

ESTATE PLANNING INFORMATION

FAMILY INFORMATION

(All Names should be complete with middle initial if known – No “nick names”)

Date: _____

Name _____
First Middle (or initial) Maiden if Wife Last

Permanent Address _____
Street City State Zip County

Date of Birth Soc. Sec. No. Home Phone Work Phone Cell Phone

Marital Status: Single Married – date: _____ Divorced – date: _____

Spouse's Name: _____
First Middle (or initial) Maiden if Wife Last

Permanent Address Same Other: _____
Street County City State

Date of Birth Soc. Sec. No. Home Phone Work Phone Cell Phone

COMMUNICATE AS MUCH AS POSSIBLE BY EMAIL OR FAX AT: _____

Citizenship: _____ Spouse's Citizenship: _____

List of all children whether **living or deceased**. If no children, list brothers and sisters (provide no birthdates) and check here:

Reminder: All Names should be complete with middle initial if known – No “nick names”

| Full Name | Date of Birth | Circle One | Check if Deceased* |
|-----------|---------------|-----------------|--------------------------|
| 1. _____ | _____ | his hers theirs | <input type="checkbox"/> |
| 2. _____ | _____ | his hers theirs | <input type="checkbox"/> |
| 3. _____ | _____ | his hers theirs | <input type="checkbox"/> |
| 4. _____ | _____ | his hers theirs | <input type="checkbox"/> |
| 5. _____ | _____ | his hers theirs | <input type="checkbox"/> |
| 6. _____ | _____ | his hers theirs | <input type="checkbox"/> |

*List the names of any deceased child's children: _____

Name of Father: _____ Mother: _____ Brothers and Sisters: _____

Spouse's Father: _____ Mother: _____ Brothers and Sisters: _____

Burial Plan: Cemetery: _____ Plot Description: _____ Contract? Yes No

Type of Employment: _____ Spouse's Employment: _____

Other Family Information: _____

DISTRIBUTION OF ESTATE

DISTRIBUTION TO SURVIVING SPOUSE:

Married people usually leave their interest in the estate to the surviving spouse. However, there can be instances when a spouse wishes to leave all or a portion of their interest to someone else. Examples: (1) A spouse desires to keep an "inheritance" in the family. (2) One spouse acquired property prior to the marriage and desires to pass it on to children born prior to this marriage. (3) The estate is so large that it would be inadvisable for tax purposes to pass everything on the surviving spouse.

I wish to leave my estate All to my spouse Some to my spouse None to my spouse

If you check the "some" or "none" box, please explain: _____

DISTRIBUTION IF NO SPOUSE OR WHEN SECOND SPOUSE DIES

SPECIFIC BEQUESTS OF PROPERTY: (This means specifically described property you want to go to a particular person)

| | Yes | No |
|---|--------------------------|--------------------------|
| Certain household furnishings & personal effects to persons specified on a separate list (form will be provided you) | <input type="checkbox"/> | <input type="checkbox"/> |
| Household furnishings, equipment, supplies and personal effects (if they are not on the above list) shall go to the children as they agree and if any are minors, under the guidance of their guardians | <input type="checkbox"/> | <input type="checkbox"/> |
| Motor vehicles (cars, R/Vs, boats, etc.): <input type="checkbox"/> Include with furnishings & personal effects <input type="checkbox"/> Don't include | | |

If you have no children or you check "no", household furnishings, equipment, supplies and personal effects shall go as follows:

Other specific bequests: (Note: only special items should be specifically bequeathed) _____

Note: Items not listed above may be sold and distributed as part of the residue of the estate, below.

Cash gifts: (cash gifts should be small amounts only. Otherwise, give in percentages from the estate residue, below)

\$ _____ to _____ of _____

\$ _____ to _____ of _____

\$ _____ to _____ of _____

RESIDUE DISTRIBUTION

The "residue" consists of the estate remaining AFTER specific bequests listed above are distributed.

ARE THERE "YOUNGER" CHILDREN NEEDING A "CARE AND EDUCATION TRUST?" If so, complete this section. If not, skip to the next section.

Note: Children receive their share of the estate with no restrictions when they are 18 years of age or older unless restrictions are placed on the distribution until the youngest child reaches a specified age. Those restrictions are commonly referred to as a "care and education trust." It is recommended that a "care and education trust be used beyond the age of 18.

There should be a "care and education trust" for children under age _____.

Type of "care and education trust":

- A **single** "pot" care and education trust. A single "pot" care and education trust permits the trustee to use the ENTIRE estate where there is the greatest need among the children. RECOMMENDED unless there is a very large estate.
- A **separate** "share" care and education trust. A separate "share" care and education trust places each child's share in a separate trust. When the share is used up, no other funds are available for that child. This arrangement is not recommended unless there is a very large estate that will assure adequate funds for each child.
- It is preferred though not mandatory that education in grades K-12 be in Adventist Schools.

Other terms you wish to see in the care and education trust: _____

TRUSTEE FOR A "CARE AND EDUCATION TRUST." Skip this section if there is no care and education trust.

First choice:

| | | |
|-----------|---------|--------------|
| _____ | _____ | _____ |
| Full Name | Address | Relationship |

Second choice:

| | | |
|-----------|---------|--------------|
| _____ | _____ | _____ |
| Full Name | Address | Relationship |

Third choice: (usually the first and second choices are sufficient)

| | | |
|-----------|---------|--------------|
| _____ | _____ | _____ |
| Full Name | Address | Relationship |

EXECUTOR (PERSONAL REPRESENTATIVE) IN A WILL. Always complete this section, even if there is a "lifetime trust," because there will also be a Will.

First choice:

| | | |
|-----------|---------|--------------|
| _____ | _____ | _____ |
| Full Name | Address | Relationship |

Second choice:

| | | |
|-----------|---------|--------------|
| _____ | _____ | _____ |
| Full Name | Address | Relationship |

Third choice: (usually the first and second choices are sufficient)

| | | |
|-----------|---------|--------------|
| _____ | _____ | _____ |
| Full Name | Address | Relationship |

TRUSTEE OF A "LIFE TIME" TRUST. There are two types of life time trusts: (1) A "self administered trust" where the client is his/her or their own initial trustee and a successor is appointed. (2) A "revocable trust agreement" where another party is appointed trustee from the beginning. If one of these trusts is selected, complete one of the two options below. If a Will rather than a Trust is selected, skip this section.

REVOCABLE TRUST AGREEMENT:

_____ of Seventh-day Adventists, OR

Full name and Address

SELF ADMINISTERED TRUST: The Successor Trustee should be:

_____ Corporation of Seventh-day Adventists and/or

Private Trustee: (first and second choice)

_____ Full name and Address

_____ Full name and Address

POWER OF ATTORNEY. There are two types of powers of attorney. A power of attorney for business and property transactions and a power of attorney for health care decisions. If neither of those documents are selected, skip these sections.

BUSINESS/PROPERTY POWER OF ATTORNEY: (Spouse will be first if married or otherwise stated)

Next in Line: _____

| | | |
|------|---------|--------------|
| Name | Address | Relationship |
|------|---------|--------------|

Next in Line: _____

| | | |
|------|---------|--------------|
| Name | Address | Relationship |
|------|---------|--------------|

Power of attorney to take affect only if there is a disability. Power of attorney to take affect **IMMEDIATELY**

HEALTH CARE POWER OF ATTORNEY: (Spouse will be first if married or otherwise stated)

- Next in Line: _____
Name Address Relationship
- Next in Line: _____
Name Address Relationship

OPTIONS:

(H) (W)

- I do not consent to an autopsy.
 I consent to an autopsy.
 My agent may give consent to or refuse an autopsy.

I give the following instructions concerning organ donation after my death:

- I do not want to make an organ or tissue donation and I do not want my agent or family to do so.
 I wish my agent and my family to have the authority to make a gift of all or part of my body, and I leave that decision to their discretion.
 I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution: _____

Pursuant to Arizona law, I hereby give, effective on my death:

- Any needed organ or parts.
 The following part or organs listed: _____ for:
 Any legally authorized purpose.
 Transplant or therapeutic purposes only.

LIVING WILL

I give the following instructions if I have an incurable injury, disease or illness certified to be terminal or if I am in a permanent vegetative state or an irreversible coma and have been personally examined by two physicians (one who is my attending physician):

(H) (W)

- I do not** want my life to be prolonged and **I do not** want life-sustaining treatment, beyond comfort care, that would serve **only** to artificially delay the moment of my death.
 I do want the medical treatment necessary to provide care that would keep me comfortable, but **I do not** want the following:
 Cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing.
 Artificially administered food and fluids.
 To be taken to a hospital if at all avoidable.
 Notwithstanding my other directions, if I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.
 Notwithstanding any other directions **I do** want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.
 I want my life to be prolonged to the greatest extent possible.

Additional Comments: _____

ESTATE PLANNING DOCUMENTS

| Name of Document | Description | My Preference | Already Have | Want Info |
|--|--|--------------------------|--------------------------|--------------------------|
| Last Will and Testament | A document by which you designate your family, appoint an administrator of your estate, guardians of your minor children, and direct who is to receive your estate. Every person should have a Will no matter how large or small the estate is. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Time Trust | A document by which you designate yourself or appoint another "Trustee." The trustee administers your estate while you are alive and after you die. The trustee can administer <u>only</u> those assets that are transferred into the trust. The trust can be revoked, amended and management directed by you as long as you are competent to do so. Usually the trust assets are for your sole benefit while you are alive. Typically the appointed or successor trustee assumes "active" management only if you become incompetent or die. After your death, the trustee administers and distributes the estate much like the executor of a Will. Assets placed in the trust prior to your death do not have to be probated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Revocable Trust | | | | |
| <input type="checkbox"/> Self Administered Trust | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Durable Power of Attorney for Business | A document by which you appoint an "agent" to handle your business and property affairs, either immediately or in the event you become disabled to the point you cannot manage your own affairs. Such a document can avoid the need to appoint a guardian to handle your business affairs should you suffer an accident or illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Power of Attorney for Health Care | A document by which you appoint an "agent" to make decisions concerning your medical treatment and care should you be mentally incapable to make those decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Declaration Pursuant to Medical Treatment Decision Act (Living Will) | A document by which you express your desire to withhold certain medical procedures and treatment that only prolong the inevitability of death under circumstances where you are not cognizant to make those decisions, have been diagnosed as terminally ill, and death is imminent or you are in a "permanent vegetative state." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: Estate planning documents should be prepared by an attorney. The person assisting you in completing this form may not be an attorney. This information will be forwarded to an attorney of your choice who will assist you if selecting and preparing estate planning documents. By signing below, you are acknowledging that you have been advised to seek the assistance of an attorney of your choice for the purpose of reviewing your estate plan and selecting and preparing documents.

IF YOU ARE PLANNING TO LEAVE ANY PORTION OF YOUR ESTATE TO THE SEVENTH-DAY ADVENTIST CHURCH AND YOU CHOOSE AN ATTORNEY TO PREPARE DOCUMENTS WHO IS RETAINED BY THE CHURCH, THAT ATTORNEY WILL BE CONTACTING YOU PRIOR TO THE PREPARATION OF ESTATE PLANNING DOCUMENTS.

Acknowledged this _____ day of _____, 20__.

(Signature of Spouse)

(Signature of Spouse)

BENEFICIARY INFORMATION UPDATE

Client Name _____ **Date** _____

Name _____
Address _____

Phone No. _____
Birth Date _____
Relationship _____
SDA Church Member Yes No

Name _____
Address _____

Phone No. _____
Birth Date _____
Relationship _____
SDA Church Member Yes No

Name _____
Address _____

Phone No. _____
Birth Date _____
Relationship _____
SDA Church Member Yes No

Name _____
Address _____

Phone No. _____
Birth Date _____
Relationship _____
SDA Church Member Yes No

Name _____
Address _____

Phone No. _____
Birth Date _____
Relationship _____
SDA Church Member Yes No

Name _____
Address _____

Phone No. _____
Birth Date _____
Relationship _____
SDA Church Member Yes No

Name _____
Address _____

Phone No. _____
Birth Date _____
Relationship _____
SDA Church Member Yes No

Name _____
Address _____

Phone No. _____
Birth Date _____
Relationship _____
SDA Church Member Yes No

Remarks: _____

ASSETS (use reverse side if necessary)

| Accounts: (Checking, Savings, Credit Union, CD, Money Market, Revolving Fund.) | | | |
|---|-----------------------------|-----------------------------|--------|
| Name of Institution | Type of Account (see above) | List all name(s) on Account | Amount |

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Investments other than IRAs or Retirement Plans (Security Accounts, Stocks, Bonds, Mutual Funds)

| <u>Name of Investment</u> | <u>Type of Investment</u> (see above) | <u>List all names on investment</u> | <u>Amount</u> |
|---------------------------|---------------------------------------|-------------------------------------|---------------|
| | | | |
| | | | |
| | | | |

IRAs and QUALIFIED RETIREMENT PLANS

| <u>Custodian/Employer</u> | <u>Participant (Husband or Wife)</u> | <u>Type (IRA or Plan)</u> | <u>Primary and Contingent Beneficiaries</u> | <u>Amount</u> |
|---------------------------|--------------------------------------|---------------------------|---|---------------|
| | | | | |
| | | | | |
| | | | | |

Money owed to YOU: (Personal loan, mortgage, Note, etc.)

| <u>Name of person who owes</u> | <u>Terms of Payment</u> | <u>Any collateral? (Mortgage, auto)</u> | <u>Balance owed</u> |
|--------------------------------|-------------------------|---|---------------------|
| | | | |
| | | | |

Real Estate: (Residence, vacation, business, bare land, lot, etc.)

| <u>Address</u> | <u>Type (see above)</u> | <u>Market Value</u> | <u>Amount Owed</u> | <u>Net Value</u> |
|----------------|-------------------------|---------------------|--------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Insurance and Annuities: (Term, whole, annuity, etc.)

| <u>Company</u> | <u>Insured</u> | <u>Type (see above)</u> | <u>Primary & Contingent Beneficiaries</u> | <u>Amount</u> |
|----------------|----------------|-------------------------|---|---------------|
| | | | | |
| | | | | |
| | | | | |

Personal Property:

| <u>Household furn.</u> | <u>Automobiles:</u> | <u>Camper/RV/Boat</u> | <u>Antiques</u> | <u>Special Tools</u> | <u>Jewelry/Other</u> | <u>Total value:</u> |
|------------------------|---------------------|-----------------------|-----------------|----------------------|----------------------|---------------------|
| | | | | | | |

Do you own your own business? _____ If "yes" describe on reverse side or with attachment

| <u>Additional Assets:</u> | <u>Value:</u> |
|---------------------------|---------------|
| | |
| | |

Total Value of Estate: \$ _____