ESTATE DESIGN
INFORMATION ORGANIZER

THIS IS AN EXCEL FORM. TO PRINT IT SELECT PRINT WHOLE WORKBOOK

Mission of Jesus and A Christian's Will Plan

The mission of Jesus Christ and His precious bride the Church is to "seek and to save the lost." (Luke 19:10). Jesus came to rescue us from sin and to restore us to a joy-filled relationship with God.

As born-again disciples of Jesus Christ, we are mission-driven Christians who use our resources of time, talent and treasure to reveal a winning likeness of His character to enlarge His Kingdom at home, at work, and in the community - whether we are dead or alive.

The purpose of a Christian Will is to plan for our absence - to continue our mission-ary work until Jesus comes, so we don't have to sleep so long in the grave, awaiting His coming. "Death will not come one day sooner, brethren, because you have made your will." (*Testimonies for the Church,* Volume 4, page 482)

Suggestion: pray to know His will for your Will as you make your plan.

"Wills should be made in a manner to stand the test of law"…."those who make their wills should not spare pains or expense to obtain legal advice and to have them drawn up in a manner to stand the test." (*Testimonies for the Church,* Volume 4, page 482; Volume 3, page 117)

"The making of wills is a matter that we should consider carefully." … "You must now, while alive, make diligent, faithful work, that after your death gifts and offerings may come into the treasury of the cause of God." … "Your treasure is loaned to you in trust and is the Lord's." Said Christ to John, "Write, Blessed are the dead which die in the Lord from henceforth: Yea, saith the Spirit, that they may rest from their labors; and their works do follow them." (*The Gospel Herald,* December 1, 1901.)

Estate Design Information Organizer

Table of Contents

1 YOUR PERSONAL INFORMATION

Phone #: _____ Date: _____

Your Legal Name

Spouse's Legal Name

Street Address

City State Zip

Mail Address (if different)

Your Employer

Address

Your Occupation Work Phone

Spouse's Employer

Address

Spouse's Occupation Work Phone

	YOU	SPOUSE
Social Security #		
Date of Birth		
U.S. Citizen?	☑ Yes ☐ No	☑ Yes ☐ No
Currently have will or trust? If so, give year & state in which prepared.	☑ Yes ☐ No Yr _____ State _____	☑ Yes ☐ No Yr. _____ State _____
Expect to receive money or other assets from (circle all that apply):	☐ Gift ☐ Inheritance ☐ Lawsuit ☐ Other	☐ Gift ☐ Inheritance ☐ Lawsuit ☐ Other
If so, approximately how much?		$

E-mail _____

Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Present Marriage: ___/___/____ _____ City _____ State

Pre-Marital Agreement? _____ If yes, please supply copy.

Prior Marriages: If yes, give name of your former spouse(s) and your marital status to that spouse:

YOU: ☐ Yes ☐ No

3

_____ Divorced

Name Marital Status

Date of Spouse's Divorced ___/___/____

Administered by: ☐ Probate ☐ None

County and State of Administration

Attorney Handling Administration

SPOUSE: ☐ Yes ☐ No 3

_____ Divorced

Name Marital Status

Date of Spouse's Divorced ___/___/____

Administered by: ☐ Probate ☐ None

County and State of Administration

Attorney Handling Administration

Single: If you are unmarried, is a marriage presently planned? ☐ Yes ☐ No

If yes, date of proposed marriage: ___/___/____

2 YOUR FAMILY - CHILDREN

Do you have any *deceased* children? ☐ Yes ☐ No If yes, please list below:

Name	Birth Date	Date of Death

Living Children

1.
Legal Name _____ Date of Birth _____
☐ Natural ☐ Legally Adopted ☐ Foster
Occupation _____ Soc. Sec. # _____
☐ Married ☐ Needs Special Care ☐ Dependent
Spouse's Name _____ Spouse's Occupation _____
☐ Church _____
Street Address _____
City _____ State _____ Zip _____ Phone _____
Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

2.
Legal Name _____ Date of Birth _____
☐ Natural ☐ Legally Adopted ☐ Foster
Occupation _____ Soc. Sec. # _____
☐ Married ☐ Needs Special Care ☐ Dependent
Spouse's Name _____ Spouse's Occupation _____
☐ Church _____
Street Address _____
City _____ State _____ Zip _____ Phone _____
Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

3.
Legal Name _____ Date of Birth _____
☐ Natural ☐ Legally Adopted ☐ Foster
Occupation _____ Soc. Sec. # _____
☐ Married ☐ Needs Special Care ☐ Dependent
Spouse's Name _____ Spouse's Occupation _____
☐ Church _____
Street Address _____
City _____ State _____ Zip _____ Phone _____
Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

Custody of Children: Describe any custody issues with any of your children.

YOUR FAMILY - CHILDREN - continued

4.

Legal Name _____ Date of Birth _____

Occupation _____ Soc. Sec. # _____

Spouse's Name _____ Spouse's Occupation _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

5.

Legal Name _____ Date of Birth _____

Occupation _____ Soc. Sec. # _____

Spouse's Name _____ Spouse's Occupation _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

6.

Legal Name _____ Date of Birth _____

Occupation _____ Soc. Sec. # _____

Spouse's Name _____ Spouse's Occupation _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

7.

Legal Name _____ Date of Birth _____

Occupation _____ Soc. Sec. # _____

Spouse's Name _____ Spouse's Occupation _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

Custody of Children: Describe any custody issues with any of your children.

YOUR FAMILY - CHILDREN - continued

8.

Legal Name _____ Date of Birth _____

Occupation _____ Soc. Sec. # _____

Spouse's Name _____ Spouse's Occupation _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

9.

Legal Name _____ Date of Birth _____

Occupation _____ Soc. Sec. # _____

Spouse's Name _____ Spouse's Occupation _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

10.

Legal Name _____ Date of Birth _____

Occupation _____ Soc. Sec. # _____

Spouse's Name _____ Spouse's Occupation _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

11.

Legal Name _____ Date of Birth _____

Occupation _____ Soc. Sec. # _____

Spouse's Name _____ Spouse's Occupation _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

Custody of Children: Describe any custody issues with any of your children.

3 YOUR FAMILY - GRANDCHILDREN

- Include children of your deceased children.

1.

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

2.

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

3.

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

4.

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

5.

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

Custody of Grandchildren: Describe any custody issues with any of your grandchildren.

_____

_____

YOUR FAMILY - GRANDCHILDREN - continued

6.
Legal Name _____ Date of Birth _____
Parent's Name _____ Soc. Sec. # _____
Street Address _____
City _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster
☐ Married ☐ Needs Special Care ☐ Dependent
☐ Church _____
Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

7.
Legal Name _____ Date of Birth _____
Parent's Name _____ Soc. Sec. # _____
Street Address _____
City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster
☐ Married ☐ Needs Special Care ☐ Dependent
☐ Church _____
Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

8.
Legal Name _____ Date of Birth _____
Parent's Name _____ Soc. Sec. # _____
Street Address _____
City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster
☐ Married ☐ Needs Special Care ☐ Dependent
☐ Church _____
Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

9.
Legal Name _____ Date of Birth _____
Parent's Name _____ Soc. Sec. # _____
Street Address _____
City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster
☐ Married ☐ Needs Special Care ☐ Dependent
☐ Church _____
Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

10.
Legal Name _____ Date of Birth _____
Parent's Name _____ Soc. Sec. # _____
Street Address _____
City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster
☐ Married ☐ Needs Special Care ☐ Dependent
☐ Church _____
Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

Custody of Grandchildren: Describe any custody issues with any of your grandchildren.

_____

_____

YOUR FAMILY - GRANDCHILDREN - continued

11

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

12

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

13

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

14

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

15

Legal Name _____ Date of Birth _____

Parent's Name _____ Soc. Sec. # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

☐ Natural ☐ Legally Adopted ☐ Foster

☐ Married ☐ Needs Special Care ☐ Dependent

☐ Church _____

Related To: ☐ You Only ☐ Spouse Only ☐ Step Child ☐ Both

Custody of Grandchildren: Describe any custody issues with any of your grandchildren.

_____

_____

4 YOUR FAMILY - PARENTS & SIBLINGS

Are your parents still living? ☐ Yes ☐ No If yes, please provide their name, address and telephone number; also describe their living situation and level of independence.

YOU:

HIS Legal Name

HER Legal Name

Street Address

City State Zip

Phone Number

SPOUSE:

HIS Legal Name

HER Legal Name

Street Address

City State Zip

Phone Number

Living Situation & Independence:

SIBLINGS Please list any deceased siblings first. Then provide the names and addresses of your living siblings.

YOU:

Deceased Siblings

Living Sibilings

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

SPOUSE:

Deseased Siblings

Living Siblings

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

YOUR FAMILY - PARENTS & SIBLINGS - continued

YOU:

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

SPOUSE:

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

Legal Name

Street Address

City State Zip

Phone Number

5 YOUR FINANCIAL INFORMATION - *page 1*

sub-total page 1 = $0.00

1. Real Estate

Location/Address	Description (Parcel, Lot #, etc)	Titled in whose names?	Purchase Date	Cost Basis	Current Value
				Total Real Estate Value =	**$0.00**

2. Titled Property (such as cars, boats, RV's, trailers, etc)

Description	Plate or VIN ID #	Titled in whose names?	Current Value
		Total Titled Property Value =	**$0.00**

3. Checking Accounts (Indicate any P.O.D. Designations)

Name of Institution	Account #	Titled in whose names?	Approximate Balance
		Total Checking Account Value =	**$0.00**

4. Interest Bearing Accounts (Savings, Money market, CDs, etc.) - (Indicate any P.O.D. Designations)

Name of Institution	Account#	Titled in whose names?	Approximate Balance
		Total Interest Bearing Accounts Value =	**$0.00**

YOUR FINANCIAL INFORMATION - *page 2*

sub-total page 2 = $0.00

5. Stocks, Bonds, or Mutual Funds (including company stock)

Type	Broker / Company / Location	Account #	Titled in whose names?	# Shares	Date of Purch	Cost Basis	Current Value
						Total Stocks, Bonds, Mutual Funds Value =	**$0.00**

6. Profit Sharing, IRAs, or Pension Plans

Description	Broker / Location	Account #	Beneficiaries	Current Value
			Total Profit Sharing, IRAs, Pension Plan Value =	**$0.00**

7. Business or Partnership Interests

Description	Beneficiaries	Current Value
	Total Business, Partnership Interests Value =	**$0.00**

8. Life Insurance Policies

Name of Company	Type of Policy	Policy Number	Insured	Beneficiary	Premium	Freq.	Face Value	Cash Value
						Total Values Life Insurance Policies =	**$0.00**	**$0.00**

YOUR FINANCIAL INFORMATION - *page 3*

9. Annuities

Name of Company	Account Number	Contact Name	Contact Number	Beneficiary	Value
				Total Annuity Value =	**$0.00**

10. Money owed to you?

** Do you want a "Cancellation of Debt" clause in your will? ☐ Yes ☐ No (This means that if anyone owes you money at the time of your death, the debt will be cancelled and the debt will be considered as if paid in full.)

Description	** Cancel This Debt?	Approximate Value
	Total Value =	**$0.00**

11. Special items of value: such as coin collections, antiques, jewelry, etc?

Description	Approximate Value
Total Value =	**$0.00**

12. Your debts: such as mortgage(s), credit cards or personal loans?

**If property has a mortgage, lien, or security interest how do you want it handled?

☐ Have the Executor pay off the mortgage, etc. (reducing the residuary estate)? (PO)

OR

☐ The property should be inherited subject to the mortgage, etc. (i.e. the individual receiving the property will be responsible for making any outstanding mortgage payments on the property). (IM)

Company	Contact Number	Account Number	Payment Amt. & Frequency	PO/IM	Approximate Debt
				Total Value =	**$0.00**

13. Remaining personal property: **Approximate Value =**

(Clothes, furniture, tools, equipment, books, instruments, etc.)

14. Total Value of your Estate: every thing you own.

Sub-total Financial Info page 1	$0.00
Sub-total Financial Info page 2	$0.00
Sub-total Financial Info page 3	$0.00

Total Estate Value = **$0.00**

YOUR FINANCIAL INFORMATION - *page 4*

15. Safe deposit box and/or other rental storage space?

Location	Titled in Whose Name?

16. Your Financial Goals

On a scale of 1 to 5, indicate (X) the level of importance for the following goals.

	Lowest 1	2	3	4	Highest 5
Take care of family in the event of death					
Take care of family in the event of disability					
Enjoy a comfortable retirement					
College education for children or grandchildren					
Charitable goals					
No Federal or State Estate Tax					
Other goals					

17. Your Current Annual Income

Source	You	Spouse	Dependent Children
Salaries, Wages			
Interest Income			
Stocks, Bonds, MF, (Reg)			
Pensions, 401k, 403b, SEP			
Individual Retirement Accounts			
Trusts and/or Annuities			
Social Security			
Other Sources			
Total Income	**$0.00**	**$0.00**	**$0.00**

18. Your Liquidity Needs

	At First Death	At Second Death
Cash to Pay Off Mortgages		
Cash to Pay Off Other Liabilities		
Cash for Support of Family or Self		
Cash for Support of Surviving Spouse		
Cash for Children's or Grandchildren's Education		
Cash for Specific Bequests		
Other Cash Needs		
Total Cash Needs	**$0.00**	**$0.00**

6 YOUR PLAN OF INHERITANCE TRANSFERS - *page 1*

Since the exact amount of the residue of your estate cannot be determined at this time, distribute the "Rest and Residue" of your estate on a percentage basis. However, you may wish to designate certain personal effects, property or even smaller amounts of cash to individuals or organizations before the balance is divided by percentages.

A. If you are married, entire estate to surviving spouse? ☐ Yes ☐ No ☐ Not Applicable

If no, describe other provisions:

B. Distribution at death of both husband and wife, or at death if unmarried (Give name, address, and relationship of each beneficiary and ultimate distribution you desire if a beneficiary were to die before your death.):

1. **Should children** born to and/or adopted by you after the date of your new Will be provided for in your plan? ☐ Yes ☐ No

2.

a. **Designate any specific items to specific individuals.** (For example: special china to your daughter, or coin collection to son or nephew, etc)

Name of Person	Address	Description of Gift

b. Residue of Tangible Personal Property:

☐ Yes ☐ No All to my living children equally according to their agreement, or as determined by my Executor/Personal Representative. (The share(s) of minor children is to be distributed under the supervision of the guardian.)

- Should the share of a deceased child be distributed to the child's living children? ☐ Yes ☐ No
- Stepchildren to be treated the same as natural and adopted children? ☐ Yes ☐ No
- Other specific instructions:

3. Special Gifts from all other assets:

Name of person	Address	Description of Gift

4. Care and Education Trust for minor, college age or disabled children:

Beneficiaries of such a Trust would typically receive support (by the specific provisions of the Trust document) such as food, clothing, health care, emergencies, etc., and education in elementary, secondary, college and professional or manual training until youngest child attains a specified age.

a. Single or Separate Testamentary Trusts

☐ Single trust for all children until youngest is _____ years.

☐ Separate trusts for each child.

b. Trust Provisions (Designate ages as desired.)

☐ Support, maintenance, and education to be provided until _____ years.

☐ Yes ☐ No Between ages ____ and ____ years, education only plus assistance in acquisition of personal residence.

☐ Yes ☐ No Between ages ____ and ____ years, distribution of all income. Trust terminates when child or youngest child reaches age ____ years.

c. Educational Provisions

☐ Yes ☐ No Desire that children should be educated in Adventist schools as far as practicable.

☐ Yes ☐ No ONLY PAY educational expenses if child is in an Adventist school.

☐ Yes ☐ No If course of study is not available at an Adventist school, educational expenses will be paid.

d. Tithe and Offering Provision for this Trust

☐ Yes ☐ No Direction to be given to my Trustee to make donations of tithe (10%) and offerings on gross Trust income to my church according to my established pattern.

Special Provisions: _____

_____

_____

_____

_____

5. Distribution at termination of care and education trust:

(Give name address, and relationship of each beneficiary and ultimate distribution you desire if a beneficiary were to die before your death.

%	Beneficiary	Relationship	Address

6. Residuary Clause:

Rest and residue including, but not confined to cash, real property, savings accounts, stocks and bonds, (**percentage amounts should total 100%**).

☐ Yes ☐ No EXPENSES:

Pay the expenses of Trustor(s) estate to the extent that other provisions for said payment have not been made and to the extent that assets outside this Trust and are insufficient to cover said payments. Said expenses shall include last illness, funeral, burial, and other liens and customary costs of adminstering the estate. Said expenses shall include inheritance or estate taxes generated by the probate assets, trust assets or assets passing other than under the Will or Trust.

a. ____ **%** to a **Care and Education Trust** for children, grandchildren, or aging parents.

b. Designate people and/or organizations you wish to benefit.

%	Person/Organization	Address

c. Other designation:

____ **%**

Residuary Clause Total Percent: **0.00%** **% (should equal 100%)**

7. Assets to Fund Trust and/or Gift Annuity

A Charitable Gift Annuity Agreement involves an irrevocable gift to a church organization by a personal donor in exchange for the promise of a church organization to pay the designated annuitant(s) an income for the lifetime(s) of the said annuitant(s); said income payments to be made periodically as agreed by the parties, with the amount of income payment being based on the ages of the annuitant(s).

a. Assets to be transferred to the Gift annuity or Trust:

1. ***Cash*** $ _____

2. ***Real Property Deed(s):*** *(Attach copy of current deed(s), Checklist(s) for Acceptance of Real Estate, and the appropriate Environmental Inspection report(s).)*

_____ Deed to be recorded? ☐ Yes ☐ No

_____ Deed to be recorded? ☐ Yes ☐ No

_____ Deed to be recorded? ☐ Yes ☐ No

3. ***Securities:*** *(Attach the Stock Certificates, signed Stock Power, copy of current statement of account, if any; prepare the Securities Schedule.)*

_____

_____

_____

4. ***Other:*** _____

_____

_____

8. Investment of Assets Transferred to My Revocable Living Trust: Trustee is hereby reuested, instructed and authorized to invest cash assets and/or assets converted to cash as follows:

Amount or %	Investment
	Union Revolving Fund to be loaned to Adventist churches, schools or conferences for use in capital improvement projects.
	Fixed investments, including: Certificates of Deposit or other savings accounts in commercial banks or savings institutions which are insured by an agency of the federal government of the USA, Money Market accounts, and Bond Funds.
	Equity investments, including stocks and mutual funds.
	Other:

9. Other Considerations For Your Will Plan

a. ☐ Yes ☐ No Are you or your spouse **beneficiaries or trustees of any trust?**

b. ☐ Yes ☐ No Do you or your spouse have a **power of appointment under any trust?**

c. **PRIOR WILLS** - Please attach copies of all prior Wills and Trust Agreements of you and your spouse with this Estate Design Information Organizer if convenient, or have them with you at the time of your consultation meeting with the Planned Giving Officer.

d. **INSURANCE** - At the time of your consultation, please have with you all life insurance policies (or copies) and any insurance study which has been prepared for you by your insurance agent.

e. **GIFT TAX RETURNS** - If you have filed any federal or state gift tax returns, please have them with you at the time of your consultation.

f. ☐ Yes ☐ No Have you made any **previous gifts** that you want treated as advancements to be subtracted from the beneficiary's share of the estate after your death?

9. OTHER CONSDERATIONS FOR YOUR WILL PLAN - continued

g. ☐ Yes ☐ No Do you **anticipate any problems** from children and/or other heirs because of the charitable bequest aspects of your estate plan?

If yes, please explain:

h. **INHERITING INSTRUCTIONS:** Do you want your Beneficiaries to receive their inheritances in installments, at certain ages, or all at once?

i. **DO YOU PROVIDE** for someone who requires Special Care? Are you financially responsible for aging parents, or an adult disabled child requiring special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet)?

Name	Age	Relationship	Explanation

j. **INSTRUCTIONS FOR DISTRIBUTION** to surviving descendants (Check either **1, 2** or **3**.)

☐ 1. Per Capita at Each Generation. Meaning equal share to those equally related.

☐ 2. By pro rata. Meaning that the surviving descendants will receive equal shares of the inheritance, regardless of generation.

☐ 3. By representation. Meaning that your surviving descendants will only receive what their immediate ancestor would receive.

k. **ULTIMATE DISTRIBUTION:** Whom do you want to receive your estate if you and /or your spouse outlive ***all*** the Beneficiaries you have named?

Name/Organization	Address	%

Total % = 0.0%

l. **DISINHERITING:** Are there any persons that you specifically **DO NOT** want to receive anything from your estate?

You: ☐ Yes ☐ No **Spouse:** ☐ Yes ☐ No

If yes, list Name and Relationship:

7 YOUR TEAM OF FIDUCIARIES- MANAGERS OF YOUR PLANS

1. <u>Executor</u> - To serve as your representative in carrying out your wishes in your will. (Usually your spouse would be your first choice.)

#1 Choice:

Name _____ Phone _____

Address _____

#2 Choice:

Name _____ Phone _____

Address _____

#3 Choice:

Name _____ Phone _____

Address _____

2. <u>Initial Trustee(s)</u> to manage your trust now; usually you (and your spouse).

Name(s) _____ Phone _____

3. <u>Successor Trustee(s)</u> - Steps in at your incapacity or death. (Can be adult children, trusted friend, or institution.)

#1 Choice:

Name _____ Phone _____

Address _____

#2 Choice:

Name _____ Phone _____

Address _____

#3 Choice:

Name _____ Phone _____

Address _____

YOUR TEAM OF FIDUCIARIES - MANAGERS OF YOUR PLANS - continued

4. <u>Guardian For Minor Children</u> - Responsible adult who will raise your minor children if something should happen to you.

#1 Choice:

Name _____ Phone _____

Address _____

#2 Choice:

Name _____ Phone _____

Address _____

#3 Choice:

Name _____ Phone _____

Address _____

<u>Special Provisions:</u>

_____

_____

_____

_____

_____

_____

_____

_____

8 YOUR SPECIAL INSTRUCTIONS AT YOUR INCAPACITY

1. Do you want a **General Durable Power of Attorney?**

This document lets you choose the person (agent) you want to make financial decisions for you. (Typically, this position is best served by the same person you have chosen to serve as Executor or Successor Trustee.)

YOU: ☐ Yes ☐ No

#1 Choice: Name _____

Address _____

_____

Phone _____

#2 Choice: Name _____

Address _____

_____

Phone _____

#3 Choice: Name _____

Address _____

_____

Phone _____

SPOUSE: ☐ Yes ☐ No

#1 Choice: Name _____

Address _____

_____

Phone _____

#2 Choice: Name _____

Address _____

_____

Phone _____

#3 Choice: Name _____

Address _____

_____

Phone _____

2. Tithe and Offering Provision

☐ Yes ☐ No

Direction to be given to my Power of Attorney Agent to make donations of tithe (10%) and offerings on my gross income to my church according to my established pattern.

Special Provisions:

_____

_____

_____

3. Keeping / Selling Assets:

- If it becomes necessary to sell assets to pay for your or your spouse's care, are there certain assets you prefer to be sold first? ☐ Yes ☐ No
- Are there potential buyers you want contacted? ☐ Yes ☐ No
- Are there certain assets you prefer not be sold unless absolutely necessary? ☐ Yes ☐ No

_____

_____

_____

_____

YOUR SPECIAL INSTRUCTIONS AT YOUR INCAPACITY - continued

4. Do you want a **Health Care Proxy?** This document lets you choose the person (agent) you want to make to make health care decisions for you (including life support) if you are unable to make them for yourself, keeping these personal decisions out of the courts. You may choose anyone you trust; your spouse, friend, or other relative. List your choices below:

You: ☐ Yes ☐ No

#1 Choice: Name _____
Address _____
_____
Home Phone _____
Work Phone _____

#2 Choice: Name _____
Address _____
_____
Home Phone _____
Work Phone _____

#3 Choice: Name _____
Address _____
_____
Home Phone _____
Work Phone _____

Spouse: ☐ Yes ☐ No

#1 Choice: Name _____
Address _____
_____
Home Phone _____
Work Phone _____

#2 Choice: Name _____
Address _____
_____
Home Phone _____
Work Phone _____

#3 Choice: Name _____
Address _____
_____
Home Phone _____
Work Phone _____

5. **Life Support Instructions** -- If you are suffering from a terminal condition at some point from which death is expected in a matter of months, or if you are suffering from an irreversible condition that renders you unable to make decisions for yourself, and life-support treatments are needed to keep you alive, choose the following for life support or no life support options.

a. I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician(s) allow me to die as gently as possible.
You: ☐ Yes ☐ No **Spouse:** ☐ Yes ☐ No

b. I request that attempts be made to keep me alive in this terminal or irreversible condition by using all available, effective life-support treatments.
You: ☐ Yes ☐ No **Spouse:** ☐ Yes ☐ No

6. **Organ and Tissue Donation** -- Answer yes or no to choose/not choose organ/tissue donation.

a. I wish to be an organ/tissue donor.
You: ☐ Yes ☐ No **Spouse:** ☐ Yes ☐ No

7. **Optional** -- Additional statements of medical treatment desires and limitations. (Use back of page if more space is needed:

_____

_____

_____

_____

9 YOUR OTHER INSTRUCTIONS

1. Do you desire any special instructions to be included regarding **burial or cremation.**

You: ☐ Yes ☐ No **Spouse:** ☐ Yes ☐ No

If yes, give details _____

_____

_____

_____

2. Have you selected or do you have a preference for a specific **Funeral Home or Cemetery?**

You: ☐ Yes ☐ No **Spouse:** ☐ Yes ☐ No

_____ _____

Funeral Home Phone Number

_____

Address (City & State)

_____ _____

Cemetery Plot Number

_____

Address (City & State)

10 YOUR ADVISORS

Profession	Name	Address (City, State, Zip)	Telephone
Attorney			
Accountant			
Insurance Agent			
Financial Planner			
Investment Broker			
Pastor			
Physician			

11 YOUR QUESTIONS TO ASK YOUR ATTORNEY

Estate Planning Document(s) Requested:

- ☐ Will Only**
- ☐ Durable Power of Attorney
- ☐ Health Care Proxy
- ☐ Living Will
- ☐ Pour-Over Will
- ☐ Living Trust:
  - ☐ Amendment
  - Credit Shelter Trust
  - ☐ QTIP Trust
  - ☐ Minors Trust
  - ☐ Generation-skipping Trust

Non-Revocable Gift Plan Models

- ☐ Charitable Gift Annuity
- ☐ Charitable Remainder Trust
- ☐ Life-Estate Property Gift by Deed and Donor Agreement
- ☐ Testamentary Charitable Trust
- ☐ Irrevocable Life Insurance Trust

**Note: Electing to have a Will only may result in increased probate costs due to the transfer of real property by Will and/or increased Estate Taxes.

Provide These Documents as needed:

- ☐ Copy of Current Will(s) and Trust(s)
- ☐ Copy of Deed(s)
- ☐ Copy of Vehicle Registration(s) Including Mobile Home, Recreational Vehicles, etc.

12 YOUR DISCLOSURES & INSTRUCTIONS FOR YOUR ATTORNEY

I/We, the undersigned, understand that the information I/we have provided in this document for Attorney _____, who is not corporate legal counsel for **NAME OF YOUR ORGANIZATION (NOYO)** for these purposes, is the basis of my/our estate plan, and that the said Attorney takes no responsibility for any and all consequences relating to my/our estate plan, resulting from my/our failure to provide complete and accurate information.

I/We hereby state that I/we have been advised by (**NOYO)** Planned Giving Advisory Services to seek legal advice and specific recommendations from an attorney before the finalization of any estate plan or for the preparation of estate plan documents such as my/our Last Will and Testament, Living Trust, and other documents as required.

I/We hereby state that the distribution provisions set forth above in this document were done on my/our own volition and that I/we were not influenced unduly by any officer or other representative of **NOYO.**

I/We hereby state that the values assigned to any and all assets appearing in this document are estimates which have been determined solely and exclusively by me/us without the assistance of the Conference. In addition, **NOYO** or its attorney has not and will not undertake any independent investigation or study to determine the accuracy of the values assigned to the various assets which are disclosed in this EDIO.

I/We hereby acknowledge that I/we have been advised and encouraged by **NOYO** to inform family members that my/our estate plan does include charitable religious organizations and I/we

☐ will ☐ will not inform them.

- ☐ Please send originals of my/our estate plan documents and a copy of all related correspondence to **NOYO** for safekeeping.
- ☐ Please send copies of my/our estate plan documents and a copy of all related correspondence to **NOYO** for safekeeping.
- ☐ Please do not send originals or copies of my/our estate plan documents or related correspondence to the **NOYO** for safekeeping.

I/We hereby verify that the above information is correct to the best of my/our own knowledge. I/we hereby authorize the use of information contained herein on my/our behalf in preparing the necessary legal documents by Attorney _____. I/We understand that this information will be kept **CONFIDENTIAL.**

Signature	Date
Signature	Date