

ESTATE PREPARATION WORKSHEET

Date: _____

Name: _____ Spouse: _____

Age: ___ DOB: _____ No. Marriages ___ Age: ___ DOB: _____ No. Marriages ___

Occupation: _____ Occupation: _____

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 Work Phone: _____ Her Work Phone: _____

Church Name and City: _____

Citizenship: _____ Email Address: _____

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

2. 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.)

(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

3. 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: _____

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

5. Who will distribute your estate? (formerly that person known as the Executor)

Personal Representative: Your Spouse? Y N

His 1st Alternate: _____ His 2nd: _____

Her 1st Alternate: _____ Her 2nd: _____

6. What are your estate planning concerns? _____

OFFICE USE ONLY:	GBF _____	GBF&CH _____	CH # _____	INDIV _____
GBF&INDIV _____	GBF \$ _____	INDIV \$ _____	INTERVIEWER _____	

DISTRIBUTION OF YOUR ESTATE:

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

1. Do you have any specific bequests of cash or property? _____

2. Do you have a desire to leave a bequest to your church and/or other ministries/charities? (Example: 10%, a tithe of your estate?) _____

If yes, would you like your Baptist causes/ministries/Charities to receive income from your bequest forever? Y N or Lump Sum? Y N or a combination of both? Y N

3. 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: _____

4. The rest and residue of my estate:

_____ % 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 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)

_____ % to _____

_____ % to _____

(Note: The percentages listed above for distribution of the rest and residue must add up to 100%! Please add lines as necessary.)

5. Do any beneficiaries have special needs (i.e. incapacitated, handicapped, in nursing home or in-home care, receiving SSI, Medicaid or Medicare benefits)?

Describe: _____

6. 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? _____

7. Who would continue your day-to-day business, pay bills, etc. if you were incapacitated?

Power of Attorney: Your Spouse? Y N

His 1st Alternate: _____ His 2nd: _____

Her 1st Alternate: _____ Her 2nd: _____

8. Who would make health care decisions on your behalf if you were incapacitated?

Living Will/Health Care Surrogate: Your Spouse? Y N

His 1st Alternate: _____ His 2nd: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Her 1st Alternate: _____ Her 2nd: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

9. Is your individual gross estate valued at over \$5,000,000.00? Y N

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

ASSET INVENTORY

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

NET WORTH \$ _____

NOTES/QUESTIONS: _____

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