



CHRISTIAN ESTATE PLANNING  
INFORMATION FORM

*"Lay up for yourselves treasures in heaven..."*

-Matthew 6:20

**FAMILY DATA**

Marital Status \_\_\_\_\_ Wedding Anniversary \_\_\_\_\_

Full Legal Name (First - Middle - Last)	Age	Gender	County of Residence
<i>Client</i>			
Home Address: _____		City: _____ State/Zip: _____	
Telephone: Home _____		Cell _____	
Email address: _____		Date of Birth: _____	
Occupation: _____		Employer: _____	
<input type="checkbox"/> U.S. Citizen			

Full Legal Name (First - Middle - Last)	Age	Gender	County of Residence
<i>Spouse</i>			
Email address: _____		Date of Birth: _____	
Occupation: _____		Employer: _____	
<input type="checkbox"/> U.S. Citizen			

Child's Legal Name	Gender	Date of Birth	Age	Single or Married?	Dependent?	Adopted?	Deceased?
1.							
2.							
3.							
4.							
5.							

**EXISTING LEGAL DOCUMENTS**  NEVER CREATED A WILL

Date of Last Will \_\_\_\_\_ Was it notarized? \_\_\_\_\_ State of will creation? \_\_\_\_\_

Date of Power of Attorney document \_\_\_\_\_ Living Will/Health Care Surrogate? \_\_\_\_\_

Check if you have a:  Living Trust  Marital By-pass Trust  Other Trust Document

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<b>For Office Use Only:</b> <input type="checkbox"/> WILL <input type="checkbox"/> POA <input type="checkbox"/> HCS <input type="checkbox"/> DLF Model: <input type="checkbox"/> MC/MIN <input type="checkbox"/> MC/AD <input type="checkbox"/> SING/MIN <input type="checkbox"/> SING/AD Will: <input type="checkbox"/> PT/EX <input type="checkbox"/> PT/NAME <input type="checkbox"/> G2M <input type="checkbox"/> MEMO <input type="checkbox"/> EX<21 POA: <input type="checkbox"/> SPRING <input type="checkbox"/> IMMED <input type="checkbox"/> 2 <sup>nd</sup> ALT <input type="checkbox"/> A<21 HC: <input type="checkbox"/> PANEL <input type="checkbox"/> NO PANEL <input type="checkbox"/> 2 <sup>nd</sup> ALT <input type="checkbox"/> A<21 EST _____ G2M: <input type="checkbox"/> CEVE <input type="checkbox"/> FVE <input type="checkbox"/> TOD <input type="checkbox"/> CASH <input type="checkbox"/> LI <input type="checkbox"/> MET MJD <input type="checkbox"/> ATTEND PW _____
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## HEALTH CARE AGENT

In the event you are determined by health care providers to be incapacitated and unable to provide informed consent to medical treatment and surgical or diagnostic procedures, name a primary individual and an alternate to be designated to serve as a surrogate for health care decisions.

Name, city & state of the person you desire to be your primary health care agent:

<i>Client's Primary Choice:</i>	<i>Spouse's Primary Choice:</i>

Name, city & state of the person you desire to be your alternate health care agent:

<i>Client's Alternate Choice:</i>	<i>Spouse's Alternate Choice:</i>

*You may include a second alternate health care agent by including additional names above.*

Do you want to include a provision creating a presumption in favor of life sustaining treatment and establishing a panel of individuals who must give unanimous consent to approve any procedure that is intended to result in your death?

Yes     No     Uncertain

*If you answered "yes" to the above question, please identify your panel of individuals below:*

In the event your health care agent proposes a course of action which is intended to result in your death (such as, removal of a feeding tube), name three individuals who must give unanimous consent.

<i>Client's Choices:</i>	<i>Spouse's Choices:</i>
1. Name, City & State:	
2. Name, City & State:	
3. Name, City & State:	

## POWER OF ATTORNEY

*A Power of Attorney is a legal document that delegates authority to make financial and legal decisions on your behalf. If you name your spouse, the power will be granted immediately, otherwise it will take effect only while you are incapacitated and legally unable to make those decisions on your own (springing power). The individual you name as "attorney-in-fact" can be a family member or other adult (and need not be a lawyer.) The power terminates at death.*

Name, city & state of the person you desire to be your primary attorney-in-fact:

<i>Client's Primary Choice:</i>	<i>Spouse's Primary Choice:</i>

If your first choice is unable or unwilling to serve, please name an alternate attorney-in-fact:

<i>Client's Alternate Choice:</i>	<i>Spouse's Alternate Choice:</i>

*You may include a second alternate attorney-in-fact by including additional names above.*

# LAST WILL & TESTAMENT

- Do you expect or reasonably hope to receive an inheritance?  Yes  No  Uncertain
- Do you have life insurance coverage? (If so, how much? \_\_\_\_\_)  Yes  No  Uncertain
- Is your estate value under \$3,500,000? (not including insurance)  Yes  No  Uncertain
- Is your estate value under \$675,000? (not including insurance)  Yes  No  Uncertain

## EXECUTOR:

*Every will must have an executor (in some states called a "personal representative.") An executor is a person who will carry out the intent of your will and administer your estate after you die. The executor's duties also include the disbursement of property to the beneficiaries as designated in the will, obtaining information about any other potential heirs, and collecting and arranging for payment of debts of the estate. An executor also makes sure estate taxes are calculated, necessary forms are filed and tax payments made, and in all ways assists the attorney for the estate. It is usually helpful, although not legally required in most states, that the executor live in your home state.*

Name, city & state of the person you desire to be the primary choice as executor of your estate:

<i>Client's Primary Choice:</i>	<i>Spouse's Primary Choice:</i>
_____	_____
_____	_____

If your first choice is unable or unwilling to serve, please name an alternate executor:

<i>Client's Alternate Choice:</i>	<i>Spouse's Alternate Choice:</i>
_____	_____
_____	_____

## GUARDIANSHIP OF MINOR CHILDREN:

NOT APPLICABLE

*A legal guardian is a person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward. In your will, you may appoint a legal guardian to raise your minor children (under 18) in your absence. Much care should be taken in choosing an appropriate guardian who will reflect your values and beliefs. Include both spouses if your chosen guardian is married so that each will have authority to act on behalf of the child(ren).*

Name, city & state of primary designated guardian for dependent children:

\_\_\_\_\_

\_\_\_\_\_

If your first choice is unable or unwilling to serve, please name an alternate guardian:

\_\_\_\_\_

\_\_\_\_\_

## PROPERTY TRUSTEE FOR POTENTIAL MINOR BENEFICIARIES:

*If you have named a minor as a potential beneficiary or you have (or could have) minor grandchildren, you should consider designating a trustee to manage the property the minor stands to inherit. (The trustee can be the same individual or a different individual than the one you name as the guardian of your minor children—or your executor can serve in both roles.)*

Do you wish to designate a trustee to manage the property any minor beneficiaries stand to inherit?  Yes  No  Executor

Name, city & state of designated trustee for minor beneficiaries, if any:

<i>Primary Trustee</i>	<i>Alternate Trustee</i>
_____	_____
_____	_____

At what age should the property be distributed to the minor beneficiary(ies)?

- 21  25  Other: \_\_\_\_\_

## MINISTRY PRIORITIES

Would you like to include an estate gift to the Lord's work through the local church where you are a member at your death?

Yes \_\_\_\_\_  No

Please list any other ministries you would like to include:

Ministry:

Amount/Percent:

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Should these gifts be given immediately at your death or only on the condition that your spouse dies before you?

Immediate  Conditional

## CURRENT CHURCH AFFILIATION

Church Name, City/State: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

## DISTRIBUTION:

- I wish to make a specific bequest of cash, property or other items of real or sentimental value to **someone other than my descendants or natural heirs.** (If you have specific items you wish to leave to your descendants (children or grandchildren), **do not list them here.** See below for further instructions.)

**Beneficiary & Address**

**Amount or Percentage**

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Check all of the following options below in order of distribution priority:

- I wish to leave all my remaining worldly possessions to my spouse. If my spouse does not survive me, then to:
- My children in equal shares, or
- The following beneficiaries according to the amounts and/or percentages designated below:

**Beneficiary & Address**

**Amount or Percentage**

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*If a named beneficiary dies before you, the bequest will pass to the heirs of the deceased beneficiary who will receive the amount that the beneficiary would have received had he lived.*

- I have specific items of personal property for which I want to leave non-binding suggestions to my executor for him/her to offer to specific heirs as part of their overall inheritance. (A clause will be inserted into your Will referring to a memorandum you can later prepare and change/update listing these items and their beneficiary.)

## CHRISTIAN TESTIMONY

We will incorporate into your Will a statement of your Christian testimony. If you would like for us to include a personal note describing how you came to know Christ as your Savior, please write it out on a blank page (one concise paragraph) and include it with your completed estate planning information form.

*Thank you for completing the Eternal Vision Christian Estate Planning Form. The information contained on this form will be held as strictly confidential and will be used by an experienced adviser only for the purposes of assisting you in meeting your Bible-based stewardship goals.*