



# Estate Planning Workbook

A guide for organizing your personal records



**Mission: Dignity**  
Assisting Retired Ministers and Spouses



# Summary of contents

<b>Estate planning</b> .....	5
<b>Mission:Dignity® ministry</b> .....	13
<b>General information</b>	
Personal information .....	15
Military and employment benefits.....	16
Family history.....	17
My medical history .....	20
Spouse medical history.....	22
<b>Estate information</b>	
Asset inventory.....	25
Liabilities .....	32
Estate summary.....	33
Professional directory .....	34
Document inventory.....	35
<b>Estate distribution</b>	
Will planning checklist.....	37
My estate distribution .....	38
Spouse estate distribution .....	40
<b>Final arrangements</b>	
My final arrangements .....	43
My personal testimony .....	46
Spouse final arrangements .....	47
Spouse personal testimony .....	50
<b>Life journals</b>	
My life journal .....	51
Spouse life journal.....	60
<b>Review checklist</b> .....	69
<b><i>Five Wishes®</i> booklet</b>	



# A brief look at estate planning issues

If you don't have a large estate or if you plan on leaving everything to your spouse or children, you may think estate planning is not necessary. However, a comprehensive estate plan may help you avoid probate or save time and estate taxes regardless of the size of your estate.

But estate planning is more than tax avoidance. It is the process of exercising prudent stewardship throughout your life and beyond. Without it, the material resources God has enabled you to accumulate over the years may not end up where you thought they would after you are gone.

Proverbs 31:8 begins with these words: *Speak up for those who cannot speak for themselves* (NIV). Perhaps this is the easiest way to summarize what an estate plan can do for you: A prayerfully developed estate plan can help you prepare for the time when you cannot speak for yourself — at the point of your death or because of disability or incapacitation.

When you die, someone will have to distribute your assets, care for surviving minor or disabled children, and make funeral and burial arrangements. If you become disabled, you may need someone to make sure your bills are paid, file your tax returns, and handle other legal and financial affairs.

If you do not have a plan in place, someone else will speak for you. It may be a friend, relative or other trusted acquaintance. Or, it may be the government. Can you be sure they will adequately and appropriately carry out your wishes? Will their decisions honor God in the way you would want?

By thinking through these and other issues today, you can begin to prepare for the long-term distribution of your property to family, friends and charitable interests.

## What do I want to accomplish?

Before you create a will or an estate plan, you'll need to determine what you want your estate plan to do. It is not a "one size fits all" process. This book is designed to help clarify your goals and organize your information so you will be better prepared to choose the proper estate planning tools.

## How do I want my property distributed?

No matter how rich or poor you are, everything you own will be distributed to others when you die. With proper planning, you can be sure it's given to the people you choose. The initial step in the planning process is to take inventory of what you have, and then decide where you want it to go.

## Do I need a will?

It's one thing to know how you want your property distributed; it's another to have the tools in place to make it happen. The most basic instrument in your estate plan is a valid will. More than two-thirds of the American population die without a will.

The decision to make a will is an important step in ensuring those you love will get the maximum value from your estate. While there are no laws that require you to make a will, there are laws to dictate what happens to your estate if you don't.

Fortunately, you don't have to rely on your state's laws to make decisions for you. When you prepare a will, you can decide who will receive your property. Steps can also be taken to reduce expenses and speed up the process of distributing your property.

## **How can I reduce probate time, probate costs and estate taxes?**

Probate is the legal process of carrying out the instructions of a will. Depending on how much you own, you may want to reduce estate taxes and probate issues. Probate proceedings become a matter of public record and also add to the costs of settling your estate.

Taxes are typically not an issue unless you expect the value of your personal estate to exceed the federal tax exemption amount. However, if you desire to maintain confidentiality and keep certain aspects of your will out of the public record, a trust and other planning devices may be useful. Proper titling of assets is also an important step in transferring your estate.

## **Do I need to set up a trust?**

Maybe. Depending on the amount and type of assets you have, and the way you want to transfer or shelter your assets, a trust may be a sound part of your planning process.

The basic idea of a trust involves the transfer of ownership of an asset to a trustee who will manage it. The trustee is then responsible for managing the asset in accordance with the instructions in the trust document.

Trusts can be funded with cash, stocks and bonds, real estate or other assets and offer a variety of benefits. A trust can provide income for life, valuable tax savings and the security of professional financial management with the ability to provide for a cause that is special to you. You may also avoid probate for assets in a trust.

There are several different types of trusts and a qualified financial or legal advisor can help you determine which may work best for you.

## **What is a Revocable Living Trust?**

If your estate is complicated, you should consider a Revocable Living Trust as an addition to a will.

With a living trust, you can transfer property to the trust while you are alive, but maintain control of your assets by naming yourself the trustee. When you die, your co-trustee or chosen successor would then manage the property and disburse your assets according to the specifications you lay out in the trust agreement.

Because it is revocable, you may change or terminate the trust at any time with certain conditions.

With a living trust, you keep clear of the costs, hassles and publicity of probate. One drawback is you must retitle any assets you want to put into a living trust, such as a house, in the name of the trust.

You should also consider the expense of setting up a Revocable Living Trust. The setup costs may not significantly offset any savings in probate fees and expenses.

## **What is a Credit Shelter Trust?**

This is an especially useful device for couples with large estates. Under current tax law, individuals can transfer unlimited amounts to a surviving spouse without any estate tax considerations. However, this may not totally avoid estate taxes on large amounts — it will simply delay the taxes until the surviving spouse's death.

By transferring all of your assets to your spouse, you don't take advantage of your personal unified tax credit or estate tax exemption. When your spouse dies, you can use his or her credit to avoid taxes on a portion of the remaining estate. However, you've lost the combined value of using the individual exemptions.

With a Credit Shelter Trust (also called a Bypass Trust, AB Trust or Family Trust), you pass, in your will, an amount equal to the estate tax exemption to the trust, and pass the rest of your estate to your spouse. You can also specify how you want the trust to be used. For example, you can stipulate that income from the trust goes to your spouse and when he or

she dies, the principal will be distributed among your children.

Since the remaining spouse can leave an additional amount, up to the current estate tax exemption amount, tax-free to your heirs, you and your spouse can effectively double the amount of your estate that is shielded from taxes by using this strategy.

### **Can I use a trust to give to a charity?**

There are several trusts which may be useful for taking care of your needs while also allowing you to help others through a donation to a good cause. Two of the most common types are a Charitable Remainder Unitrust and a Charitable Remainder Annuity Trust.

A Charitable Remainder Unitrust offers real value if you are concerned about the effects of inflation on your retirement income. With this type of trust, you retain variable income for your lifetime or a fixed term of years, claim a current income tax deduction and make a future gift to a charity of your choosing when the remainder of your trust reverts to the charity at the time of your death.

With a Charitable Remainder Annuity Trust, you irrevocably transfer money or stock to a charity. At the time you create the trust, you and the charity agree to a fixed rate of return. The charity then invests the assets and pays you an income for life. At the time of your death, the remainder of the trust reverts to the charity.

What is the difference between a unitrust and an annuity trust? The unitrust pays income based on a fixed percentage, but on a variable amount. So if the unitrust investments perform well, income may be increased. This also allows for long-term income growth. In addition, only a unitrust can be used when a gift of property is the asset used to fund the trust.

An annuity trust pays income based on a fixed percentage of a fixed amount. This means the donor

will always know exactly what the income will be — the amount will never change. Because of this, donors who count on the security of a fixed income may like this kind of trust better.

If you have highly-appreciated assets such as common stock or property, utilization of a charitable trust can help you delay capital-gains taxes on the appreciation and put additional dollars to work. A portion of the income payments may be non-taxable to you or, at least, receive favorable tax treatment. You may also qualify for a current-year charitable deduction.

### **Who do I want to manage the distribution of my estate?**

Any estate planning options require the appointment of an executor, administrator or trustee. This should be a person you trust who has a balance of personal skills, organizational ability and some financial knowledge.

This person will need to locate your will, handle the will through probate, collect and inventory your assets, pay debts against the estate, pay bills and taxes of the estate, prepare income tax returns for your final year and transfer property to beneficiaries.

### **Do I want to provide additional financial support for loved ones?**

When creating your estate plan, you may discover you would like to provide more for your loved ones — especially if your home is not yet paid for or if you would like to provide funding for your children's or grandchildren's education.

Various insurance options allow you to provide additional financial support to your loved ones should your existing property not sufficiently cover your long-term goals. Life insurance is just one tool for adding to the value of your estate.

Through proper ownership of the life insurance policies, or through the use of a Life Insurance Trust,

your plan can be structured to keep the proceeds out of your taxable base and remain non-taxable for your beneficiaries.

### **Who will care for my young or disabled children?**

If you have any children who are minors and/or disabled, someone will need to take care of them when you die. By planning ahead, you can be sure they are taken care of by someone you trust.

Think about the type of life you want your children to have and identify any people you know who can provide that for them. Be sure to consult with the person(s) you choose to name as guardian(s). Also, be sure to name an alternate in case the primary guardian dies before you do or chooses not to serve.

You can also set aside assets in a trust that will provide the resources necessary to meet their ongoing needs. Here are some additional questions to consider in your process:

- ✧ Who can provide the best physical and emotional care for my children?
- ✧ Who will be the best role model for my children?
- ✧ Who has the financial means to support my children?
- ✧ Who has values and morals that most closely match my own?
- ✧ Who is in sufficient health to provide adequate care?
- ✧ Who will most likely provide a stable, long-term home for my children?

### **What would happen if I became incapacitated?**

Although we don't like to think about it, at some point we may not be able to make decisions for ourselves. If that happens, someone will have to make financial and health decisions for us. *Aging with*

*Dignity's Five Wishes*<sup>®</sup> booklet is included in the workbook to guide you in the process of choosing someone to make health care decisions for you in the event you become incapacitated.

### **Do I have a *Durable Power of Attorney*?**

By signing a power of attorney, you can authorize another person to act on your behalf to perform any number of specified acts such as banking, real estate transactions, business operations and insurance and lawsuit management. There are two types of *Durable Powers of Attorney*:

1. An "immediate power of attorney," which is not affected by your subsequent disability or incapacity, and,
2. A "springing power of attorney," which does not go into effect until you become disabled or incapacitated. It is this type that is most commonly incorporated into an estate plan.

### **Do I have a *Health Care Power of Attorney*?**

*Health Care Powers of Attorney* (also known as *Health Care Proxies*) recognize your right to appoint a health care agent you trust to decide about medical treatment in the event you become unable to decide personally.

Unless you specify otherwise, the agent will have the same authority you would to decide about treatment. The authority encompasses the right to forego treatment or to consent for needed treatment.

The agent's authority begins only when a physician determines you have lost the capacity to decide about treatment.

### **What about long-term care?**

Today, people are living longer. Given a choice, most would prefer to enjoy their freedom and independence in the comfort and security of their own homes. There are times, however, when circum-



stances require extended care either through home visitation by skilled medical personnel or a move to a long-term care facility.

When planning for the future, it may be advisable to include a discussion about the possibility of long-term care becoming a reality for you or your spouse. It does not need to create worry. Instead, use your discussion to help guide you in decisions about insurance, cash flow and Medicare issues.

### **What do I want done for my funeral and burial?**

By clearly identifying your funeral and burial wishes, you can ease the strain and burden on your loved ones at what will already be a stressful time in their lives.

Although these instructions can be included in your will, it is better to write them out, if desired, in a separate document. Unless your will is easy to locate and all parties are aware of your instructions in the will, there may not be time to assure your wishes are fulfilled. It is also a good idea to discuss these matters with family ahead of time to provide a verbal, as well as a written, expression of your desires.

### **What am I doing to give my estate away now?**

Do you really need to accumulate everything until you die? Are you taking advantage of the annual exclusion for gift-giving to others? Have you explored ways to utilize your resources for ministry and mission purposes now?

### **Do I need to use an attorney?**

No, just like you don't "have" to call a plumber to fix a leaky faucet or contact an electrician to install a light fixture. However, ask if you are really better off doing it yourself.

The most common reason for not wanting to use an attorney is to avoid paying legal fees. Typically, to have a will drawn up along with a *Durable Power of Attorney* and health care directive, you can expect

to pay about \$400–800, depending on your location and the attorney you choose. Trusts can run two to three times that much or more.

If you have a very simple estate without any complex ownership or transfer issues, you may be able to create some of your own documents as long as you make sure they meet the legal requirements of your state of residence. There are materials on the market and information on the internet that can help you in your process.

However, consider how an investment of a few hundred dollars may save you much more than that should you overlook something. If you have minor and/or disabled children, if you own property in multiple states, if you own a business, if you've been married more than once or if you have unique circumstances of any kind, a competent professional could prove to be a bargain in the long run. Wise counsel, at a reasonable fee, may also spare your family and other loved ones a lot of heartache when they are faced with the reality of the disposition of your estate.

The key is to understand what we can do ourselves and when it is necessary to call on an outside party with the expertise we need. If you utilize an attorney, you can still save some money in the process. Just be sure to have your records and intentions well-organized. Know what you have and what you want to do with it. Get as much helpful information as you can in advance. That way, your attorney doesn't have to "keep the meter running" just for the purposes of helping you get your information in order.

### **Have I included charitable causes in my estate plan?**

Whether you have a little or a lot, you can multiply your influence for the future by taking advantage of some basic planning tools. Why do "just a little" for your church or other worthy ministries? Why not do something significant to further the cause of Christ and His kingdom?

Through the use of trusts, insurance and certain other planning tools, you can still give the total amount of your estate to your heirs over a period of time AND give to charity as well.

### **Does my estate plan express sound Christian stewardship of God-given resources?**

This is really the most important question we can ask.

By stewardship, we mean properly providing for ourselves, our family and Kingdom causes now, in the future and after we are gone. It's more than just placing something in the offering plate on Sunday. It's leaving a legacy of gratitude to God and an example to our children and grandchildren. Deuteronomy 8:18 says, *"But remember the Lord your God, for it is He who gives you the ability to produce wealth, and so confirms His covenant, which He swore to your forefathers, as it is today"* (NIV).

The honoring of God through our stewardship is punctuated in 2 Corinthians 9:12–15: *This service that you perform is not only supplying the needs of the Lord's people but is also overflowing in many expressions of thanks to God. Because of the service by which you have proved yourselves, others will praise God for the obedience that accompanies your confession of the gospel of Christ, and for your generosity in sharing with them and with everyone else. And in their prayers for you their hearts will go out to you, because of the surpassing grace God has given you. Thanks be to God for His indescribable gift!* (NIV).

### **When should I begin my estate planning process?**

The sooner you get started, the sooner you are prepared to take care of your needs and the needs of your loved ones.

### **How often should I review my estate planning documents?**

Any time you have a significant life event, you should take a look at your documents. This includes any time you move, change jobs, sell or buy a home, or experience a birth, death or marriage in your family. If your financial situation changes substantially or if you are considering changes to your administrators, successor trustees or beneficiaries, pull out your documents and review them. Even if you don't have any major changes, you should go over your plans every three to four years just to make sure they say what you currently intend to say.

If you have a Revocable Living Trust, be sure to title your assets correctly in the name of the trust to avoid problems later.

Keep in mind that irrevocable documents generally cannot be changed after you execute them.

# Summary of tools available to help you meet your estate planning goals.

Although wills are the most common estate planning tools, there are many others — each with a specific function — that help ensure your intentions are carried out the way you want. Some are more complex than others and each requires a different level of expertise. Also, because each tool serves a specific purpose, the ones that are right for you depend entirely on your specific estate planning needs.

- ✧ **Wills** are used primarily to distribute property, although they also are used to appoint guardians for minor and/or disabled children. For a will, you assign an executor (the person who handles the administration) to lead your will through probate (the legal process for validating and implementing your will).
- ✧ **Codicils** are amendments to existing wills. Sometimes it is easier — and less expensive — to write a minor change as a separate document than to rewrite your entire will.
- ✧ **Trusts** are financial tools that help reduce estate taxes and control the assets distributed to your heirs, especially if you have children who are minors. For any trust, you must appoint a person to manage it. This person is called the trustee.
- ✧ Various **insurance** options allow you to provide additional financial support to your loved ones should your existing property not sufficiently cover your long-term goals.
- ✧ **Inter Vivos** gifts are gifts that you give while you are still alive. By reducing the size of your estate before you die, it will be easier to distribute assets later.
- ✧ When you assign someone with **power of attorney**, you give them the right to make financial decisions on your behalf. These can be given at any time, but are typically designed to go into effect if you become incapacitated.
- ✧ **Health Care Powers of Attorney** are like regular powers of attorney, except they give the person the right to make health care decisions for you, not financial decisions.
- ✧ **Living Wills** are documents that clearly state your wishes for medical care in case of incapacitation. These generally include instructions as to what treatments to administer or withhold.
- ✧ **Funeral directives** typically state your wishes so your family does not need to make those decisions for you during their period of mourning.

**This page intentionally left blank**

# Mission:Dignity® ministry

## Assisting Retired Ministers and Spouses

GuideStone® was founded on the idea of serving those who gave sacrificially to spread the Word of God. Even though it has now become one of the largest denominational benefits organizations in the world — offering an array of retirement, life and health, and investment options — the heart of our work is still providing relief to aged ministers and their widows.

### What we do

GuideStone's Mission:Dignity program distributes financial assistance to almost 1,800 retired ministers and their widows. Qualified recipients of Mission:Dignity receive \$225 per month for an individual or \$300 per month for a couple. (Recipients must meet guidelines for income, assets and years of Southern Baptist service.) Often, this small monthly income makes the difference in paying the electric bill or getting needed medication.

More than \$7 million is paid out annually in assistance to help retired servants of God pay for the basic necessities of life.

The majority of the funding comes from the direct gifts of individuals, groups and churches in our Southern Baptist family through the Mission:Dignity ministry.

### Why you should be involved

John asked an important question in his first epistle, *...whoever has this world's goods, and sees his brother in need, and shuts up his heart from him, how does the love of God abide in him?* (1 John 3:17 NKJV). The evidence of God's love in our lives is in how we treat others — especially those in need.

Thousands of Southern Baptist ministers and their widows are living on small incomes, having reached retirement without the means to meet their living expenses. Many of these individuals sacrificed their own comforts as they answered God's call and shared His Word with the lost. Now these godly men and women face critical financial circumstances in their retirement years. They struggle to pay for the basic needs of life — things like food, utilities, prescription drugs and medical care.

## How you can help

You can share in this vital ministry through a variety of ways:

### ✧ Personal gifts:

The Mission:Dignity ministry can receive a gift of any amount, and every dollar you share goes to help those in need with nothing taken out for administrative expenses. All gifts to the Mission:Dignity ministry are tax-deductible to the maximum amount allowed by law.

### ✧ Planned giving:

You can name GuideStone as a beneficiary in your will, estate plan, charitable trust, IRA or retirement account. Here is a suggested way to word a bequest:

*I give, devise and bequeath \_\_\_\_\_ <indicate specific dollar amount OR specific percentage OR all the rest, residue and remainder of my estate> to the Retired Minister's Support Fund of GuideStone Financial Resources of the Southern Baptist Convention, 2401 Cedar Springs Road, Dallas, TX 75201-1498 for its corporate uses and purposes.*

### ✧ Spreading the word:

Get your church, Sunday school class or missions-oriented group involved. Many people are unaware of the plight of these retired ministers and widows. Encourage your church to make the Mission:Dignity ministry a part of their missions giving.

### ✧ Prayer:

You can commit to praying on a regular basis for one of these godly men and women who has dedicated his or her life to God's service. GuideStone coordinates prayer links between donors and recipients who give permission to share their names.

Join Southern Baptists across the nation in remembering the faithful ministers and their widows who dedicated their lives to the gospel ministry. God is calling you to *recognize those who labor among you, and are over you in the Lord and admonish you, and to esteem them very highly in love for their work's sake* (1 Thess. 5:12-13a NKJV).

Find out more about this ministry and order free materials to share with your church or Sunday school class by visiting [MissionDignity.org](http://MissionDignity.org) or calling **1-877-888-9409**.

### Mail gifts to:

Mission:Dignity  
GuideStone  
2401 Cedar Springs Road  
Dallas, TX 75201-1498

For cash gifts of any amount, make checks payable to "GuideStone" and designate them for the Mission:Dignity ministry.



**Mission:Dignity**  
Assisting Retired Ministers and Spouses

## PERSONAL INFORMATION

### My information

Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
(Full legal name including maiden, if applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Single

Married (complete spouse information)

Widowed (complete former spouse information)

Divorced (complete former spouse information)

### Spouse information

Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
(Full legal name including maiden, if applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Marriage date: \_\_\_\_\_ Location: \_\_\_\_\_

### My former spouse information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Full legal name including maiden, if applicable)

Marriage date: \_\_\_\_\_ Location: \_\_\_\_\_

Reason:  Death  Divorce Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Full legal name including maiden, if applicable)

Marriage date: \_\_\_\_\_ Location: \_\_\_\_\_

Reason:  Death  Divorce Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Spouse's former spouse information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Full legal name including maiden, if applicable)

Marriage date: \_\_\_\_\_ Location: \_\_\_\_\_

Reason:  Death  Divorce Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Full legal name including maiden, if applicable)

Marriage date: \_\_\_\_\_ Location: \_\_\_\_\_

Reason:  Death  Divorce Date: \_\_\_\_\_ Location: \_\_\_\_\_

## MILITARY AND EMPLOYMENT BENEFITS

### My military service and employers

Branch: \_\_\_\_\_ Rank/Pay grade: \_\_\_\_\_

Years of service: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Status: \_\_\_\_\_

Benefits in effect:  Retired pay  Life insurance\*  Medical benefits  
 Disability insurance  Other: \_\_\_\_\_

Employer 1: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Benefits in effect:  Retirement plan\*  Profit sharing\*  Life insurance\*  Medical benefits  
 Disability insurance  Other: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Benefits in effect:  Retirement plan\*  Profit sharing\*  Life insurance\*  Medical benefits  
 Disability insurance  Other: \_\_\_\_\_

### Spouse's military service and employers

Branch: \_\_\_\_\_ Rank/Pay grade: \_\_\_\_\_

Years of service: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Status: \_\_\_\_\_

Benefits in effect:  Retired pay  Life insurance\*  Medical benefits  
 Disability insurance  Other: \_\_\_\_\_

Employer 1: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Benefits in effect:  Retirement plan\*  Profit sharing\*  Life insurance\*  Medical benefits  
 Disability insurance  Other: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Benefits in effect:  Retirement plan\*  Profit sharing\*  Life insurance\*  Medical benefits  
 Disability insurance  Other: \_\_\_\_\_

*\*Complete information on these items in the Asset Inventory section.*



## FAMILY HISTORY

### My parents' information

Father's name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Full legal name)

Birthplace: \_\_\_\_\_ Date of death: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Full legal name)

Birthplace: \_\_\_\_\_ Date of death: \_\_\_\_\_

### Brothers and sisters

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

### Spouse's parents' information

Father's name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Full legal name)

Birthplace: \_\_\_\_\_ Date of death: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Full legal name)

Birthplace: \_\_\_\_\_ Date of death: \_\_\_\_\_

### Brothers and sisters

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Brother  Sister

## FAMILY HISTORY (continued)

### Children

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Marriage date: \_\_\_\_\_

Children of this marriage:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Marriage date: \_\_\_\_\_

Children of this marriage:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Marriage date: \_\_\_\_\_

Children of this marriage:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

## **FAMILY HISTORY (continued)**

### **Children (continued)**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Marriage date: \_\_\_\_\_

Children of this marriage:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Marriage date: \_\_\_\_\_

Children of this marriage:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Marriage date: \_\_\_\_\_

Children of this marriage:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

## MY MEDICAL HISTORY

### Physicians

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## ILLNESSES/SURGERIES/HOSPITALIZATIONS

Date	Condition	Doctor/hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



# SPOUSE MEDICAL HISTORY

## Physicians

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## ILLNESSES/SURGERIES/HOSPITALIZATIONS

<b>Date</b>	<b>Condition</b>	<b>Doctor/hospital</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**This page intentionally left blank**



## ASSET INVENTORY

### Bank accounts

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  Checking  Savings  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  Checking  Savings  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  Checking  Savings  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  Checking  Savings  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

**Bank accounts total: \$** \_\_\_\_\_

(Transfer amount to page 33.)

### Certificates of deposit

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  6 month  12 month  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  6 month  12 month  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  6 month  12 month  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  6 month  12 month  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

**Certificates of deposit total: \$** \_\_\_\_\_

(Transfer amount to page 33.)

**ASSET INVENTORY (continued)**

**Securities (stocks, bonds, mutual funds, etc.)**

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

**Securities total: \$** \_\_\_\_\_

(Transfer amount to page 33.)

**Individual retirement plans**

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  IRA  Keogh  Roth  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  IRA  Keogh  Roth  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  IRA  Keogh  Roth  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account number: \_\_\_\_\_

Type:  IRA  Keogh  Roth  Other: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

**Individual retirement plans total: \$** \_\_\_\_\_

(Transfer amount to page 33.)

**ASSET INVENTORY (continued)**

**Employer-sponsored retirement plans**

My Employer 1 retirement plan Account number: \_\_\_\_\_  
Type:  401(k)  403(b)  Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Alternate payee benefits?  Yes  No Beneficiary:  Spouse  Other: \_\_\_\_\_

My Employer 2 retirement plan Account number: \_\_\_\_\_  
Type:  401(k)  403(b)  Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Alternate payee benefits?  Yes  No Beneficiary:  Spouse  Other: \_\_\_\_\_

Spouse's Employer 1 retirement plan Account number: \_\_\_\_\_  
Type:  401(k)  403(b)  Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Alternate payee benefits?  Yes  No Beneficiary:  Spouse  Other: \_\_\_\_\_

Spouse's Employer 2 retirement plan Account number: \_\_\_\_\_  
Type:  401(k)  403(b)  Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Alternate payee benefits?  Yes  No Beneficiary:  Spouse  Other: \_\_\_\_\_

**Employer-sponsored retirement plans total: \$** \_\_\_\_\_  
(Transfer amount to page 33.)

**Profit sharing**

My Employer 1 profit sharing Value: \$ \_\_\_\_\_  
Beneficiary:  Spouse  Other: \_\_\_\_\_

My Employer 2 profit sharing Value: \$ \_\_\_\_\_  
Beneficiary:  Spouse  Other: \_\_\_\_\_

Spouse's Employer 1 profit sharing Value: \$ \_\_\_\_\_  
Beneficiary:  Spouse  Other: \_\_\_\_\_

Spouse's Employer 2 profit sharing Value: \$ \_\_\_\_\_  
Beneficiary:  Spouse  Other: \_\_\_\_\_

**Profit sharing total: \$** \_\_\_\_\_  
(Transfer amount to page 33.)

**ASSET INVENTORY (continued)**

**Life insurance**

My military group life insurance Policy number: \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

My employer 1 life insurance Policy number: \_\_\_\_\_

Type:  Term  Whole life  Universal  Variable  Group term Cash value: \$ \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

My employer 2 life insurance Policy number: \_\_\_\_\_

Type:  Term  Whole life  Universal  Variable  Group term Cash value: \$ \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

Spouse's military group life insurance Policy number: \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

Spouse's employer 1 life insurance Policy number: \_\_\_\_\_

Type:  Term  Whole life  Universal  Variable  Group term Cash value: \$ \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

Spouse's employer 2 life insurance Policy number: \_\_\_\_\_

Type:  Term  Whole life  Universal  Variable  Group term Cash value: \$ \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Type:  Term  Whole life  Universal  Variable  Group term  Other \_\_\_\_\_

Name held in:  Mine  Spouse  Other: \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Type:  Term  Whole life  Universal  Variable  Group term  Other \_\_\_\_\_

Name held in:  Mine  Spouse  Other: \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Type:  Term  Whole life  Universal  Variable  Group term  Other \_\_\_\_\_

Name held in:  Mine  Spouse  Other: \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Beneficiary:  Spouse  Other: \_\_\_\_\_ Face value: \$ \_\_\_\_\_

**Insurance cash value total: \$ \_\_\_\_\_**

(Transfer amount to page 33.)

**ASSET INVENTORY (continued)**

**Real estate holdings**

Address or survey name and abstract number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Purchase date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Approximate value: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Lien against property?  Yes (Complete information on page 32.)  No

Address or survey name and abstract number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Purchase date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Approximate value: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Lien against property?  Yes (Complete information on page 32.)  No

Address or survey name and abstract number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Purchase date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Approximate value: \$ \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Lien against property?  Yes (Complete information on page 32.)  No

**Real estate holdings total: \$** \_\_\_\_\_

(Transfer amount to page 33.)

**Automobiles**

Make and model: \_\_\_\_\_ VIN number: \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Lien against automobile?  Yes (Complete information on page 32.)  No

Make and model: \_\_\_\_\_ VIN number: \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Lien against automobile?  Yes (Complete information on page 32.)  No

Make and model: \_\_\_\_\_ VIN number: \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Lien against automobile?  Yes (Complete information on page 32.)  No

Make and model: \_\_\_\_\_ VIN number: \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Lien against automobile?  Yes (Complete information on page 32.)  No

**Automobiles total: \$** \_\_\_\_\_

(Transfer amount to page 33.)

## ASSET INVENTORY (continued)

### Miscellaneous assets (jewelry, furniture, artwork, etc.)

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Miscellaneous assets total: \$ \_\_\_\_\_**

(Transfer amount to page 33.)

**ASSET INVENTORY (continued)**

**Business interests**

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Name held in:  Mine  Spouse  Other: \_\_\_\_\_  
Form of ownership:  Sole proprietorship  Partnership  Corporation  
 Other: \_\_\_\_\_  
Net value: \$ \_\_\_\_\_ Ownership interest: \_\_\_\_\_% Your value in business: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Name held in:  Mine  Spouse  Other: \_\_\_\_\_  
Form of ownership:  Sole proprietorship  Partnership  Corporation  
 Other: \_\_\_\_\_  
Net value: \$ \_\_\_\_\_ Ownership interest: \_\_\_\_\_% Your value in business: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Name held in:  Mine  Spouse  Other: \_\_\_\_\_  
Form of ownership:  Sole proprietorship  Partnership  Corporation  
 Other: \_\_\_\_\_  
Net value: \$ \_\_\_\_\_ Ownership interest: \_\_\_\_\_% Your value in business: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Name held in:  Mine  Spouse  Other: \_\_\_\_\_  
Form of ownership:  Sole proprietorship  Partnership  Corporation  
 Other: \_\_\_\_\_  
Net value: \$ \_\_\_\_\_ Ownership interest: \_\_\_\_\_% Your value in business: \$ \_\_\_\_\_

**Business interests total: \$ \_\_\_\_\_**

(Transfer amount to page 33.)

# LIABILITIES

Provide company or person's name and amount due for any outstanding mortgages, loans or debts.

Name	Amount owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Liabilities total: \$** \_\_\_\_\_

(Transfer amount to page 33.)



**ESTATE SUMMARY**

Bank accounts total .....	\$ _____
Certificates of deposit total .....	\$ _____
Securities total .....	\$ _____
Individual retirement plans total .....	\$ _____
Employer-sponsored retirement plans total .....	\$ _____
Profit-sharing total .....	\$ _____
Life insurance totals .....	\$ _____
Real estate holdings total .....	\$ _____
Automobiles total .....	\$ _____
Miscellaneous assets total .....	\$ _____
Business interests total .....	\$ _____
<b>Total assets:</b>	<b>\$ _____</b>
<b>Less liabilities:</b>	<b>\$ _____</b>
<b>NET ESTATE VALUE:</b>	<b>\$ _____</b>

## PROFESSIONAL DIRECTORY

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Business type\*: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

*\*Indicate attorney, CPA, insurance agent, etc.*

# DOCUMENT INVENTORY

Safe Deposit Box (SDB) number: \_\_\_\_\_ Key location: \_\_\_\_\_

Name(s) held in:  Mine  Spouse  Other: \_\_\_\_\_

Bank location: \_\_\_\_\_

Home Fireproof Safe (FPS) location: \_\_\_\_\_

Combination or key location: \_\_\_\_\_

Important file location: \_\_\_\_\_

Box location: \_\_\_\_\_

Document	Stored				Other location
	SDB	FPS	File	Box	
Adoption papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Annuity contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appliance warranties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appraisals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Automobile titles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Birth certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cemetery plot deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Credit card statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Death certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Divorce papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Durable Power of Attorney</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employee benefit statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Health Care Proxy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income tax returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance policies:					
	(Life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	(Health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	(Home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	(Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marriage certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Military records:					
	(Mine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	(Spouse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mortgage documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mutual fund shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**DOCUMENT INVENTORY (continued)**

	SDB	FPS	File	Box	Other location
Pre/Post nuptial agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pre-planned funeral information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Property improvement invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retirement information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retirement plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stock certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Titles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trust agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will: (Mine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Spouse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other important documents:	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Valuables inventory</b>					
Coins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other collections:	<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"/>	<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"/>	_____

*NOTE: Before storing important documents in a safe deposit box, verify your executor will have access to it at the time of your death. In some states, safe deposit boxes are sealed for a time upon the renter's death.*

## **WILL PLANNING CHECKLIST**

Before meeting with your attorney to create a will, collect all of the details (including relevant paperwork) on the following items:

- Legal name, permanent address and birth date for all parties involved
- Date and place of marriages and divorces
- Pre- or post-marital agreements
- Current wills or codicils
- Living trust agreements (revocable or irrevocable)
- Names and addresses of children and other heirs
- Employment information
- Names and addresses of persons to be your executor, guardian or trustee
- Income tax returns for the last three years
- Gift tax returns
- Life insurance policies
- Information on retirement plans, profit sharing and deferred compensation plans
- Business agreements related to corporation, partnership and sole proprietorship interests
- Listing of all real estate including type of ownership, present fair market value and mortgages
- Listing of personal property including ownership, location and value
- Outline of objective and disposition of your estate
- Legal names and addresses for individuals and charitable organizations benefiting from your estate

# MY ESTATE DISTRIBUTION

## Personal representative

Executor or executrix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Alternate executor or executrix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Estate distribution

Do you wish to leave all of your estate to your spouse?  Yes  No (indicate other desire)

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

## Specific bequests

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_ %  Remainder of estate

Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_ %  Remainder of estate

Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_ %  Remainder of estate

Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_ %  Remainder of estate

Specific item(s): \_\_\_\_\_

**MY ESTATE DISTRIBUTION (continued)**

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

*NOTE: If you designate a charitable organization as a beneficiary, it is generally a good idea to notify the organization in order to assist with their long-term planning.*

## Spouse Estate Distribution

### Personal representative

Executor or executrix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Alternate executor or executrix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Estate distribution

Do you wish to leave all of your estate to your spouse?  Yes  No (indicate other desire)

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

### Specific bequests

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_ %  Remainder of estate

Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_ %  Remainder of estate

Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_ %  Remainder of estate

Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_ %  Remainder of estate

Specific item(s): \_\_\_\_\_



**SPOUSE ESTATE DISTRIBUTION (continued)**

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Bequest:  Amount: \$ \_\_\_\_\_  Percentage: \_\_\_\_\_%  Remainder of estate  
 Specific item(s): \_\_\_\_\_

*NOTE: If you designate a charitable organization as a beneficiary, it is generally a good idea to notify the organization in order to assist with their long-term planning.*

**This page intentionally left blank**

## MY FINAL ARRANGEMENTS

See *Document Inventory* for pre-planned funeral information:  Yes  No

Organ donor:  Yes  No

Funeral home or church: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Type of service:  Christian  Fraternal  Military  Memorial service with no casket present

Please cremate remains:  No ashes to remain  Instruction for ashes as follows:

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

Funeral instructions:  Closed casket  Open casket

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

Grave site information and location: \_\_\_\_\_

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

Preferred ministers: \_\_\_\_\_

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

Preferred soloist(s): \_\_\_\_\_

Favorite hymns/songs:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Favorite Scripture passages/verses/poems/quotes:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Favorite flowers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In lieu of flowers, please send donations to the following charity(ies):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**MY FINAL ARRANGEMENTS (continued)**

Preferred deliverer(s) of testimonials or eulogies:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Pallbearers:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

Honorary pallbearers:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

Please contact the following people to let them know of pending arrangements:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**MY FINAL ARRANGEMENTS (continued)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

*Copy page as necessary.*

**MY PERSONAL TESTIMONY**

Read at my funeral:  Yes  No

When I became a Christian: Age: \_\_\_\_\_ Date: \_\_\_\_\_

Church or location: \_\_\_\_\_

Individual who led me to Christ: \_\_\_\_\_

Baptized date: \_\_\_\_\_ Place: \_\_\_\_\_

Testimony: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Vital statistics and information for obituary: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Memorial type and inscription: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## **SPOUSE FINAL ARRANGEMENTS**

See *Document Inventory* for pre-planned funeral information:  Yes  No

Organ donor:  Yes  No

Funeral home or church: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Type of service:  Christian  Fraternal  Military  Memorial service with no casket present

Please cremate remains:  No ashes to remain  Instruction for ashes as follows:

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

Funeral instructions:  Closed casket  Open casket

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

Grave site information and location: \_\_\_\_\_

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

Preferred ministers: \_\_\_\_\_

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

Preferred soloist(s): \_\_\_\_\_

Favorite hymns/songs:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Favorite Scripture passages/verses/poems/quotes:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Favorite flowers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In lieu of flowers, please send donations to the following charity(ies):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SPOUSE FINAL ARRANGEMENTS (continued)**

Preferred deliverer(s) of testimonials or eulogies:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Pallbearers:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

Honorary pallbearers:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

Please contact the following people to let them know of pending arrangements:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_



**SPOUSE FINAL ARRANGEMENTS (continued)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

*Copy page as necessary.*



## MY LIFE JOURNAL

This series of questions is for recording the events of your life through your own words, as only you can express them.

### My childhood

Parents and grandparents: Where did they come from? \_\_\_\_\_  
\_\_\_\_\_

Family history? \_\_\_\_\_  
\_\_\_\_\_

Are there any stories about your family or events that made an impression on you? \_\_\_\_\_  
\_\_\_\_\_

What are your earliest memories of your childhood? \_\_\_\_\_  
\_\_\_\_\_

Describe the house where you spent your childhood. \_\_\_\_\_  
\_\_\_\_\_

What kind of childhood games or activities did you play or participate in as a child? \_\_\_\_\_  
\_\_\_\_\_

Did you have a favorite toy? \_\_\_\_\_

What were your chores or responsibilities as a child? \_\_\_\_\_  
\_\_\_\_\_

What are your fondest memories of your childhood? \_\_\_\_\_  
\_\_\_\_\_

Tell about your brothers and/or sisters as children. \_\_\_\_\_  
\_\_\_\_\_

As a young child, what was your life like (be specific)? \_\_\_\_\_  
\_\_\_\_\_

Tell about relatives or neighbors you remember as a child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MY LIFE JOURNAL (continued)

What was school like (classes, teachers, friends, etc)? \_\_\_\_\_

Were you a good student? \_\_\_\_\_

What did you like best about school? \_\_\_\_\_

What was your favorite subject? \_\_\_\_\_

What was your favorite sport? \_\_\_\_\_

Did you win any awards for athletic events? \_\_\_\_\_

Did you ever move? If so, from where to where? \_\_\_\_\_

What kinds of transportation did you use? \_\_\_\_\_

What did you want to be when you grew up? \_\_\_\_\_

Did you take any trips as a child? If so, where? \_\_\_\_\_

Is there anything else from your childhood you would like to talk about? \_\_\_\_\_

### My formative or teen years

Who were your close friends? \_\_\_\_\_

Where did you learn your value system? \_\_\_\_\_

Describe your value system. \_\_\_\_\_

Where did you learn your work ethic? \_\_\_\_\_

Describe your work ethic. \_\_\_\_\_

What do you feel you missed during these formative years that would have benefited you as an adult? \_\_\_\_\_

Tell about school during these years. \_\_\_\_\_

## MY LIFE JOURNAL (continued)

Who was your favorite teacher in school and why? \_\_\_\_\_

What was your favorite sport? \_\_\_\_\_

Did you win any awards for athletic events? \_\_\_\_\_

Who was your hero and why? \_\_\_\_\_

What is the most memorable experience you had as a youth? \_\_\_\_\_

Do you have any regrets from those years? \_\_\_\_\_

What were your areas of interest as a teenager? \_\_\_\_\_

What were some mischievous things you did as a teenager? \_\_\_\_\_

Did you ever get into real trouble as a teenager? \_\_\_\_\_

What were your ambitions as a teenager? \_\_\_\_\_

Who was the most influential person in your life as a teenager? \_\_\_\_\_

Did you make any decisions during this period that may have altered the course of your life? \_\_\_\_\_

What kind of jobs did you have during these years? \_\_\_\_\_

What did you learn from these jobs that has helped you in life? \_\_\_\_\_

What other responsibilities did you have as a youth? \_\_\_\_\_

**MY LIFE JOURNAL (continued)**

What do you remember about world events during these years? \_\_\_\_\_

\_\_\_\_\_

How did these world events affect you and your family? \_\_\_\_\_

Did you do any traveling as a youth? \_\_\_\_\_

What stands out in your mind as the single most important event in your life during this time period? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you want to tell about your youth that has not been covered? \_\_\_\_\_

\_\_\_\_\_

**My early adulthood (age 20 to 30)**

If you attended an institution of higher learning, tell about your experiences. \_\_\_\_\_

\_\_\_\_\_

Tell about any military service you had. \_\_\_\_\_

\_\_\_\_\_

When did you marry, to whom and where, etc. \_\_\_\_\_

\_\_\_\_\_

Tell about your vocation. \_\_\_\_\_

Tell about your family life. \_\_\_\_\_

\_\_\_\_\_

What "life lessons" were you learning? \_\_\_\_\_

Did you move from where you grew up? \_\_\_\_\_

What were your ambitions at this time in your life? \_\_\_\_\_

What were your dreams? \_\_\_\_\_

\_\_\_\_\_

**MY LIFE JOURNAL (continued)**

What made you happy during those years? \_\_\_\_\_

What significant world events had an impact on you or your family? \_\_\_\_\_

Did you experience any personal tragedy during these years? \_\_\_\_\_

What impact did that tragedy have on you? \_\_\_\_\_

What was, in your opinion, your greatest accomplishment during this time? \_\_\_\_\_

What was your greatest disappointment of this time period? \_\_\_\_\_

Did anything occur in your life that may have altered the course of your life? \_\_\_\_\_

If you could change anything from those years, what would it be? \_\_\_\_\_

When do you think you really became an adult, and what event stands out in your mind that shows that level of maturity?

**My middle adulthood (age 30 to 60)**

What is the most significant thing that happened to you during your 30s? \_\_\_\_\_

During your 40s? \_\_\_\_\_

During your 50s? \_\_\_\_\_

## MY LIFE JOURNAL (continued)

If you could go back in time are there any things you would change, omit or do differently? \_\_\_\_\_

---

---

What was the most meaningful personal event that occurred in your life during those years and why? \_\_\_\_\_

---

---

Are there any others? \_\_\_\_\_

---

---

Were there any major world events that shaped or changed the direction of your life? \_\_\_\_\_

---

---

If so, how? \_\_\_\_\_

---

---

Do you have any regrets? \_\_\_\_\_

---

---

Has your attitude toward life changed and if so, how? \_\_\_\_\_

---

---

Do you feel that you missed out on anything because of other commitments? \_\_\_\_\_

---

---

What was the most rewarding aspect of your life during those years? \_\_\_\_\_

---

---

Outside of your immediate family, who has had the most influence on your life and why? \_\_\_\_\_

---

---

What life lessons do you wish your parents had taught you that you want to be sure your children learn? \_\_\_\_\_

---

---

What "pearls of wisdom" would you want to pass on to your heirs? \_\_\_\_\_

---

---

What are you most proud of during those years? \_\_\_\_\_

---

---



## MY LIFE JOURNAL (continued)

What brought you the most happiness during those years? \_\_\_\_\_

---

---

What saddens you from those years? \_\_\_\_\_

---

---

What do you remember with the greatest fondness? \_\_\_\_\_

---

---

What was the most amusing thing that happened to you during your life? \_\_\_\_\_

---

---

Tell about your closest personal relationship and what you received from it. \_\_\_\_\_

---

---

Did you achieve your goals? \_\_\_\_\_

---

---

Do you consider yourself a success? \_\_\_\_\_

---

---

Were you happy? \_\_\_\_\_

---

---

Did your hopes and dreams come true? \_\_\_\_\_

---

---

How did your faith grow during those years? \_\_\_\_\_

---

---

What trials occurred in your life? \_\_\_\_\_

---

---

What lessons did you learn as a result? \_\_\_\_\_

---

---

Is there anything else about you and your life during those middle adult years? \_\_\_\_\_

---

---

## MY LIFE JOURNAL (continued)

### My latter adulthood (age 60 and beyond)

What have you enjoyed most about your latter years? \_\_\_\_\_

\_\_\_\_\_

What has brought you the most happiness during these years? \_\_\_\_\_

\_\_\_\_\_

What has saddened you the most? \_\_\_\_\_

\_\_\_\_\_

Looking back on your life, with your experience, knowledge and wisdom, what in your opinion is the most important lesson you've learned in your life? \_\_\_\_\_

\_\_\_\_\_

If you could share lessons from your life with others, what would you want to teach them? \_\_\_\_\_

\_\_\_\_\_

What has been your greatest personal accomplishment? Why? \_\_\_\_\_

\_\_\_\_\_

When all else fails, what can you always count on? Why? \_\_\_\_\_

\_\_\_\_\_

At this time in your life, who is the person you have most admired and why? \_\_\_\_\_

\_\_\_\_\_

As you reflect on your life, if you could have done anything differently, what would it have been? \_\_\_\_\_

\_\_\_\_\_

Over the course of your lifetime, what world event stands out the most in your mind? \_\_\_\_\_

\_\_\_\_\_

What has changed the most over your lifetime (communications, transportation, knowledge, science, technology, family life, etc.)?

Please explain. \_\_\_\_\_

\_\_\_\_\_

In all of your life, what has been the single most significant event or high point? \_\_\_\_\_

\_\_\_\_\_



## **SPOUSE LIFE JOURNAL**

This series of questions is for recording the events of your life through your own words, as only you can express them.

### **My childhood**

Parents and grandparents: Where did they come from? \_\_\_\_\_

Family history? \_\_\_\_\_

Are there any stories about your family or events that made an impression on you? \_\_\_\_\_

What are your earliest memories of your childhood? \_\_\_\_\_

Describe the house where you spent your childhood. \_\_\_\_\_

What kind of childhood games or activities did you play or participate in as a child? \_\_\_\_\_

Did you have a favorite toy? \_\_\_\_\_

What were your chores or responsibilities as a child? \_\_\_\_\_

What are your fondest memories of your childhood? \_\_\_\_\_

Tell about your brothers and/or sisters as children. \_\_\_\_\_

As a young child, what was your life like (be specific)? \_\_\_\_\_

Tell about relatives or neighbors you remember as a child. \_\_\_\_\_

**SPOUSE LIFE JOURNAL (continued)**

What was school like (classes, teachers, friends, etc)? \_\_\_\_\_

Were you a good student? \_\_\_\_\_

What did you like best about school? \_\_\_\_\_

What was your favorite subject? \_\_\_\_\_

What was your favorite sport? \_\_\_\_\_

Did you win any awards for athletic events? \_\_\_\_\_

Did you ever move? If so, from where to where? \_\_\_\_\_

What kinds of transportation did you use? \_\_\_\_\_

What did you want to be when you grew up? \_\_\_\_\_

Did you take any trips as a child? If so, where? \_\_\_\_\_

Is there anything else from your childhood you would like to talk about? \_\_\_\_\_

**My formative or teen years**

Who were your close friends? \_\_\_\_\_

Where did you learn your value system? \_\_\_\_\_

Describe your value system. \_\_\_\_\_

Where did you learn your work ethic? \_\_\_\_\_

Describe your work ethic. \_\_\_\_\_

What do you feel you missed during these formative years that would have benefited you as an adult? \_\_\_\_\_

Tell about school during these years. \_\_\_\_\_

**SPOUSE LIFE JOURNAL (continued)**

Who was your favorite teacher in school and why? \_\_\_\_\_

What was your favorite sport? \_\_\_\_\_

Did you win any awards for athletic events? \_\_\_\_\_

Who was your hero and why? \_\_\_\_\_

What is the most memorable experience you had as a youth? \_\_\_\_\_

Do you have any regrets from those years? \_\_\_\_\_

What were your areas of interest as a teenager? \_\_\_\_\_

What were some mischievous things you did as a teenager? \_\_\_\_\_

Did you ever get into real trouble as a teenager? \_\_\_\_\_

What were your ambitions as a teenager? \_\_\_\_\_

Who was the most influential person in your life as a teenager? \_\_\_\_\_

Did you make any decisions during this period that may have altered the course of your life? \_\_\_\_\_

What kind of jobs did you have during these years? \_\_\_\_\_

What did you learn from these jobs that has helped you in life? \_\_\_\_\_

What other responsibilities did you have as a youth? \_\_\_\_\_

## **SPOUSE LIFE JOURNAL (continued)**

What do you remember about world events during these years? \_\_\_\_\_

---

---

How did these world events affect you and your family? \_\_\_\_\_

---

---

Did you do any traveling as a youth? \_\_\_\_\_

What stands out in your mind as the single most important event in your life during this time period? \_\_\_\_\_

---

---

Is there anything else you want to tell about your youth that has not been covered? \_\_\_\_\_

---

---

### **My early adulthood (age 20 to 30)**

If you attended an institution of higher learning, tell about your experiences. \_\_\_\_\_

---

---

Tell about any military service you had. \_\_\_\_\_

---

---

When did you marry, to whom and where, etc. \_\_\_\_\_

---

---

Tell about your vocation. \_\_\_\_\_

---

---

Tell about your family life. \_\_\_\_\_

---

---

What "life lessons" were you learning? \_\_\_\_\_

---

---

Did you move from where you grew up? \_\_\_\_\_

---

---

What were your ambitions at this time in your life? \_\_\_\_\_

---

---

What were your dreams? \_\_\_\_\_

---

---

**SPOUSE LIFE JOURNAL (continued)**

What made you happy during those years? \_\_\_\_\_

What significant world events had an impact on you or your family? \_\_\_\_\_

Did you experience any personal tragedy during these years? \_\_\_\_\_

What impact did that tragedy have on you? \_\_\_\_\_

What was, in your opinion, your greatest accomplishment during this time? \_\_\_\_\_

What was your greatest disappointment of this time period? \_\_\_\_\_

Did anything occur in your life that may have altered the course of your life? \_\_\_\_\_

If you could change anything from those years, what would it be? \_\_\_\_\_

When do you think you really became an adult, and what event stands out in your mind that shows that level of maturity?

**My middle adulthood (age 30 to 60)**

What is the most significant thing that happened to you during your 30s? \_\_\_\_\_

During your 40s? \_\_\_\_\_

During your 50s? \_\_\_\_\_



**SPOUSE LIFE JOURNAL (continued)**

If you could go back in time are there any things you would change, omit or do differently? \_\_\_\_\_

---

---

What was the most meaningful personal event that occurred in your life during those years and why? \_\_\_\_\_

---

---

Are there any others? \_\_\_\_\_

---

---

Were there any major world events that shaped or changed the direction of your life? \_\_\_\_\_

---

---

If so, how? \_\_\_\_\_

---

---

Do you have any regrets? \_\_\_\_\_

---

---

Has your attitude toward life changed and if so, how? \_\_\_\_\_

---

---

Do you feel that you missed out on anything because of other commitments? \_\_\_\_\_

---

---

What was the most rewarding aspect of your life during those years? \_\_\_\_\_

---

---

Outside of your immediate family, who has had the most influence on your life and why? \_\_\_\_\_

---

---

What life lessons do you wish your parents had taught you that you want to be sure your children learn? \_\_\_\_\_

---

---

What "pearls of wisdom" would you want to pass on to your heirs? \_\_\_\_\_

---

---

What are you most proud of during those years? \_\_\_\_\_

---

---

**SPOUSE LIFE JOURNAL (continued)**

What brought you the most happiness during those years? \_\_\_\_\_

\_\_\_\_\_

What saddens you from those years? \_\_\_\_\_

\_\_\_\_\_

What do you remember with the greatest fondness? \_\_\_\_\_

\_\_\_\_\_

What was the most amusing thing that happened to you during your life? \_\_\_\_\_

\_\_\_\_\_

Tell about your closest personal relationship and what you received from it. \_\_\_\_\_

\_\_\_\_\_

Did you achieve your goals? \_\_\_\_\_

\_\_\_\_\_

Do you consider yourself a success? \_\_\_\_\_

\_\_\_\_\_

Were you happy? \_\_\_\_\_

\_\_\_\_\_

Did your hopes and dreams come true? \_\_\_\_\_

\_\_\_\_\_

How did your faith grow during those years? \_\_\_\_\_

\_\_\_\_\_

What trials occurred in your life? \_\_\_\_\_

\_\_\_\_\_

What lessons did you learn as a result? \_\_\_\_\_

\_\_\_\_\_

Is there anything else about you and your life during those middle adult years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SPOUSE LIFE JOURNAL (continued)**

### **My latter adulthood (age 60 and beyond)**

What have you enjoyed most about your latter years? \_\_\_\_\_

\_\_\_\_\_

What has brought you the most happiness during these years? \_\_\_\_\_

\_\_\_\_\_

What has saddened you the most? \_\_\_\_\_

\_\_\_\_\_

Looking back on your life, with your experience, knowledge and wisdom, what in your opinion is the most important lesson you've learned in your life? \_\_\_\_\_

\_\_\_\_\_

If you could share lessons from your life with others, what would you want to teach them? \_\_\_\_\_

\_\_\_\_\_

What has been your greatest personal accomplishment? Why? \_\_\_\_\_

\_\_\_\_\_

When all else fails, what can you always count on? Why? \_\_\_\_\_

\_\_\_\_\_

At this time in your life, who is the person you have most admired and why? \_\_\_\_\_

\_\_\_\_\_

As you reflect on your life, if you could have done anything differently, what would it have been? \_\_\_\_\_

\_\_\_\_\_

Over the course of your lifetime, what world event stands out the most in your mind? \_\_\_\_\_

\_\_\_\_\_

What has changed the most over your lifetime (communications, transportation, knowledge, science, technology, family life, etc.)?

Please explain. \_\_\_\_\_

\_\_\_\_\_

In all of your life, what has been the single most significant event or high point? \_\_\_\_\_

\_\_\_\_\_



## REVIEW CHECKLIST

Please take time to review and update your workbook regularly to inform and assist your loved ones.

### Review dates

Date: _____	Reviewed by: _____
Date: _____	Reviewed by: _____
Date: _____	Reviewed by: _____
Date: _____	Reviewed by: _____
Date: _____	Reviewed by: _____
Date: _____	Reviewed by: _____
Date: _____	Reviewed by: _____
Date: _____	Reviewed by: _____

### Reminder

*This material is presented for educational and informational purposes only and is not designed to be used for a legal document, a substitute, a replacement, a revision or a codicil to a will. It is not intended to serve as professional tax or legal advice. It covers a broad variety of topics of concern to senior adults and others, but it is by no means an exhaustive list of all the questions you may need to consider in your particular situation. Tax and probate laws pertaining to estates and estate settlements vary from state to state. GuideStone Financial Resources of the Southern Baptist Convention encourages consulting legal counsel when considering estate planning and gift-giving options. State laws govern charitable gifts, trusts and wills.*

**This page intentionally left blank**