

PLANNING YOUR LEGACY

DATE: _____

GENERAL INFORMATION

Marital Status Married Single Widowed

Church Membership: _____

About Me

My Spouse

Full Legal Name _____

Address & County _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Occupation _____

Date of Birth _____

Previous Marriage? YES NO YES NO

Information About Children:

	Child #1	Child #2	Child #3
Name of Child	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____	_____	_____
City, State, Zip	_____	_____	_____
Phone	_____	_____	_____
Marital Status	_____	_____	_____
# of Grandchildren	_____	_____	_____

ESTATE ADMINISTRATION

Please review the following brief descriptions before completing the next section.

Will: With a Will, you can appoint an executor to administer your estate, name a guardian for your minor children, and determine who will be the beneficiaries of your estate.

Executor: The Executor is the person appointed by you or the court to administer your estate. It may be more than one person or an entity.

Trust: While accomplishing many of the same goals as a Will, a Trust can ease the administration process of your estate by avoiding probate and can allow for more complex distribution structures.

Trustee: The Trustee of your estate is responsible for the administration of your trust estate.

Financial Power of Attorney: This document appoints an Agent to handle your affairs when you are no longer able to do so.

Living Will: This medical directive gives your preference on intervening treatments in specific situations.

Health Care Power of Attorney: This document appoints an Agent to make decisions concerning your health care when you are no longer able to express informed consent.

Agent: The Agent(s) named in your Health Care Power of Attorney and in your Financial Power of Attorney is the person(s) who is authorized to sign for you under that particular Power of Attorney.

Select the following documents you would like drafted and list who you would like to be responsible for each.

1. LAST WILL AND TESTAMENT YES NO

Executor/Executrix: _____

Alternate: _____

Second Alternate: _____

2. LIVING REVOCABLE TRUST YES NO

Trustee: _____

Alternate: _____

If you will be executing a Trust document, we will need a copy of all real estate deeds.

3. FINANCIAL POWER OF ATTORNEY YES NO

Agent: _____

Alternate: _____

4. LIVING WILL YES NO

5. HEALTH CARE POWER OF ATTORNEY YES NO

Agent: _____

Alternate: _____

6. MINOR CHILDREN YES NO

- Who do you want as guardians for your children (other than parents)?

First Choice: _____

Alternate: _____

- 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? _____

ESTATE DISTRIBUTION

Below you will find three different situations. For each, please indicate what you believe would apply to you.

1. Assuming you predecease your spouse:

I wish to leave all my assets to my spouse if I predecease him/her.

Please check one of the following:

Leave outright to my spouse (assets transfer immediately).

Other: _____

Do you have any other desires or gifts you wish to specify?

2. Assuming you are single at death:

I wish to leave the rest of my assets to my children (or to their children if a child predeceases me).

Leave outright to my children (assets transfer immediately).

Other: _____

I wish to leave specific gifts to charities at my death.

I wish to leave specific gifts to individuals (other than personal property gifts which may be given through the use of a memorandum) at my death.

Do you have any other desires or gifts you wish to specify?

3. Assuming Common Disaster (all beneficiaries predeceased), where would you want your assets to go?

BENEFICIARIES

1. Please list below anyone (not listed above) you wish to remember in your estate plan.

- Name & Relationship: _____

Address & Phone: _____

Amount or %: _____

- Name & Relationship: _____

Address & Phone: _____

Amount or %: _____

2. Please list the ministries or charities you wish to remember in your estate plan.

- Ministry or Charity: _____

Amount or % & Designation: _____

- Ministry or Charity: _____

Amount or % & Designation: _____

- Ministry or Charity: _____

Amount or % & Designation: _____

3. Please indicate any concerns or questions you have about leaving money to the beneficiaries listed above.

NET WORTH STATEMENT

Please mark below the types of assets you own.

- | | |
|---|--|
| <input type="checkbox"/> Checking, Savings Accounts | <input type="checkbox"/> Savings Bonds |
| <input type="checkbox"/> Money Market Accounts | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> CDs | <input type="checkbox"/> Life Insurance Policies |
| <input type="checkbox"/> Retirement Accounts | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Business Interests |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Mineral Interests |

Other: _____

Please indicate the estimated market value of all assets checked above: \$ _____

Please indicate total long-term debt owed: \$ _____

Other Notes:

I/we hereby state that the above information is true and correct to the best of our knowledge.

NAME DATE

NAME DATE