

ESTATE PLANNING CONFIDENTIAL INFORMATION

Date: _____

Client/Charity: _____

FAMILY INFORMATION

Name - Husband:	Title:	DOB:	SSN:	US Citizen Other:
Name – Wife:	Title:	DOB:	SSN:	US Citizen Other:
Address – Physical:		Address- Mailing (if Different) or Seasonal Address:		Date of Marriage:
				Place of Marriage:
Contact – Husband: Home: Work: Cell: Email:	Contact – Wife: Home: Work: Cell: Email:		Maiden Name of Wife’s Mother: Maiden Name of Husband’s Mother:	

Children (Living)	Address	SSN	Date of Birth
1.			
2.			
3.			
4.			
5.			

Children (Deceased)	Date of Death	Place of Death
1.		
2.		
3.		

Name: _____

Previous Marriages: Prior Spouse	Date of Death	Date of Divorce	Child's Name	Child's DOB
Husband's				
Wife's				

Additional Information:

ASSETS

Real Estate (Type) R = Residential; SF = Single Family; C = Commercial; E = Apt.; VC = Vacant Land. How is Title Held?: TC = Tenancy in Common; JT = Joint Tenancy; CP = Community Property; SS = Sole and Separate									
Address	Type	Title Held as	APN	Cost Basis	Mortgage	Market Value	Property Rented?	Trust Beneficiary	If no, state Beneficiary
1.							Yes No	Yes No	
2.							Yes No	Yes No	
3.							Yes No	Yes No	
4.							Yes No	Yes No	

Bank Accounts Use "Addendum" for additional accounts	Type C=Cash S=Savings	Account Number	Held as	Balance	Current Beneficiary	Trust Beneficiary
1.						Yes No
2.						Yes No
3.						Yes No
4.						Yes No

Name: _____

Securities Company Use "Addendum" for additional securities	Shares	Title	Current Value	Cost Basis	Total Value	Current Beneficiary	Trust Beneficiary
1.							Yes No
2.							Yes No
3.							Yes No
4.							Yes No

Promissory Notes (Debtor)	Trust Deed (APN/County)	Date	Original Cost	Balance	Current Beneficiary	Trust Beneficiary
1.						Yes No
2.						Yes No
3.						Yes No

Retirement Plans Bank/Institution Use "Addendum" for additional plans	Trust Deed (APN/County)	Date	Original Cost	Balance	Current Beneficiary	Trust Beneficiary
1.						Yes No
2.						Yes No
3.						Yes No

Name: _____

Life Insurance Company	Policy No.	Type	Title Held as	Insured	Value	Current Beneficiary	Trust Beneficiary
1.							Yes No
2.							Yes No
3.							Yes No

OTHER ASSETS: Please describe in detail	VALUE
Household Furnishings:	
Automobiles:	
Collectibles/Personal Items:	
TOTAL OF ASSETS	

FIDUCIARY INFORMATION

Trustee for Revocable Trust: _____ Self _____ Other, specify _____

First Successor: _____ Relationship: _____
 Address: _____ Phone: _____

Second Successor: _____ Relationship: _____
 Address: _____ Phone: _____

Trustee for Children's Trust: _____ Relationship: _____
 Address: _____ Phone: _____
 Successor: _____ Relationship: _____
 Address: _____ Phone: _____

Termination Criteria: _____ Education provisions: _____
Notes: _____

Trustee for Special Needs: _____
Address: _____
Successor: _____
Address: _____
Notes: _____

Relationship: _____
Phone: _____
Relationship: _____
Phone: _____

Executor of Will for Husband: _____ Spouse _____ Other, specify _____

Address: _____

Phone: _____

Address: _____

Relationship: _____

Alternate: _____

Phone: _____

Second Alternate:: _____

Relationship: _____

Address: _____

Phone: _____

Executor of Will for Wife: _____ Spouse _____ Other, specify _____

Address: _____

Phone: _____

Address: _____

Relationship: _____

Alternate: _____

Phone: _____

Second Alternate:: _____

Relationship: _____

Address: _____

Phone: _____

Guardian for Minor Children: _____

Address: _____

Relationship: _____

Alternate: _____

Phone: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Power of Attorney Agents

HUSBAND

Select one for each category:

Health Care: Effective Immediately
Assets: Effective Immediately

Only upon Incapacity
 Only upon Incapacity

Health Care Agent: _____

Relationship: _____

Address: _____

Phone: _____

Alternate Agent: _____

Relationship: _____

Address: _____

Phone: _____

Second Alternate Agent: _____

Relationship: _____

Address: _____

Phone: _____

Assets: _____

Relationship: _____

Address: _____

Phone: _____

Alternate Agent: _____

Relationship: _____

Address: _____

Phone: _____

Second Alternate Agent: _____

Relationship: _____

Address: _____

Phone: _____

WIFE

Select one for each category:

Health Care: Effective Immediately
Assets: Effective Immediately

Only upon Incapacity
 Only upon Incapacity

Health Care Agent: _____

Relationship: _____

Address: _____

Phone: _____

Alternate Agent: _____

Relationship: _____

Address: _____

Phone: _____

Second Alternate Agent: _____

Relationship: _____

Address: _____

Phone: _____

Name: _____

Assets: _____ Relationship: _____
 Address: _____ Phone: _____
 Alternate Agent: _____ Relationship: _____
 Address: _____ Phone: _____
 Second Alternate Agent: _____ Relationship: _____
 Address: _____ Phone: _____

BENEFICIARIES & DISTRIBUTION

Special Distributions (Personal Effects, Household Goods, Automobiles, Money, etc.):

%	Individual Beneficiary Name & Address Use "Addendum" for additional beneficiaries	Relationship (Spouse, issue, parent, etc.)	SSN & Birth Date	Contingent & Address	SSN & Birth Date	Second Contingent

Other Distribution Contingencies:

Name: _____

%	Charitable Beneficiary Name	Address	Restricted	Specify Restriction	Contingent
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		

THIS IS A LEGAL DISCLAIMER

The undersigned agrees to indemnify and hold WESTERN ADVENTIST FOUNDATION, the PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTIST and its corporate clients and their respective attorneys, directors, corporate officers, employees, agents, assigns and successors-in-interest free and harmless against any and all losses, damages or other liabilities which the undersigned may suffer as a result of providing incomplete or inaccurate information or failing to provide any data necessary to correctly prepare estate or gift planning documents. This includes but is not limited to the failure to provide copies of: recorded deeds for all real property, recent tax bills, property insurance policies, life insurance policies, copies of bank, IRA, & annuity statements, and any and all other information which may be requested by WESTERN ADVENTIST FOUNDATION.

Date

Signature

Signature

Date

Field Officer

Name: _____

