

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 with birthdates, 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: \$ _____

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: _____

