

ESTATE PLANNING WORKSHEET



People for Whom You Wish to Plan

(please print clearly in ink)

YOURSELF

Your full legal name _____ Date ____ / ____ / ____

Present marital status Married Single Widowed Divorced Legally separated

Have you been previously married? No Yes If yes, Divorced Widowed Date ____ / ____ / ____

Did you have children prior to this marriage? No Yes If yes, how many? _____

Your date of birth ____ / ____ / ____ Your Social Security Number _____ - _____ - _____

Home address _____

_____ City State ZIP code

Home phone () _____ - _____ Work phone () _____ - _____

Employer _____ Job title _____

Are you a U.S. citizen? Yes No Naturalized E-mail address _____

Check which documents you currently have Will Living Trust Living Will Durable Power of Attorney/Finances
 Durable Power of Attorney/Healthcare Other

Do you and your spouse have a Pre-Nuptial Agreement that identifies and disposes of separate spousal property? Yes No
(If yes, provide a copy)

Name of your church _____

Church address _____

_____ City State ZIP code

SPOUSE

Spouse's full legal name _____ Date ____ / ____ / ____

Have you been previously married? No Yes If yes, Divorced Widowed Date ____ / ____ / ____

Did you have children prior to this marriage? No Yes If yes, how many? _____

Your date of birth ____ / ____ / ____ Your Social Security Number _____ - _____ - _____

Home address _____

_____ City State ZIP code

Home phone () _____ - _____ Work phone () _____ - _____

Employer _____ Job title _____

Are you a U.S. citizen? Yes No Naturalized

Check which documents you currently have Will Living Trust Living Will Durable Power of Attorney/Finances
 Durable Power of Attorney/Healthcare Other

CHILDREN

List all children—minor, adult, or deceased. If you require additional space, attach another page. If you wish to exclude a child as beneficiary of your estate, check the “Exclude” box below. If you have no children, check this box .

Legal name _____ Date of birth ____ / ____ / ____

Social Security Number ____ - ____ - _____ Phone () ____ - _____

Home address _____

City

State

ZIP code

Biological Legally adopted Foster Married Divorced Needs special care Dependent Exclude

Child of present marriage Child of prior marriage of ____ Husband ____ Wife

Legal name _____ Date of birth ____ / ____ / ____

Social Security Number ____ - ____ - _____ Phone () ____ - _____

Home address _____

City

State

ZIP code

Biological Legally adopted Foster Married Divorced Needs special care Dependent Exclude

Child of present marriage Child of prior marriage of ____ Husband ____ Wife

Legal name _____ Date of birth ____ / ____ / ____

Social Security Number ____ - ____ - _____ Phone () ____ - _____

Home address _____

City

State

ZIP code

Biological Legally adopted Foster Married Divorced Needs special care Dependent Exclude

Child of present marriage Child of prior marriage of ____ Husband ____ Wife

Legal name _____ Date of birth ____ / ____ / ____

Social Security Number ____ - ____ - _____ Phone () ____ - _____

Home address _____

City

State

ZIP code

Biological Legally adopted Foster Married Divorced Needs special care Dependent Exclude

Child of present marriage Child of prior marriage of ____ Husband ____ Wife

Legal name _____ Date of birth ____ / ____ / ____

Social Security Number ____ - ____ - _____ Phone () ____ - _____

Home address _____

City

State

ZIP code

Biological Legally adopted Foster Married Divorced Needs special care Dependent Exclude

Child of present marriage Child of prior marriage of ____ Husband ____ Wife

Property for Which You Must Plan

(complete the following information as accurately as possible)

| ASSETS | \$ Value | Joint, Marital, or Sole Ownership | Husband's Separate Assets | Wife's Separate Assets |
|--|----------|--------------------------------------|---------------------------------|------------------------------|
| Personal Residence | | | | |
| Other Real Estate | | | | |
| Second Residence | | | | |
| Vacation Home | | | | |
| Bank Checking/Savings Accounts | | | | |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Credit Union Checking/Savings Accounts | | | | |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Savings Accounts/CDs/Money Market Accounts | | | | |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Tax Sheltered Annuities <i>(that are not part of a retirement plan)</i> | | | | |
| Bonds | | | | |
| Stocks | | | | |
| Savings Bonds | | | | |
| Household Furnishings | | | | |
| Tools and Equipment | | | | |
| Antiques, Collectibles | | | | |
| Jewelry | | | | |
| Vehicles | | | | |
| Business Interests | | | | |
| Life Insurance Policies <i>(current cash value)</i> | | | | |
| Qualified Retirement Plans <i>(IRS, 401k, 403b)</i> | | | | |
| Other Assets <i>(not listed above)</i> | | | | |
| TOTAL ASSETS | \$ | | | |
| LIABILITIES | \$ Value | Joint, Marital, or Sole Liability | Husband's Separate Liability | Wife's Separate Liability |
| Mortgage of Personal Residence | | | | |
| Second Residence | | | | |
| Other Real Estate | | | | |
| Vacation Home | | | | |
| Medical/Other Expenses | | | | |
| Vehicles | | | | |
| Installment Contract(s) | | | | |
| Loans on Life Insurance | | | | |
| Credit Card(s) | | | | |
| Other Debts (not listed above) | | | | |
| TOTAL LIABILITIES | \$ | | | |
| NET VALUE OF ESTATE <i>(total of assets minus liabilities)</i> | \$ | | | |

LIFE INSURANCE, OTHER ASSETS

Include Group Life Insurance through your employer

What is the total death benefit of your Life Insurance? \$ _____

What is the total death benefit of spouse's Life Insurance? \$ _____

Do you anticipate receiving an inheritance, bequest, or distribution from an estate or trust in the next 12-36 months?

No Yes If yes, please describe _____

Prepare a Workable Plan to Meet Your Goals

(check all that apply)

STAGE ONE: Provisions for Spouse

At first death, all property passes to surviving spouse Other *(describe)* _____

STAGE TWO: Provisions for Ongoing Family Needs

A Common Trust for children until the youngest reaches age ____ 18 ____ 22 ____ 25 ____ Other _____

Allow payments from the Common Trust Fund for
____ All needs of minor children ____ Medical expenses ____ Christian education costs ____ College expenses

Allow advancements against the child's final share for
____ Starting/buying into a business ____ Continuing education ____ Down payment on a home ____ Medical expenses

Special Needs Trust for child *(describe circumstances)* _____

Special Needs Trust for others – parents, siblings, or other *(describe circumstances)* _____

STAGE THREE: Final Distribution

Note: Final distributions are typically percentages, rather than dollar amounts, to account for changes in estate size.

Personal Effects

Divide equally among children I will provide a memorandum specifying certain items for specific individuals

Other _____

Remainder of Estate

Gifts to Christian causes

Child named "Charity" ("Charity" is equal to that of each of your children) 10%

Other _____ *(specify)* _____%

Organizations I wish to remember *(provide legal name and address of each)*

Bethany Christian Services, Inc. • 901 Eastern Ave NE • PO Box 294 • Grand Rapids, MI 49501-0294

I wish for my gift to benefit the following Bethany office _____

Participants Needed to Complete Your Plan

Executor/Personal Representative of Your Will

This person will gather all assets in your estate and distribute them according to your wishes.

First Choice _____ Spouse Other _____

Second Choice _____ Spouse Other _____

Guardianship

There are two components inherent in Guardianship: "Guardian of the person," who is responsible for the physical well-being and nurture of children, and the "Trustee," who handles financial decision-making.

Guardian(s) of Your Children

First Choice _____ Second Choice _____

Trustee of Your Children's Fund

First Choice _____ Second Choice _____

Your Estate Representative(s) Should Know These Contacts

Attorney _____ Phone (_____) _____ - _____

Address _____
City State ZIP code

Accountant _____ Phone (_____) _____ - _____

Address _____
City State ZIP code

Bank/Credit Union _____ Phone (_____) _____ - _____

Address _____
City State ZIP code

Bank/Credit Union _____ Phone (_____) _____ - _____

Address _____
City State ZIP code

Broker _____ Phone (_____) _____ - _____

Insurance Agent _____ Phone (_____) _____ - _____

Insurance Agent _____ Phone (_____) _____ - _____

Retirement Plan Administrator _____ Phone (_____) _____ - _____

Other Important Documents to Consider

A Durable Power of Attorney/Finances appoints a person to handle financial transactions as your agent any time you are unable to act for yourself.

First Choice _____ Second Choice _____

A Durable Power of Attorney/Healthcare appoints a person authorized to make healthcare decisions if you are unable to do so for yourself.

First Choice _____ Second Choice _____



Office of Planned Giving
901 Eastern Ave NE • PO Box 294
Grand Rapids, MI 49501-0294
866.905.PLAN (7526) • www.gifts4bethany.org

