

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

I/We are members of the _____ Seventh-day Adventist Church, located in _____, Florida. I/We desire to initiate the estate planning process with the Southeastern Conference Association of Seventh-day Adventists (“Southeastern Conference”). I/We authorize the Southeastern Conference to forward this Estate Planning Questionnaire to an attorney for the preparation of my/our estate plan documents.

I/We desire to establish a Revocable Living Trust and I/we understand that an additional cost is associated with the establishment of a Revocable Living Trust and any additional legal documents prepared by the attorney.
(Circle one) Yes / No.

I/We would like to store my/our original estate plan documents within the Southeastern Conference vault.
(Circle one) Yes / No.

I/We would like to personally handle the storage of my/our estate plan documents.
(Circle one) Yes / No.

Signature of Party 1

Date

Signature of Party 2

Date

PARTY 1 (Male)

Last Name: _____

First Name: _____

Middle Name: _____

Other Name: _____

Date of Birth & Age: _____

Social Security No.: _____

Home Address: _____

County of Residence: _____

Vacation Home Address: _____

Telephone No.: (Home) _____
(Cell) _____
(Work) _____

E-mail Address: _____

May we send draft documents by e-mail: __Yes __No

Occupation: _____

Place of Employment: _____

PARTY 2 (Female)

Last Name: _____

First Name: _____

Middle Name: _____

Other Name: _____

Date of Birth & Age: _____

Social Security No.: _____

Home Address: _____

County of Residence: _____

Vacation Home Address: _____

Telephone No.: (Home) _____
(Cell) _____
(Work) _____

E-mail Address: _____

May we send draft documents by e-mail: __Yes __No

Occupation: _____

Place of Employment: _____

If self-employed, name of business:

Veteran? Yes No
U.S. Citizen? Yes No

Marital Status:
 Married (1st)
 Married (2nd)
 Married (3rd)
 Separated
 Divorced
 Single
 Widowed

Check if you have lived in any of the following states:

CA WA NV AZ NM
 TX ID LA WI

If self-employed, name of business:

Veteran? Yes No
U.S. Citizen? Yes No

Marital Status:
 Married (1st)
 Married (2nd)
 Married (3rd)
 Separated
 Divorced
 Single
 Widowed

Check if you have lived in any of the following states:

CA WA NV AZ NM
 TX ID LA WI

CHILDREN

List all children born or legally adopted by you. (Include all children, whether or not they will receive a gift from your estate, also list deceased children.)

Child #1

Full Legal Name: _____ Who's child? Both Husband Wife
Check one: Male Female Adopted by? Both Husband Wife

Home address: _____ City _____ State _____ Zip _____
Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Children of your child (your grandchildren):

Grandchild #1: Full Legal Name: _____

Date of Birth: _____ Check one: Male Female

Grandchild #2: Full Legal Name: _____

Date of Birth: _____ Check one: Male Female

Home address: _____ City _____ State _____ Zip _____
Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Child # 2

Full Legal Name: _____ Who's child? Both Husband Wife
Check one: Male Female Adopted by? Both Husband Wife

Home address: _____ City _____ State _____ Zip _____
Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Children of your child (your grandchildren):

Grandchild #1: Full Legal Name: _____

Date of Birth: _____ Check one: Male Female

Grandchild #2: Full Legal Name: _____

Date of Birth: _____ Check one: Male Female

Home address: _____ City _____ State _____ Zip _____
Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Child #3

Full Legal Name: _____ Who's child? Both Husband Wife
Check one: Male Female Adopted by? Both Husband Wife

Home address: _____ City _____ State _____ Zip _____
Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Children of your child (your grandchildren):

Grandchild #1: Full Legal Name: _____

Date of Birth: _____ Check one: Male Female

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Grandchild #2: Full Legal Name: _____

Date of Birth: _____ Check one: Male Female

Home address: _____ City _____ State _____ Zip _____

Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Child #4

Full Legal Name: _____ Who's child? Both Husband Wife

Check one: Male Female Adopted by? Both Husband Wife

Home address: _____ City _____ State _____ Zip _____

Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Children of your child (your grandchildren):

Grandchild #1: Full Legal Name: _____

Date of Birth: _____ Check one: Male Female

Grandchild #2: Full Legal Name: _____

Date of Birth: _____ Check one: Male Female

Home address: _____ City _____ State _____ Zip _____

Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Child #5

Full Legal Name: _____ Who's child? Both Husband Wife
Check one: Male Female Adopted by? Both Husband Wife

Home address: _____ City _____ State _____ Zip _____
Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

Children of your child (your grandchildren):

Grandchild #1: Full Legal Name: _____
Date of Birth: _____ Check one: Male Female

Grandchild #2: Full Legal Name: _____
Date of Birth: _____ Check one: Male Female

Home address: _____ City _____ State _____ Zip _____
Telephone Number: Home: _____ Mobile: _____ Work: _____

Describe any physical or mental disability or other special needs: _____

Marital Status: Married Separated Divorced Single (Never married) Single (Widow)

PLAN OF DISTRIBUTION

I. Specific Gifts

Do you have several smaller personal property items, such as an heirloom brooch, an antique table, or collectible tool set, that you would like to leave to specific individuals? Yes No

Would you like to prepare a separate list of such personal property items and identify the individuals to whom you would like to give them? Yes No

Do you have larger specific items, such as land, a vacation home, or shares of stocks, that you would like to give to specific individuals? Yes No

Below, please list the larger specific items and the person or organization to whom you would like to leave the item:

<u>Specific Larger Item</u>	<u>Desired Recipient</u>
_____	_____
_____	_____
_____	_____
_____	_____

II. Distribution of the remainder of your estate, i.e., your home, other real property, insurance proceeds, cash and investments

In this section, you have an opportunity to consider your current and future assets and divide them among your family members and religious, educational, or other charitable organizations, which are referred to as beneficiaries. You may allocate a percentage to each beneficiary for a total distribution of 100%.

Percentage	Beneficiary (Full Name/List Any Special Condition/Needs*)	Address
_____ %	Southeastern Conference of SDA	1701 Robie Ave., Mt. Dora, FL 32757
_____ %	Local Church	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____

**Please state any special condition or need of a beneficiary, such as incapacity, other disability, residence in a long-term care facility or receiving in-home medical care, receiving SSI, Medicaid or Medicare benefits.*

Note for gifts to minors:

For gifts to minors, the parent or guardian of the minor could hold the funds in trust for the minor and provide for the minor's care, support, maintenance and education. The trust could terminate when the youngest child reaches 25 years of age, or when in the opinion of the trustee, has completed his or her education.

- If possible, for the education of my/our children, I/we desire: ___ Seventh-day Adventist schools, ___ private schools, or ___ home school.

At the termination of the trust for minors, the remaining trust property passes as follows:

_____ % to children in equal shares (choose one) _____ per stirpes* or per capita**
 _____ % to _____ (choose one) _____ per stirpes* or per capita**
 _____ % to _____ (choose one) _____ per stirpes* or per capita**
 to _____ (choose one) _____ per stirpes* or per capita**

Per stirpes. This term is commonly used to describe the distribution when a beneficiary dies before the person whose estate is being divided. Example: "I leave \$100,000 to my daughter, Evelyn, and if she shall predecease me, to her children, **per stirpes."*

***Per capita. This term means that the beneficiary intends that NO ONE except the named beneficiary receive that share of the estate.*

C. Simultaneous Death. In the event that neither Party 1 or Party 2, nor your children or other beneficiaries listed above are alive, who or what organization would you like to receive your property?

APPOINTMENTS

PERSONAL REPRESENTATIVE. The will should name a personal representative to probate the estate. (*Personal Representative is sometimes referred to as Executor Administrator.*) The Personal Representative will identify, collect and distribute your assets in accordance with the terms of your Will and the applicable laws. Your spouse is typically named Primary Personal Representative, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, a spouse as Primary Personal Representative may provide for efficient administration.

PARTY 1 (Male)

1. _____

Relationship: _____

2. _____

Relationship: _____

PARTY 2 (Female)

1. _____

Relationship: _____

2. _____

Relationship: _____

Trustee. If you desire to establish a trust, you will need a trustee to manage the assets. A revocable living trust will name you as the initial trustee. However, you will need to decide upon a successor trustee who will manage your assets for the benefit of beneficiaries. Also, if you establish a testamentary trust, you will need to decide upon an initial trustee who will manage your assets. The Trustee will identify, collect, and distribute your assets in accordance with the terms of your trust and the applicable laws. Your spouse is typically named primary trustee, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, selecting a spouse as a trustee may not provide for efficient administration of the estate.

PARTY 1 (Male)

1. _____

Relationship: _____

2. _____

Relationship: _____

PARTY 2 (Female)

1. _____

Relationship: _____

2. _____

Relationship: _____

NOTE: If you would like preparation of a Revocable Living Trust and placement of real property into the trust, please forward a copy of the deed and Tax ID No. for each piece of property in which you have an ownership interest, including your residence, time-share, vacation home, vacant lot, etc.

Durable Power of Attorney. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. Under the Durable Power of Attorney you can designate someone who can maintain your day-to-day financial responsibilities, such as paying your bills, signing a deed or a tax return, or to make gifts of your property.

PARTY 1 (Male)

1. _____

Relationship: _____

Address: _____

2. _____

Relationship: _____

Address: _____

PARTY 2 (Female)

1. _____

Relationship: _____

Address: _____

2. _____

Relationship: _____

Address: _____

Health Care Power of Attorney/Surrogate. Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you are unable to make these decisions yourself?

PARTY 1 (Male)

1. _____

Relationship: _____

Address: _____

2. _____

Relationship: _____

Address: _____

I would like to have a Living Will. ___ Yes ___ No

What plans would you like to make for your burial?

Where will you store your estate plan papers?

PARTY 2 (Female)

1. _____

Relationship: _____

Address: _____

2. _____

Relationship: _____

Address: _____

I would like to have a Living Will. ___ Yes ___ No

What plans would you like to make for your burial?

Where will you store your estate plan papers?

Guardian of Your Minor Children. If both biological parents of your children die while a child is or children are minors, whom do you want to serve as custodians and caregivers? You may name individuals or couples. If you name couples, please specify if they are only to serve as a couple, or if one member of the couple may serve individually.

1. _____

Relationship: _____

Address: _____

2. _____

Relationship: _____

Address: _____

3. _____

Relationship: _____

Address: _____

4. _____

Relationship: _____

Address: _____

Please check “Yes” or “No” for your answer:

- Do any of your children receive governmental support or benefits? ___ Yes ___ No
- Are any of your children institutionalized? ___ Yes ___ No
- Are you or your spouse receiving social security, disability, or other governmental benefits? ___ Yes ___ No
- Are you a primary caregiver for an elderly parent? ___ Yes ___ No
- Do you provide primary or major financial support to adult children or to an elderly parent? ___ Yes ___ No
- Do you have long-term plans in place for the care of the elderly parent(s)? ___ Yes ___ No
- Have either you or your spouse been divorced? ___ Yes ___ No
- Are you making payments pursuant to a divorce or property settlement agreement?
 If yes, please provide a copy. ___ Yes ___ No
- Have you or your spouse signed a pre- or post-marriage contract?
 If yes, please provide a copy. ___ Yes ___ No
- Have you or your spouse widowed?
 If a Federal estate tax return was filed, please provide a copy. ___ Yes ___ No
- Have you or your spouse ever filed a Federal or State gift tax return?
 If yes, please provide a copy. ___ Yes ___ No
- Have you or your spouse previously completed Wills, Health Care Powers, Durable Power,
 Trust or other estate planning?
 If yes, please provide a copy. ___ Yes ___ No
- Have you made funeral arrangements?
 If yes, please provide details. ___ Yes ___ No
- Have you considered being an organ donor? ___ Yes ___ No
- Do you own long-term care insurance? ___ Yes ___ No

ASSET INVENTORY

Real Property

Type: Any individual or share interest in real estate including your family residence, vacation home, time share, vacant land, etc., wherever located.

<u>Address or Legal Description of Real Property</u>	<u>Name(s) of Owner(s)</u>	<u>Value(\$)</u>	<u>Mortgage Bal.(\$)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Value _____

Furniture and Personal Items

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List separately only major personal items such as jewelry, collections, antiques, furs, and all other value non-business personal property.

<u>General Description of Item</u>	<u>Name(s) of Owner(s)</u>	<u>Location</u>	<u>Value(\$)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Value			_____

Vehicles

List each motor vehicle, boat, RV and any other type of motorized transportation that you own, include the title, market value and encumbrance.

<u>Make, Model, Manufacturer, and Year</u>	<u>Name(s) of Title Owner(s)</u>	<u>Value(\$)</u>	<u>Balance Owed(\$)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Totals			_____

Bank & Savings Accounts

Type: Check Account "CA," Savings Account "SA," Certificates of Deposit "CD," Money Market "MM,"

Note: IRA and 401k information should be provided in the Retirement Plan section.

<u>Name of Institution and Account Number</u>	<u>Type, and Individual or Joint</u>	<u>Owner(s)</u>	<u>Amount(\$)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Investments (Stocks, Bonds, etc.)

Type: List any and all stocks and bonds you own. If held in a brokerage account, indicate the total amount under each account.

<u>Stocks, Bonds or Investment Accounts</u>	<u>Type</u>	<u>Account No.</u>	<u>Owner(s)</u>	<u>Amount(\$)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total _____

Life Insurance Policies & Annuities

Type: Term, whole life, split dollar, group life, annuity.

Additional Information: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

<u>Type of Policy</u>	<u>Insurance Company</u>	<u>Name(s) of Owner(s)</u>	<u>Beneficiary(ies)</u>	<u>Name of Agent</u>	<u>Face Amount(\$)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
					Total _____

Retirement Plans

Type: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401k.

Additional Information: Describe the type of plan, the owner, the plan name, the current value of the plan, and any other pertinent information.

<u>Type of Plan</u>	<u>Company</u>	<u>Name(s) of Owner(s)</u>	<u>Beneficiary(ies)</u>	<u>Name of Agent</u>	<u>Current Value (\$)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
					Total _____

Business Interests

Type: General and Limited Partnerships, Sole Proprietorships, privately owned corporation, professional corporations, oil interests, farm and ranch interests. Give a description of the business interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

<u>Type of Business</u>	<u>Name(s) of Owner(s)</u>	<u>Address</u>	<u>Ownership(%)</u>	<u>Value of Business(\$)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total _____

Other Assets

Type: Other property that does not fit into the categories listed above.

<u>Description of Asset</u>	<u>Location of Asset</u>	<u>Value of Asset(\$)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Net Worth: \$ _____

Is your gross estate values at more than \$5.49 Million? (Circle One) ___ Yes / ___ No

Additional information you should provide to us in preparing your estate plan:

Your questions for your consultation with the attorney:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

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I acknowledge that the information provided in this Questionnaire will be relied upon in the preparation of my/our estate plan and I/we certify that the information provided herein is true and accurate to the best of my/our knowledge and belief.

PARTY 1 (Male)

PARTY 2 (Female)

Signature

Date

Signature

Date

Thank you for completing the Confidential Estate Planning Questionnaire. You may scan and e-mail the Questionnaire to the following e-mail address:

juan.gonzalez@secsda.org,

or you may bring or mail the Questionnaire to the following address:

**Southeastern Conference of Seventh-day Adventists
Attn: Planning Giving & Trust Services
1701 Robie Avenue
Mount Dora, Florida 32757**

For additional information, please call the Office of Planning Giving & Trust Services at:

(352) 735-3142 x 105 or 106