Family Information Organizer

A Guide to Planning Your Will and Trust

SEVENTH-DAY ADVENTIST CHURCH

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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 missionary 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,* Vol. 4, pg. 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,* Vol. 4, pg. 482; Vol. 3, pg. 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)

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Table of Contents

Your personal information 4
Your family – children 5
Your family – grandchildren 6
Your family – parents & siblings 6
Your financial information 7-8
Your plans of inheritance transfers 9
Your team of fiduciaries – managers of your plans 10
Your special instructions at your incapacity 11
Your other instructions – cremation, funeral home, cemetery 11
Your advisors 12
Questions to ask your attorney 12
Planning documents checklist & attorney instructions 13
Disclosure statement & signature 14

Family Information Organizer

Fill out this form: Effective estate planning requires that all relevant information concerning your personal, family, and financial situation be assembled. This form is provided to aid you in organizing that information in a manner an attorney will find useful in giving you legal advice, specific planning recommendations, and in preparing documents for you. If additional space is needed for any part of this form, please include this information on a separate sheet.

CONFIDENTIALITY: The information you give here and all resulting documents and subsequent dealings will be held in the strictest confidence and released to no one without your specific instructions to do so.

Here are some definitions for terms you may encounter as you work through this information form.

Attorney-in-Fact: The person you grant authority to act as your agent.

Beneficiary: Any person or institution which receives anything under the terms of the will, also known as legatee or devisee.

Bequeath: To give or leave by will, used especially for personal property. Same as bequest.

Estate: All the properties, of any kind, which a person owns at any given time. For the purposes of a will, it is all properties which the testator or testatrix owned at the time of death. This includes money, houses, land, stocks, bonds, personal effects, etc.

Guardian: The person you appoint to care for your minor children.

Health Care Representative Appointment & Health Care Power of Attorney: Appointment of a person to make your health care decisions in the event you are unable to do so for any period of time. This document includes your personal instructions as to how to handle certain medical situations.

Living Trust: (Also known as Intervivos Trust / Revocable Trust) A separate document that allows you to transfer your assets to it during your life. It may avoid probate if you meet the requirements of the state in which you live.

Personal Property Memorandum: A paper on which you list specific personal property items that you want to bequeath to a specific person, persons, or entity.

Personal Representative: The person/corporation you appoint to administer your estate and see that the provisions of your will are carried out.

Power of Attorney: Appointment of attorney-in-fact to handle business affairs in your absence or your inability to do so.

Residuary Estate: What remains after debts and expenses of administration, legacies, and devises have been satisfied. It consists of all that has not been legally disposed of by the will.

Self-Trusteed or Self-Administered Trust: A Revocable Trust where you serve as the initial trustee. An alternate trustee must be named in the event you cannot serve as the trustee. NOTE: The assets you place in this trust must be titled in the trust name and not an individual name.

Testamentary Trust: A trust created within your will and a trustee must be appointed. This document does not avoid probate.

Trustee: A person you appoint to administer property you placed in a trust.

RESET

Personal Information	Today's date:
His	**Hers**
Full name:	Full name:
Father's full name:	Father's full name:
Mother's full name:	Mother's full name:
Mother's maiden name:	Mother's maiden name:
Home address:	Home address:
City, state, zip:	City, state, zip:
State of residence Year residence established:	State of residence Year residence established:
County:	County:
Phone, Fax, Email:	Phone, Fax, Email:
Date of birth:	Date of birth:
Prior will date(s):	Prior will dates(s):
Ever lived in a community property (CP) state?	Ever lived in a community property (CP) state?
Select each CP state by writing in period of time: AZ CA ID LA NV NM TX WA WI	Select each CP state by writing in period of time: AZ CA ID LA NV NM TX WA WI
U.S. Citizen? Yes ☐ No ☐ Living alone? Yes ☐ No ☐	U.S. Citizen? Yes ☐ No ☐ Living alone? Yes ☐ No ☐
Are you a veteran? Yes ☐ No ☐	Are you a veteran? Yes ☐ No ☐
Service number/VA number:	Service number/VA number
Any service-related disability:	Any service-related disability:
Any marriage agreement? Prior ☐ or After ☐	Any marriage agreement? Prior ☐ or After ☐
Occupation:	Occupation:
Business street address & city:	Business street address & city:
Business state, zip, phone:	Business state, zip, phone:
Location of personal papers:	Location of personal papers:
Safety deposit box? Name/address of bank:	Safety deposit box? Name/address of bank:
Who has access to safety deposit box?	Who has access to safety deposit box?
Do you have any frozen sperm? Yes ☐ No ☐	Do you have any frozen eggs? Yes ☐ No ☐
Any instructions for the disposal of frozen sperm?	Any instructions for the disposal of frozen eggs?

Family Information

Marital Status:

Wedding date of present marriage:

Wedding city/state:

Have you had any previous marriages? ☐ Him ☐ Her

If yes, name of former spouse and your marital status to them:

Date of spouse's death:

Administered by ☐ Probate ☐ None County/state of administration & attorney:

If you are unmarried, is a marriage presently planned? ☐ If yes, date of planned marriage:

Children from a prior marriage/relationship, or adopted. List each:

Name	Address & phone	Birth Date	His or Hers?

Living children from current marriage. List each:

Name	Address & phone	Birth date	Profession	Marital status	Spouse's name

Deceased children

Name	Birth Date	Date of Death

Surviving children of your deceased children. List each:

Name	Address & phone	Birth Date	His or Hers?

Grandchildren

Name	Address & phone	Birth Date	Parent

Specify any disabilities, special needs, or other instructions of the above children or grandchildren:

Other dependents (Include parent, spouses of children, or others you or your spouse believe to be potentially dependent on you.)

Name	Address & phone	Birth Date	Relationship

Siblings (Please list you and your spouse's siblings.)

Name	Address & phone	Relationship	His	Hers

Comments:

Financial Information

Estimated Personal Balance Sheet

Please supply your estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal financial statement, you may include that with this data form and complete only the retirement and insurance information.

Annual Income/Salary:	Husband	Wife

Asset	**Market Value**	**Cost Basis**	**How Title is Held**
Residence – date of purchase:	$	$	$
Other real property (see schedule)			
Bank accounts and CDs			
Securities (see schedule)			
Business interests			
Life insurance, cash value			
Receivables			
IRAs			
Retirement benefits			
Automobiles			
Boat, camper, etc.			
Household contents			
Household antiques			
Collections (list)			
Riding mower and attachments			
Farm equipment			
Livestock			
Total assets	**$**	**$**	**$**

Does husband or wife:

a. Expect to inherit something from parents or others? Yes ☐ No ☐
b. Expect to receive benefits from a retirement plan? Yes ☐ No ☐
c. Have powers of appointment? Yes ☐ No ☐
d. Expect to receive gifts from parents or others? Yes ☐ No ☐
e. Have beneficial interests in trusts? Yes ☐ No ☐
f. Have an interest in a Buy-Sell Agreement? Yes ☐ No ☐

Liabilities	**Market Value**	**Cost Basis**	**How Title is Held**
Real estate mortgages	$	$	$
Unpaid taxes: income & property			
Credit cards			
Auto loans			
Personal signature loans			
Personal property loans			
Other bank loans			
Student loans			
Personal notes payable			
Total Liabilities	$	$	$
Net Worth (total assets less total liabilities)	$	$	$
Value of potential inheritance	$	$	
Life insurance death benefit	$	$	
Subtotals	$	$	$
Total potential estate, including insurance and value of potential inheritance			$
Accidental death insurance	$	$	

My Plans of Inheritance Transfer

All to spouse Yes ☐ No ☐	
Personal property and household goods according to a separate list? Yes ☐ No ☐	
Specific bequests:	
Residual/Remainder:	
_____% to Children's Trust	Trust terminates at ____ years of age ☐ baccalaureate degree
Power to trustee to return tithe? Yes ☐ No ☐	
Residual Distribution (If no children's trust or at termination of children's trust):	
_____% to CCOSDA for the benefit of:	
In the event all the above are predeceased, distribute as follows:	

Fiduciaries

His		Hers	
Personal representative			
Name	Address & phone	Name	Address & phone
1. Spouse? Yes ☐ No ☐		1. Spouse? Yes ☐ No ☐	
2.		2.	
3.		3.	
Do you want a Durable Power of Attorney? (This person/agent will make financial decisions for you) Yes ☐ No ☐		Yes ☐ No ☐	
1. Spouse?		1. Spouse?	
2.		2.	
3.		3.	
Power to agent to make gifts/tithe? Yes ☐ No ☐		Power to agent to make gifts/tithe? Yes ☐ No ☐	
Effective date: ☐ Date of signing **OR** ☐ Date of disability or incapacity determined by physician		Effective date: ☐ Date of signing **OR** ☐ Date of disability or incapacity determined by physician	
Health care representative (This person will make health care decisions, including life support, if you are unable to make them for yourself)			
1. Spouse?		1. Spouse?	
2.		2.	
3.		3.	
Are you interested in preparing a Living Will?			
Yes ☐ No ☐		Yes ☐ No ☐	
Are you interested in preparing a Self-administered Revocable Trust?			
Yes ☐ No ☐		Yes ☐ No ☐	
Alternate Trustee:		Alternate Trustee:	

Guardian for minor children		
Name	Address & phone	Relationship
1.		
2.		
3.		
Trustee of Children's Trust or Successor Trustee		
1. Same as guardian? Yes ☐ No ☐		
2.		
3.		

Your Special Instructions at Your Incapacity

1.	**Keeping/Selling Assets**	**Yes**	**No**
	If it becomes necessary to sell assets to pay for you or your spouse's care, are there certain assets you prefer to be sold first?	☐	☐
	Are there potential buyers you want contacted? If so, list whom:	☐	☐
	Are there certain assets you prefer not be sold unless absolutely necessary? If so, list:	☐	☐

2.	**Life Support Instructions** If you are suffering from a terminal condition 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 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.	
	His Yes ☐ No ☐	**Hers** 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.	
	His Yes ☐ No ☐	**Hers** Yes ☐ No ☐

3.	**Organ and Tissue Donations**	
	I wish to be an organ/tissue donor.	
	His Yes ☐ No ☐	**Hers** Yes ☐ No ☐

4.	**Optional**	
	Additional statements of medical treatment desires and limitations:	

5.	**Burial or Cremation**	
	Do you have any special instructions regarding burial or cremation? If yes, provide details.	
	His Yes ☐ No ☐	**Hers** Yes ☐ No ☐
	Have you selected or do you have a preference for a specific **Funeral Home** or **Cemetery**? If yes, provide details.	
	His Yes ☐ No ☐ Funeral Home address & phone: Cemetery address & phone: Plot number:	**Hers** Yes ☐ No ☐ Funeral Home address & phone: Cemetery address & phone: Plot number:

Your Advisors

Profession	Name	Address	Phone
Attorney			
Accountant			
Insurance Agent			
Financial Planner			
Investment Broker			
Pastor			
Physician			

Questions to ask the attorney about your estate plan

Our plans to execute documents:

- ☐ **Attorney's Office**
- ☐ **Chesapeake Conference Office**
- ☐ **Local Bank/Other (fees may apply, requires 2 witnesses)**

Estate Planning Document(s) Requested

☐	Will	☐	Health Care Representative
☐	Pour-Over Will	☐	Testamentary Charitable Trust
☐	Revocable Trust	☐	Charitable Remainder Trust
☐	Minors Trust	☐	Charitable Gift Annuity
☐	Advance Directive/Living Will	☐	Life-Estate Property Gift by Deed and Donor Agreement
☐	Durable Power of Attorney	☐	

Provide these documents as needed:

☐	Existing Wills and Trust Agreements
☐	Real Property Deeds
☐	Deeds of Trust and Notes
☐	Partnership and Corporate Agreements and Tax Returns
☐	Retirement and Deferred Compensation Agreements
☐	Life Insurance Policies
☐	Powers of Attorney
☐	Most Recently Filed Individual Income Tax Returns

Attorney Instructions

The attorney or firm working on preparing the above documents may reach me/us by these methods:
The best time of day to contact me is: