

SECTION I – PEOPLE

People are important. Therefore, basic to any estate plan is a thorough consideration of how you can best utilize the estate with which God has entrusted you, to help people.

First, please give us information about you and, if appropriate, about your spouse.

Second, please give us information about those who are financially dependent upon you and the extent of their dependency.

And third, please share with us information concerning those who should share in your estate distribution because of your love for them. Remember, dependency and love are also valid reasons to continue your support to charitable organizations.

YOUR NAME _____ DATE OF BIRTH _____ SSN _____

HOME ADDRESS _____
(Street) (City) (State) (Zip)

OCCUPATION _____

PHONE: Business (____) _____ Residence (____) _____

SINGLE MARRIED WIDOWED DIVORCED SEPARATED

SPOUSE'S NAME _____ DATE OF BIRTH _____ SSN _____

OCCUPATION _____ PHONE: Business (____) _____

Any former marriages? Husband: Yes No Wife: Yes No

CHILDREN OF THIS MARRIAGE:

NAME	BIRTHDATE	SEX	MARRIED?	GRAND-CHILDREN #	Ages
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHILDREN OF PRIOR MARRIAGES:

NAME	(H)(W)	BIRTHDATE	SEX	MARRIED?	GRAND-CHILDREN #	Ages
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Do any of your children have permanent disabilities? If so, please explain:

DECEASED CHILDREN:

NAME	BIRTHDATE	SEX	MARRIED?	CHILDREN #	CHILDREN Ages
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHERS TO BE CONSIDERED:

NAME	BIRTHDATE	SEX	MARRIED?	CHILDREN #	CHILDREN Ages
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHARITABLE ORGANIZATIONS:

NAME	CITY AND STATE
_____	_____
_____	_____
_____	_____
_____	_____

SECTION II – PROPERTY

CHECKING, SAVINGS, AND CD'S (NOT IRA'S OR OTHER RETIREMENT PLANS – SEE PAGE 4)

TYPE OF ACCOUNT	MATURITY DATE	OWNER	CURRENT VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL.....			\$ _____

REAL ESTATE

WHAT (Describe)	WHERE (State)	WHEN ACQUIRED	WHO OWNS	COST BASIS	MORTGAGE BALANCE	MARKET VALUE
Residence	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
TOTAL.....						\$ _____

LIFE INSURANCE (not on children) and ANNUITIES (after tax purchases)

INSURED PERSON	INSURANCE COMPANY	BENEFICIARIES		TYPE (Term, W.L., Group, Ann.)	DEATH BENEFIT
		Primary	Contingent		
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
TOTAL.....					\$ _____

INVESTMENT SECURITIES – STOCKS, BONDS, AND MUTUAL FUNDS (NOT IRA’S, ETC. ON PAGE 4)

NAME OF COMPANY	# SHARES	OWNER	TYPE	ORIGINAL COST	CURRENT VALUE
U. S. Savings Bonds	_____	_____	_____	\$ _____	\$ _____
Ltd. Partnerships	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
TOTAL.....					\$ _____

PRE-TAX RETIREMENT PLANS – EMPLOYEE BENEFITS

VALUE

Individual Retirement Account(s), SEP, etc. \$ _____

KEOGH or 401-K \$ _____

TSA/403(B) Plan (for employee of non-profit organization) \$ _____

Qualified Pension or Profit Sharing Plan (Include death benefit) \$ _____

U.S., State, County, or city Plan (PERF, etc.) \$ _____

Split-Dollar, Stock Option, or Thrift Plans \$ _____

Deferred Compensation Agreement \$ _____

TOTAL.....\$ _____

Beneficiaries: Primary _____ Contingent _____

Describe provisions: _____

BUSINESS INTEREST

NAME OF BUSINESS _____

BUSINESS ACTIVITY _____ VALUE \$ _____

(NOTE: If farm, include value of machinery, livestock, growing crops, and grain in storage. List value of land under real estate on page 3 unless the farm is incorporated and the land is owned by the corporation. Other businesses should be listed similarly.)

BUSINESS LIFE INSURANCE: Insured _____ Amount \$ _____

Policy owned by _____ Beneficiary _____

ARE ANY FAMILY MEMBERS INVOLVED IN BUSINESS? Yes No

Names _____

FORM OF BUSINESS: Sole Proprietorship Partnership

Corporation Professional Corporation

Sub-Chapter S Corp. _____

AT DEATH BUSINESS IS TO BE: Continued by Heirs Liquidated

Sold to Surviving Owners Sold to Key Employees Other

BUY/SELL AGREEMENT? Yes No

OWNERS AND KEY EMPLOYEES	AGE	% OWNED BY EACH	OFFICE OR POSITION	INCLUDE IN BUY/SELL?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MISCELLANEOUS ASSETS

TYPE	DESCRIPTION	OWNER	VALUE
Cars, Vans, Trucks	_____	_____	\$ _____
Motor Home, Boats	_____	_____	\$ _____
Trailers, RV's, ATV's	_____	_____	\$ _____
Antiques	_____	_____	\$ _____
Collections/Hobbies	_____	_____	\$ _____
Notes Receivable	_____	_____	\$ _____
Precious Metals/Gems	_____	_____	\$ _____
Oil and Gas Interests	_____	_____	\$ _____
Mortgages/Contracts	_____	_____	\$ _____
Furniture/Appliances	_____	_____	\$ _____
Tools/Machinery	_____	_____	\$ _____
Recreation/Camping	_____	_____	\$ _____
Books/Art/Furs	_____	_____	\$ _____
Computer Equipment	_____	_____	\$ _____
Piano, Organ, etc.	_____	_____	\$ _____
Other	_____	_____	\$ _____
TOTAL.....			\$ _____

TOTAL VALUE OF ALL ASSETS \$ _____

LIABILITIES	OWED ON WHAT PROPERTY	AMOUNT
Home Mortgage	_____	\$ _____
Home Equity Loans	_____	\$ _____
Other Real Estate Loans	_____	\$ _____
Vehicle Loans	_____	\$ _____
Other Bank Loans	_____	\$ _____
Personal Loans	_____	\$ _____
Credit Card Balances	_____	\$ _____
Medical Balances	_____	\$ _____
Other	_____	\$ _____
TOTAL		\$ _____

FUTURE INHERITANCES (Description & Amount)

Husband: From Whom? _____ Age: _____ Amount: \$ _____
Wife: From Whom? _____ Age: _____ Amount: \$ _____

ESTIMATED CURRENT NET DEATH ESTATE (assets minus liabilities) \$ _____

SECTION III – PLANS

God has blessed you with property. It is His, and He has charged you to be a responsible steward. What do you understand to be God’s will for your estate? There are two areas which you need to consider.

1. If death occurs tomorrow, how would you want the property listed in Section II distributed to the individuals and charitable organizations listed in Section I?

2. We all expect a long life. What will happen in the future to change your plans . . .dependents no longer in need of your support; an inheritance changing your estate values (and increasing taxes); the death of a beneficiary; etc.?

Before you complete this section, please take time to pray and ask God to guide you so that His will for your estate might be done. Then use the following to share with us any existing plans you have in effect, as well as your present priorities, objectives, and specific desires.

EXISTING PLANS

	HUSBAND OR SINGLE MALE	WIFE OR SINGLE FEMALE
DO YOU HAVE A WILL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer yes, in what year was it executed?		_____
Under the laws of what state?		_____
Are there any changes you now wish to make?		_____
Are there special provisions you would want included in new documents?		_____
HAVE TRUSTS BEEN CREATED?		<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE HEALTH CARE REPRESENTATIVES BEEN APPOINTED?		<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE DURABLE POWERS OF ATTORNEY BEEN CREATED?		<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE REPORTABLE GIFTS BEEN MADE?		<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE PRE-NUPTIAL AGREEMENTS IN EFFECT?		<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE COMMUNITY PROPERTY AGREEMENTS IN EFFECT?		<input type="checkbox"/> Yes <input type="checkbox"/> No

If your answer is yes to any of the above questions, please write beside or below the question and give the year and state in which the document was executed. If any changes are needed, please underline the documents which need to be changed in the questions above.

GENERAL PRIORITIES AND OBJECTIVES

1. _____
2. _____
3. _____
4. _____
5. _____

TRUSTEES, PERSONAL REPRESENTATIVES, GUARDIANS, ETC.

NAME

CITY AND STATE

Initial Trustee(s)
(of Rev. Liv. Trust) _____

First Successor Trustee _____

Second Successor Trustee _____

Third Successor Trustee _____

Fourth Successor Trustee _____

Personal Representative
(Executor of your will) _____

First Alternate
Representative _____

Second Alternate
Representative _____

Third Alternate
Representative _____

Fourth Alternate
Representative _____

Guardian for a Minor
Child or Children _____

First Alternate Guardian _____

Second Alternate Guardian _____

Holder(s) of Durable Limited Power(s) of Attorney: _____

Health Care Representatives (for _____): _____

Health Care Representatives (for _____): _____