



ESTATE PLAN WORKSHEET

Today's Date: _____

Section 1: The PEOPLE for Whom You Must Plan

Your Name: _____ /_____/_____
DOB Soc. Sec. #

Spouse's Name: _____ /_____/_____
DOB Soc. Sec. #

Address: _____

_____ Email: _____

Telephone: Home: (_____) _____ Work: (_____) _____

Are you a U.S. citizen? Husband: ☐ Yes ☐ No Wife: ☐ Yes ☐ No

Is this your first marriage? Husband: ☐ Yes ☐ No Wife: ☐ Yes ☐ No

If not: Husband: ☐ Widowed ☐ Divorced Wife: ☐ Widowed ☐ Divorced

Further Information: _____

Children:

<u>Legal Name</u>	<u>DOB</u>	<u>Marital Status</u>	<u>Spouse's Name</u>	<u># of Children</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other People for Whom You Wish to Provide (e.g., elderly parents): _____

What **special** needs do any of these people have (e.g., mental or physical disabilities, divorce/separation, inability to manage money): _____

Section 2: The PROPERTY for Which You Must Plan

ASSETS: (Give accurate estimate of current market value)

How Titled?

		Jointly	Husband	Wife
Home	\$ _____	_____	_____	_____
Other Real Estate	\$ _____	_____	_____	_____
Money Owed <u>TO</u> you	\$ _____	_____	_____	_____
Personal Property	\$ _____	_____	_____	_____
(Vehicles, Jewelry,	\$ _____	_____	_____	_____
Antiques, Art, etc.)	\$ _____	_____	_____	_____
Retirement (IRAs, 401(k),	\$ _____	_____	_____	_____
Vested Pensions, Keogh,	\$ _____	_____	_____	_____
Roth, Education IRA)	\$ _____	_____	_____	_____
Stocks, bonds, cash	\$ _____	_____	_____	_____
Business Interests	\$ _____	_____	_____	_____
Other Assets Not Listed	\$ _____	_____	_____	_____

LIFE INSURANCE

Listed Beneficiaries

On husband (term)	\$ _____	Primary _____
(whole life)	\$ _____	Secondary _____
On wife (term)	\$ _____	Primary _____
(whole life)	\$ _____	Secondary _____

LIABILITIES:

Total Assets: \$ _____

(Assets + Life Ins.)

Home Mortgage	\$ _____
Other Secured Debts	\$ _____
Unsecured Debts (family loans; credit card)	\$ _____

Total Liabilities: \$(_____ **)**

NET CURRENT ESTATE VALUE: \$ _____

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

If so, please describe: _____

Section 3: A PLAN to Meet Your Stewardship Goals

YOUR CURRENT PLANNING STATUS:

Do you have an existing Will or Trust? ☐ Yes ☐ No

If yes, date and place it was signed: _____

Do you have a Durable Power of Attorney For Property? ☐ Yes ☐ No

Do you have a Power of Attorney for Healthcare? ☐ Yes ☐ No

PREPARING A WORKABLE PLAN (check all that apply)

Distribution to Family

- ☐ Upon the first to die, all property passes to surviving spouse.
 - ☐ Other (describe): _____
- ☐ Upon death of survivor, divide personal effects relatively equally among children
- ☐ Leave a "memorandum" which specifies certain items to go to individuals
 - ☐ Other: _____

Distribution of Residue:

- ☐ Remainder to children in equal shares at age _____
 - ☐ Distributed to them outright
 - ☐ Distributed to them in installments
 - ☐ 1/2 at 25, 1/2 at 30
 - ☐ 1/3 at ages 25,30 and 35
 - ☐ Other (describe): _____
- ☐ Other distribution of remainder (describe): _____

Provisions for Ongoing Family Needs (prior to ultimate distribution)

- ☐ A *Separate Share Trust* for each child

OR

- ☐ A *Common Trust* for children until the youngest reaches age:
☐ 18 ☐ 22 ☐ 25 ☐ Other: _____

Allow payments from the **common** fund for:

- | | |
|--|--|
| <input type="checkbox"/> All needs of minor children | <input type="checkbox"/> Christian education costs |
| <input type="checkbox"/> Medical expenses | <input type="checkbox"/> College expenses |

Allow **advancements** charged against the child's final share for:

- | | |
|--|---|
| <input type="checkbox"/> Starting/buying into a business | <input type="checkbox"/> College/Graduate Education |
| <input type="checkbox"/> Down payment on reasonable home | <input type="checkbox"/> Medical expenses |

☐ *Special Needs Trust* for child (describe): _____

☐ *Special Needs Trust* for others (e.g. parents) Describe: _____

Gifts to Kingdom Causes:

- ☐ Distribute when children are raised and Distributions of Principal are made to them
- ☐ Distribute immediately upon death of survivor
- ☐ Percentage to Christian causes:
 - ☐ Child Named Charity (charity share equal to that of each child)
 - ☐ Ten Percent (10%)
 - ☐ Other (specify) _____ %

Organizations I wish to remember: (list legal name and address of each organization)

Final distributions are usually done by **percentage** rather than **dollar amount** to account for changes in estate size.

****Barnabas Foundation is willing to act as a "flow-through" channel for your charitable gifts. Rather than naming the causes directly in your Will, you may leave the percentage to Barnabas Foundation and periodically update instructions to us naming your current charitable beneficiaries.*

- ☐ Use Barnabas Foundation as flow-through channel
- ☐ Name charities directly in Will

Common Disaster (contingent distribution in case no individual beneficiaries survive)

- ☐ Individuals _____ %
 _____ %
 _____ %
 _____ %
- ☐ Charity(ies) _____ %
 _____ %
 _____ %
 _____ %

Special or Unique Situations and Concerns

Many people find that they have special family situations or unusual personal concerns which are preventing them from preparing an effective estate plan. Barnabas Foundation staff specialize in confidentially helping people find unique, Christian solutions to these problems. If you have special situations or concerns, please list them here.

Section 4: The PARTICIPANTS Needed to Make Your Plan Work

Personal Representative (Executor) This is the person who will gather all the assets in your estate and distribute them according to your wishes.

First Choice:

- ☐ Spouse
☐ Other _____

Second Choice: _____

Guardianship has two components: "Guardian of the person" who is physically responsible for the well-being and nurture of the children, and the "Trustee" who handles financial decision-making.

Guardian(s) of your children:

First Choice: _____

Second Choice: _____

Trustee of your Children's Trust:

First Choice: _____

Second Choice: _____

Your estate representatives should also know whom to contact

Attorney: (name and address) _____

Accountant: (name and address) _____

Broker: (name and address) _____

Insurance Agent/Company: (name and address) _____

Retirement Plan Administrator: (name and address) _____

Other Important Documents to Consider

Durable Power of Attorney appoints a person to carry on financial transactions as your agent at any time you are unable to act yourself.

First Choice:

- ☐ Spouse
☐ Other _____

Second Choice: _____

Power of Attorney for Health Care You may also choose an agent who will make your medical decisions for you in case you are incapacitated and unable to make those decisions for yourself.

First Choice:

- ☐ Spouse
☐ Other _____

Second Choice: _____

We would be most happy to answer any personal questions you have which are not covered by the general material above.

☐ Questions we need to discuss with Barnabas Foundation:

Barnabas Foundation
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