feel free to contact us.

As you continue to plan, we encourage you to consider including WKNO in your estate. While your personal and family needs should always come first, your generosity can also provide meaningful benefits.

Income Tax Benefits: A donation to a qualified charitable organization like WKNO may qualify you for an income tax deduction if you itemize your taxes.

Capital Gains Tax Savings: By donating appreciated assets that you've held for more than a year, you may reduce or eliminate capital gains taxes, while also qualifying for an income tax deduction based on the assets' fair market value.

Lifetime Income: Certain planned gifts can provide you with a steady income throughout your life.

After Completing Your Estate Planning Record Book. . .

You will be ready to meet with your attorney and other advisors to finalize your plans and draft any necessary documents. If you have questions about your estate plans, please consult your advisors. They are also welcome to contact us with any questions about how you can leave a legacy to support WKNO.

We hope you'll consider making a gift to WKNO as part of your planning. The beauty of a planned gift is that it prioritizes your needs first, and depending on the type of gift, it can offer benefits such as:

- **Leaving a Legacy**
- **Income Tax Benefits**
- **Lifetime Income**
- **Reducing or Eliminating Capital Gains Taxes**
- **Personal Fulfillment**

Whatever your objectives, we are here to help match your needs with the right giving options to benefit you, your family, and WKNO.

Please contact us for more information on the choices available to you—**without any obligation**.

David Warren

WKNO Public Media Donor Advisor

dwarren@wkno.org

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