

# PLANNING YOUR LEGACY

## Arkansas Baptist Foundation

DATE: \_\_\_\_\_

Please feel free to use the back side of sheets or additional sheets to provide additional needed information.

**GENERAL INFORMATION:**

	<u>ABOUT ME</u>	<u>MY SPOUSE</u>
Full Legal Name	_____	_____
Nickname	_____	_____
Address	_____	
City, ST ZIP	_____	_____
Home Phone:	_____	County _____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Email Address:	_____	_____
Occupation:	_____	_____
Date of Birth:	_____	_____
Social Security #:	_____	_____
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
(if not married)		
Previous Marriage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Father's Full Name:	_____	_____
Mother's Full Name:	_____	_____

Please place an "\*" by each parent that is deceased.

**INFORMATION ABOUT CHILDREN:**

	Child #1	Child #2	Child #3
Name of Child:	_____	_____	_____
City & State:	_____	_____	_____
Birthday:	_____	_____	_____
Marital Status:	_____	_____	_____
# of Grandchildren:	_____	_____	_____
Comments:	_____		

(Disabled, from Previous Marriage, etc.)

**OTHER GENERAL INFORMATION:**

1. To what do you credit the assets that you have been able to accumulate?

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2. Name any people (not listed above) you wish to remember in your estate plan (also list their relationship to you, their address and phone number).

NAME OF INDIVIDUAL:	RELATIONSHIP	AMOUNT or %
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_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Name the charities or ministries that you want to remember in your estate plan.

Name of Charity	Amount or %	Any designation?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Would you prefer to leave money to your charities as (check one):  Outright  Perpetual Income

5. If you had an unlimited supply of money, how much would you want to leave your children (assume no tax concerns)? \$\_\_\_\_\_

6. Would you prefer to leave money to your children (or others) as (check one):

Outright  Income for lifetime or period of years  Some of both

7. Do you have a safe deposit box? If so, please give bank name & location, as well as the names of the people who are allowed to open it? \_\_\_\_\_

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8. If you are you expecting an inheritance, how much approximately? \$\_\_\_\_\_

# NET WORTH STATEMENT

*\*Account Title or Ownership (& beneficiaries) can be abbreviated as follows: H = Husband, W = Wife, JTROS = Jointly owned With Rights of Survivorship, JTC = Joint Tenancy in Common, etc.*

## WHAT I (WE) OWN

<u>Financial Institution (Bank &amp; Investment Accounts)</u>	<u>Account Title*</u>	<u>Approx. Amount</u>	<u>Retirement?</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

## Individual Certificates Held (Stocks, bonds, U. S. Savings bonds, etc.)

<u>Name of Asset</u>	<u>Account Title*</u>	<u>Shares</u>	<u>Approx. Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Real Estate Owned:

<u>Description</u>	<u>Ownership Title*</u>	<u>Shares</u>	<u>Approx. Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Life Insurance Policies

<u>Description</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Other Assets Owned (Business Interests, Mineral interests, etc.)*

<u>Description</u>	<u>Ownership*</u>	<u>Approx. Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*WHAT I (WE) OWE*

<u>Description of Indebtedness</u>	<u>Ownership*</u>	<u>Approx. Debt Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ESTATE DISTRIBUTION: (Feel free to use the back of page for additional information.)**

This is an area that may need more exploration, but here are some possible options (please check those that you believe might apply to you):

- I wish to leave all my assets to my spouse if I predecease him/her. Include estate tax planning if needed. If checked, please check one of the following:
  - I would want to leave this outright to my spouse.
  - I would want to leave this in trust for my spouse managed by my trustees below. (If so, we will need to discuss whether or not you wish to give discretion to the trustee or to pay all income automatically. Also, will the trustee pay principal when requested, within the trustee's discretion, or not at all? These are the types of issues to be discussed in estate planning.)

ALL OTHER OPTIONS ASSUME THAT YOU ARE SINGLE OR WIDOWED AT YOUR DEATH (This option would also cover the remainder of the trust above that you might leave for the benefit of your spouse.):

- I wish to leave specific gifts to charities at my death. We will need to discuss which charities, whether you wish to leave a percentage or a certain amount/asset, and whether you wish to leave an outright gift or an endowment gift.
- I wish to leave specific gifts (other than personal property gifts which may be given through the use of a memorandum) to individuals at my death.
- I wish to leave the rest of my assets to my children (or their share to their children if a child predeceases me).
- OTHER (the above are simply common options – feel free to write out in your words any other desires): \_\_\_\_\_

- Common disaster (if all the above beneficiaries predecease me, then what?) \_\_\_\_\_

**ESTATE ADMINISTRATION:**

1. Who would you choose to handle the administration of your estate at your death (executor/executrix)?  
(This might be more than one person, or an entity such as a bank trust department or the Arkansas Baptist Foundation) \_\_\_\_\_
  - a. Who would be the alternate administrator? \_\_\_\_\_
  - b. Who would be the second alternate? \_\_\_\_\_
2. Would these administrators also be the trustees of trusts you may establish at death?  YES  NO  
If "NO", then list trustees in order: \_\_\_\_\_
3. Would you want the above named administrators also to be authorized to sign for you under a durable power of attorney?  YES  NO If "YES", would you want this power to be given immediately or only when two doctors declare you to be incompetent to handle your own affairs?  
 Immediately  Only when declared incompetent ("springing" power)
4. If you have minor children, who would be your first choice as guardians for them (assuming both parents die)? \_\_\_\_\_
  - a. Who would be your second choice? \_\_\_\_\_
5. If you leave money to minor children, the trustees would normally manage the funds for your children through their years of development and academic training (i.e., age 21). At what age would you want the child's share to be given outright to him/her? \_\_\_\_\_
6. Would you prefer to utilize a living revocable trust, where assets which would normally be probated could be distributed without going through that legal process?  YES  NO If "YES", then would you want to be your initial trustee (often with a spouse) and then have the above trustees assume their responsibility at death?  YES  NO (Please note that a revocable trust may cost you more than a simple will unless the Foundation is providing this service for you free as an ordained minister. Also such a trust requires additional efforts to correctly fund the trust.)
7. Would you like to sign a Living Will, which is a medical directive to your physician to avoid the use of extraordinary measures to simply prolong your life if your condition is determined to be terminal, or if you are in a permanently comatose state?  YES  NO

I (we) hereby state that the above information is true and correct to the best of our knowledge:

Signatures: \_\_\_\_\_

**Document Request --(Internal Office Use Only)**

Will  Codicil  Ind. RT  JRT  Amend  DPOA  Sprg  LW  PPM  Deed

**Please fill in contact information on the beneficiaries of your estate.  
(Include name, address, and phone number of beneficiaries of any personal property memos)**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_