

Date: _____

File No. _____

ESTATE PREPARATION WORKSHEET

Mr./Dr./Rev. _____

Miss/Ms./Mrs./Dr. _____

DOB: _____ No. Marriages _____

DOB: _____ No. Marriages _____

Occupation: _____

Occupation: _____

SSN: *(To be requested later if necessary)* _____

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Marital Status: Married / Divorced / Widowed / Single / Separated / Engaged (Circle one)

If widowed, please provide former spouse's date of death: _____

Mailing Address: _____ County: _____

Home Phone: _____ His Cell: _____ Her Cell: _____

His email: _____ Her email: _____

(Please list all children, living or deceased, from this and prior marriage(s), whether or not they will receive from your estate. Omitted children can contest a will.)

Children (Names):	please indicate: His/Hers/Ours	Age

Do you plan to have more children? Y N

(1) After the death of both you and your spouse, who would you appoint to have physical custody and care over your minor children? Guardian: 1st: _____ 2nd: _____

(2) Who would you appoint to manage and distribute any property received in trust for your minor children? Trustee: 1st: _____ 2nd: _____

(3) Who will collect your assets, pay the debts and expenses of your estate, and distribute your remaining property?
Personal Representative: Your Spouse? Y N (Please name alternates below in the event your spouse is unable to serve.)
His 1st Alternate: _____ Her 1st Alt: _____
His 2nd Alternate: _____ Her 2nd Alt: _____

(4) Who would make health care decisions on your behalf if you were incapacitated? (Please include addresses and phone numbers for each listed.)
Health Care Surrogate: Your Spouse? Y N (Please name alternates below in the event your spouse is unable to serve.)
His 1st Alternate: _____ Her 1st Alt: _____
Phone Number: _____ Phone Number: _____
Address: _____ Address: _____
His 2nd Alternate: _____ Her 2nd Alt: _____
Phone Number: _____ Phone Number: _____
Address: _____ Address: _____

(5) Who would continue your day-to-day business, pay bills, etc. if you were incapacitated?
Power of Attorney: Your Spouse? Y N (Please name alternates below in the event your spouse is unable to serve.)
His 1st Alternate: _____ Her 1st Alt: _____
Phone Number: _____ Phone Number: _____
Address: _____ Address: _____
Email: _____ Email: _____
His 2nd Alternate: _____ Her 2nd Alt: _____
Phone Number: _____ Phone Number: _____
Address: _____ Address: _____
Email: _____ Email: _____

Do you have any specific estate planning concerns? _____

DISTRIBUTION OF YOUR ESTATE:

It is assumed unless you indicate otherwise that your entire estate will pass to your spouse, if surviving. All to spouse? Y N
Please describe below your desired distribution after both husband and wife are passed.

1. Personal Effects and Household Furnishings to be distributed:

_____ by separate list attached to will/trust _____ To children in equal shares as they choose
_____ at discretion of personal representative
_____ as follows: _____

2. Specific Charitable Bequest(s) of cash or property:

Do you desire to leave a bequest to _____ at the time of your death, and/or other ministries/charities as a gift upon your death? (Example: 10%, a tithe of your estate, or \$xxxx?)

If you have chosen to make a charitable gift, do you want us to inform the charity? Y N

3. Specific Non-Charitable Bequests of cash or property: (to specifically named person or persons)

4. The Rest and Residue of my estate:

(A) _____% to my children in trust for their care support, maintenance and education. Trust terminates when youngest reaches _____ years of age, or when, in the opinion of the trustee, has completed education.

At termination of the trust, remaining trust property passes:

(1) _____% or \$ _____ to _____, and/or other named ministries/charities

(2) _____% to the children in equal shares. In the event any child predeceases me or does not survive termination of the trust, their portion shall pass:

_____per stirpes (the property will pass through the generation i.e., to your children's children)

or _____per capita (the property will pass only to the surviving of your children)

(B) _____% to _____ (D) _____% to _____

(C) _____% to _____ (E) _____% to _____

(Note: The percentages listed above for distribution of the rest and residue of your estate must add up to 100%! Please list additional information in the NOTES section at the bottom of page 3 or by attaching additional pages to this form.)

Include IRA Conduit Language in RLT? Y N Include Christian testimony preamble? Y N

Able to invest in margins, futures, options? Y N

Do any beneficiaries have special needs (i.e. incapacitated, handicapped, in nursing home or in-home care, receiving SSI, Medicaid or other benefits that may be jeopardized by inheritance)? Please describe: _____

In the event of the simultaneous death of you, your spouse and your children, or if none survive you, or none survive termination of any trust set forth in your will, and have left no issue, to whom would you distribute your estate?

(1) _____% or \$ _____ to _____, and/or other named ministries/charities

(2) _____ (4) _____

(3) _____ (5) _____

Is your individual gross estate valued at over \$11,200,000, or \$22,400,000 jointly? Y N

If you are married, is your real property titled as Joint Tenants with Right of Survivorship? (Please provide a copy of your Warranty Deed so we may review this with you.)

Do you own real estate in any state other than your state of residence? Y N

(If YES, please provide a copy of the Warranty Deed and tax ID number for each piece of property in which you have an ownership interest, including your residence, time shares, vacation home, vacant lot, etc.)

Do you have an ownership interest in a business? Y N (If YES, please attach description or evidence of interest).

Do you have any existing Will(s) or Trust Agreements? Y N (If YES, please provide a copy of each document so that we may properly coordinate with, amend, or replace your existing plan.)

If an RLT is requested, please provide the following:

- (1) a copy of the Warranty Deed (including recording information) and tax identification number for all Real Estate in which you have a personal ownership interest, including your residence and any time share interest(s) you own (the latest tax bill(s) will have the ID number for each property);
- (2) evidence of any notes or recorded mortgages payable to you;
- (3) evidence of interest(s) you have in any business or partnership.

NOTES/ADDITIONAL INFORMATION/QUESTIONS: _____

Please attach additional sheets as necessary to provide all the information requested.

BILLING: Estimated Fee: \$ _____

ASSET INVENTORY

(This information is collected to determine if you require Federal and/or State estate tax avoidance planning.)

<u>Item</u>	<u>Value</u>	<u>Debt</u>	<u>Ownership:</u>	
			<u>His</u>	<u>Hers / Joint w/who?</u>
Primary Residence	\$ _____	\$ _____		
Other Real Estate	\$ _____	\$ _____		
Time Share Interest	\$ _____	\$ _____		
Personal Belongings	\$ _____	\$ _____		
Automobiles	\$ _____	\$ _____		
Collectibles	\$ _____	\$ _____		
Cash & CDs	\$ _____	\$ _____		
Stocks & Bonds	\$ _____	\$ _____		
Business Assets	\$ _____	\$ _____		
Life Insurance (his)	\$ _____	\$ _____	x	
Life Insurance (hers)	\$ _____	\$ _____		x
Pension Plan/IRA (his)	\$ _____	\$ _____	x	
Pension Plan/IRA (hers)	\$ _____	\$ _____		x
Personal Loans/Receivables	\$ _____	\$ _____		
Other: _____	\$ _____	\$ _____		
Other: _____	\$ _____	\$ _____		
Other: _____	\$ _____	\$ _____		

TOTALS \$ _____ - \$ _____ = \$ _____ net worth

DEEDS: (Only needed for RLT preparation)

Address: _____ County: _____

Purchase date: _____ M/P _____

Grantor: _____ Deed Book _____, page _____

Address: _____ County: _____

Purchase date: _____ M/P _____

Grantor: _____ Deed Book _____, page _____

Address: _____ County: _____

Purchase date: _____ M/P _____

Grantor: _____ Deed Book _____, page _____