



**Georgia Baptist  
Foundation**

File No: \_\_\_\_\_

Date: \_\_\_\_\_

# Estate Preparation Worksheet

Mr.  Dr.  Rev. \_\_\_\_\_

DOB: \_\_\_\_\_ No. of Marriages: \_\_\_\_\_

Occupation: \_\_\_\_\_ SSN: *( To be requested later if necessary )*

Miss.  Ms.  Mrs.  Dr. \_\_\_\_\_

DOB: \_\_\_\_\_ No. of Marriages: \_\_\_\_\_

Occupation: \_\_\_\_\_ SSN: *( To be requested later if necessary )*

Marriage Status:

Married  Divorced  Widowed  Single  Separated  Engaged

If widowed, please provide former spouse's date of birth: \_\_\_\_\_

## CONTACT DETAILS

Street: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

His Phone: \_\_\_\_\_ Her Phone: \_\_\_\_\_

His Email: \_\_\_\_\_ Her Email: \_\_\_\_\_

## FAMILY DETAILS

*( Please list all children, living or deceased, from this and prior marriage(s), whether or not they will receive from your estate. Omitted children can contest a will. )*

Children Names:	His / Hers / Ours:	Age:
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Do you plan to have more children? Yes  No

1. After the death of both you and your spouse, who would you appoint to have physical custody and care over your minor children?

Guardian 1: \_\_\_\_\_

Guardian 2: \_\_\_\_\_

2. Who would you appoint to manage and distribute any property received in trust for your minor children?

Trustee 1: \_\_\_\_\_

Trustee 2: \_\_\_\_\_

3. Who will collect your assets, pay the debts and expenses of your estate, and distribute your remaining property?

Is your spouse your personal representative? Yes  No

*( Please name alternates below in the event your spouse is unable to serve. )*

His 1st Alternate: \_\_\_\_\_

Her 1st Alternate: \_\_\_\_\_

His 2nd Alternate: \_\_\_\_\_

Her 2nd Alternate: \_\_\_\_\_

4. Who would make health care decisions on your behalf if you were incapacitated?

Is your spouse your surrogate health care representative? Yes  No

*( Please name alternates below in the event your spouse is unable to serve. )*

**His 1st Alternate:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Her 1st Alternate:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**His 2nd Alternate:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_



City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Her 2nd Alternate:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Who would continue your day-to-day business, pay bills, etc. if you were incapacitated?

Is your spouse your Power of Attorney? Yes  No

*( Please name alternates below in the event your spouse is unable to serve. )*

**His 1st Alternate:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Her 1st Alternate:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**His 2nd Alternate:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Her 2nd Alternate:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Do you have any specific estate planning concerns?

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**DISTRIBUTION OF YOUR ESTATE**

It is assumed unless you indicate otherwise that your entire estate will pass to your spouse, if surviving.

Will you be passing you entire estate to your spouse or church where you are a member or active at the time of my death?

Please describe below your desired distribution after both husband and wife are passed.

1. Personal effects and household furnishings to be distributed:

- by separate list attached to will/trust
- at discretion of personal representative
- to children in equal shares as they choose
- as follows: \_\_\_\_\_

2. Specific Charitable Bequest(s) of cash or property:

Which ministries or charities do you desire to leave a bequest to upon your death?  
( Example: 10%, a tithe of your estate, or \$xxxx? )

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If you have chosen to make a charitable gift, do you want us to inform the charity?

Yes  No

3. Specific Non-Charitable Bequests of cash or property: *(to specifically named person or persons)*

\_\_\_\_\_  
\_\_\_\_\_

4. The Rest and Residue of my estate:

A. \_\_\_\_\_ % to my children in trust for their care support, maintenance and education. Trust terminates when youngest reaches \_\_\_\_\_ years of age, or when, in the opinion of the trustee, has completed education.

At termination of the trust, remaining trust property passes:

(1) \_\_\_\_\_ % or \$ \_\_\_\_\_ to \_\_\_\_\_, and/or other named ministries/charities

\_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_ % to the children in equal shares. In the event any child predeceases me or does not survive termination of the trust, their portion shall pass:

\_\_\_\_\_ per stirpes ( *the property will pass through the generation i.e., to your children's children* )

or \_\_\_\_\_ per capita ( *the property will pass only to the surviving of your children* )

B. \_\_\_\_\_ % to \_\_\_\_\_

C. \_\_\_\_\_ % to \_\_\_\_\_

D. \_\_\_\_\_ % to \_\_\_\_\_

E. \_\_\_\_\_ % to \_\_\_\_\_

*(Note: The percentages listed above for distribution of the rest and residue of your estate must add up to 100%! Please list additional information in the NOTES section at the bottom of page 3 or by attaching additional pages to this form.)*



Include IRA Conduit Language in Revocable Living Trust (RLT)? Yes  No

Include Christian testimony preamble? Yes  No

Who is able to invest in margins, futures, options? Yes  No

Do any beneficiaries have special needs (i.e. incapacitated, handicapped, in nursing home or in-home care, receiving SSI, Medicaid or other benefits that may be jeopardized by inheritance)? Please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of the simultaneous death of you, your spouse and your children, or if none survive you, or none survive termination of any trust set forth in your will, and have left no issue, to whom would you distribute your estate?

(1) \_\_\_\_\_ % or \$ \_\_\_\_\_ to \_\_\_\_\_ , and/or other named ministries/charities:

- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

Is your individual gross estate valued at over \$11,200,000, or \$22,400,000 jointly?

Yes  No

If you are married, is your real property titled as Joint Tenants with Right of Survivorship?

*( Please provide a copy of your Warranty Deed so we may review this with you. )*

Yes  No

Do you own real estate in any state other than your state of residence? Yes  No

*( If YES, please provide a copy of the Warranty Deed and tax ID number for each piece of property in which you have an ownership interest, including your residence, time shares, vacation home, vacant lot, etc. )*





Please attach additional sheets as necessary to provide all the information requested.

**BILLING** Estimated Fee: \$ \_\_\_\_\_

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**ASSET INVENTORY**

(This information is collected to determine if you require Federal and/or State estate tax avoidance planning.)

ITEM	VALUE	DEBT	HIS / HERS / JOINT W/WHO?		
Primary Residence	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Real Estate	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Share Interest	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Belongings	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobiles	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collectibles	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash & CDs	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks & Bonds	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Assets	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance (his)	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance (hers)	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Plan/IRA (his)	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Pension Plan/IRA (hers)	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loans/Receivables	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTALS</b>	\$	— \$			= \$

( Networth )

**DEEDS**

( Only needed for RLT preparation )

Street Address: \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ M/P \_\_\_\_\_

Grantor: \_\_\_\_\_ Deed Book \_\_\_\_\_ , page \_\_\_\_\_

Street Address: \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ M/P \_\_\_\_\_

Grantor: \_\_\_\_\_ Deed Book \_\_\_\_\_ , page \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ M/P \_\_\_\_\_

Grantor: \_\_\_\_\_ Deed Book \_\_\_\_\_ , page \_\_\_\_\_

