

ESTATE PLANNING INFORMATION

FAMILY INFORMATION

All Names should be complete with middle name or initial – NO "nicknames"

Trust Officer: _____ Date: _____

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

Permanent Address: _____
Street City State Zip County

Date of Birth _____ Home Phone _____ Work Phone _____ Cell Phone _____

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

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

Permanent Address: Same Other: _____
Street City State Zip County

Date of Birth _____ 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 (do not provide birthdates) and check here:

Reminder: All Names should be complete with middle initial if known – NO "nicknames"

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

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

Name of Father: _____ Mother: _____

Brothers and Sisters: _____

Name of spouse's Father: _____ Mother: _____

Brothers and Sisters: _____

Burial Plans: Funeral: _____ Cemetery: _____ Contract? Yes No

Employment: _____ Spouse's Employment: _____

Other Family Information: _____

ASSETS (use additional Asset page if necessary)

Accounts: (Checking, Savings, Credit Union, CD, Money Market, Revolving Fund)

Name of Institution	Type of Account (see above) & Number	List <u>all</u> Name(s) on Account	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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

Name of Investment	Type of Investment (see above) & Number	List <u>all</u> Names on Investment	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

IRAs and QUALIFIED RETIREMENT PLANS:

Custodian/Employer	Participant (Husband or Wife)	Type (IRA or Plan)	Primary and Contingent Beneficiaries	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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

Name of person who owes	Terms of Payment	Collateral? (Mortgage, auto)	Balance owed	Documents Signed?
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

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

Address	Type (see above)	Market Value	Amount Owed	Net Value
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Do you have a reverse mortgage? No Yes Amount \$ _____

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

Company	Insured	Type (see above)	Primary and Contingent Beneficiaries	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Personal Property:

Household Furnishings	Automobiles	Camper/RV/Boat	Antiques	Special Tools	Jewelry/Other	Total Value
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Do you own your own business? ____ If "yes," describe whether corporation, LLC, Partnership or Sole Proprietorship and state name and nature of business on reverse side.

Additional Assets: (List on reverse side if necessary) Value
 _____ \$ _____

Total Value of Estate: \$ _____

DISTRIBUTION TO SURVIVING SPOUSE

Skip this section if no 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 to 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 WHEN SECOND SPOUSE DIES OR THERE IS NO SPOUSE

SPECIFIC BEQUESTS OF PROPERTY

List: Certain household furnishings and personal effects to persons specified on a separate list (form will be provided you).	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
General: 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.): Include with furnishings and personal effects 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.

Children: _____% to children in equal shares. If a child is deceased, then that share shall go to his or her issue (your grandchildren).
 If distributing to children in differing amounts, indicate such in "Additional notes" below.

Others: _____% of the estate shall go to: _____ of _____ or if deceased, then to: _____
_____ % of the estate shall go to: _____ of _____ or if deceased, then to: _____

Charity: _____% of the estate shall go to: _____
_____ % of the estate shall go to: _____ located at _____

Additional notes about the distribution of the residue: _____

CARE AND EDUCATION TRUST WHEN "YOUNGER" CHILDREN

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. Do you want such a trust? Yes No

It is recommended the children have 100% of the residue placed in the Trust and then distributed to them according to the percentages you have designated in the "Residue Distribution" when all of the children reach the trust termination age. Is that what you wish? Yes No

If you said "no" then only the percentage you are giving to the children in the "residue distribution" will be placed in the trust unless you note something different below where it asks for "additional terms."

Care and education termination ages range from 18 to 30. What age would you want? _____

There are two types of care and education trusts. Select which one you want:

- Single** "fund" care and education trust. This permits the trustee to use the **ENTIRE** estate where there is the greatest need among the children. This is **RECOMMENDED** unless there is a very large estate.
- Separate** "share" care and education trust. This 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. (This is optional)

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

"COMMON DISASTER" DISTRIBUTION

In the unlikely event your entire family dies as a result of an accident or common disaster, provision should be made for how your estate is to be distributed, **however**, skip this section if your children are out of the household.

Distributions of specific property:

The residue of the estate shall be distributed as follows:

	City	State
_____ % of the estate shall go to: _____ of _____		
_____ % of the estate shall go to: _____ of _____		
_____ % of the estate shall go to: _____ of _____		
_____ % of the estate shall go to: _____ of _____		

If additional clarification is necessary, specify here: _____

SELECTION OF "FIDUCIARIES"

A "fiduciary" is someone you select and entrust with managing your affairs or caring for you children. Fiduciaries are: Trustees, Personal Representatives, Guardians, and Attorney-in-Facts. Please complete the following selection based on whether your estate plan requires selection of these fiduciaries.

TRUSTEE FOR A "CARE AND EDUCATION TRUST"

Skip this section if there is no care and education trust. Appoint individual Trustees, not a couple.

First choice:

_____ Full Name _____ Address _____ Relationship

Second choice:

_____ Full Name _____ Address _____ Relationship

GUARDIAN FOR MINOR CHILDREN

A guardian provides shelter, education and care for the minor in place of the parent until the child reaches age 18. You can name a married couple. Generally, a guardian is appointed IF both parents are deceased, so do not name the other parent of the child.

First choice:

_____ Full Name _____ Address _____ Relationship

Second choice:

_____ Full Name _____ Address _____ Relationship

Note: When designating a couple as guardians, whom do you intend to serve if there is a death or divorce of one of the guardians? _____

PERSONAL REPRESENTATIVE (EXECUTOR) FOR YOUR WILL

Always complete this section, even if there is a "lifetime trust," because there will also be a Will.

First choice: Spouse Not married or not appointing spouse, my choice would then be:

Second choice:

_____ Full Name _____ Address _____ Relationship

Third Choice:

_____ Full Name _____ Address _____ Relationship

REVOCABLE TRUST

Complete this section if you are planning for a lifetime revocable trust rather than a Will only. Otherwise, skip this section. There are two types of lifetime revocable trusts—a "Revocable Trust Agreement" and a "Self Administered Trust."

REVOCABLE TRUST AGREEMENT: A Trustee other than yourself is appointed.

_____ of Seventh-day Adventists, trustee, **OR.**

_____ Full name, address and phone number of first choice

_____ Full name, address and phone number of second choice

SELF ADMINISTERED TRUST (FAMILY TRUST): You are the initial Trustee and the Successor Trustee is:

_____ Full name, address and phone number of first choice

_____ Full name, address and phone number of second choice

POWERS 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 is selected, skip these sections.

DURABLE POWER OF ATTORNEY

Gives another individual the right to act on your behalf in legal and business situations.

Spouse Not married or not appointing spouse, my selection is:

Next in Line: _____
Name Address Phone Relationship

Next in Line: _____
Name Address Phone Relationship

Power of attorney to take affect **IMMEDIATELY.** Power of attorney to take affect when a physician indicates a disability.

ESTATE PLANNING DOCUMENTS DESIRED

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, guardian 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"/> Revocable Trust Agreement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family Trust				
Community Property Agreement	A document used for State of Washington residents. Husband and wife agree that all their community property will vest in the surviving spouse. Those assets will then avoid the necessity of a probate.	<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. In Oregon this document is referred to as an "Advance Directive."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directive to Physicians (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." In Oregon this document is merged into the "Advance Directive."	<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 in 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 TO USE AN ATTORNEY TO PREPARE DOCUMENTS WHO IS RETAINED BY THE CHURCH, BY CHECKING THIS BOX, YOU REQUEST THAT ATTORNEY TO CONTACT YOU PRIOR TO THE PREPARATION OF ESTATE PLANNING DOCUMENTS.

Please store my completed documents in the Western Washington Corporation vault and send me copies.

Acknowledged this _____ day of _____, 20____.

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: _____

