

Date: \_\_\_\_\_

File No. \_\_\_\_\_

### ESTATE PREPARATION WORKSHEET

Mr./Dr./Rev. \_\_\_\_\_

Miss/Ms./Mrs./Dr. \_\_\_\_\_

DOB: \_\_\_\_\_ No. Marriages \_\_\_\_\_

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Occupation: \_\_\_\_\_

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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 title 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) \_\_\_\_\_



## 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 / 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 \_\_\_\_\_

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