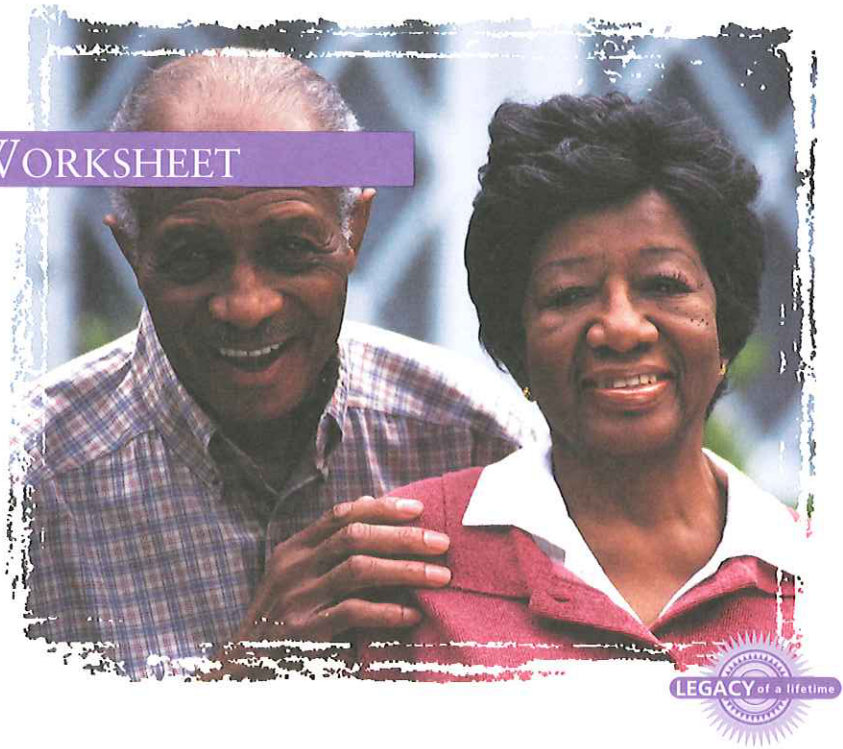


ESTATE PLANNING WORKSHEET



The worksheet on the following pages is an information-gathering vehicle to assist you in preparing to meet with your attorney who will draft your estate planning documents. As you work through this worksheet you may want to consider completing a *Personal Record Book* provided by the Presbyterian Foundation to record the location of your records and documents.

Prior to the meeting, you should collect the following documents:

- Existing wills or trusts
- Federal gift tax returns
- Pre-nuptial, post-nuptial or marital settlement agreements
- Copies of any will or trust under which you or your spouse have an interest
- Buy-sell agreements, stock option plans, salary continuation plans or other deferred compensation plans (other than qualified plans) to which you or your spouse is a party, including beneficiary designations
- Powers of Attorney for management of property
- Living Will Directive/Health Care Surrogate designations for management of healthcare
- Ownership and beneficiary designations for life insurance policies, and beneficiary designations for IRAs and qualified plans (pension, 401(k), 403(b) and profit-sharing)

This estate planning worksheet can be used by individuals or married couples and is for your use only. Do not return the completed worksheet to the Presbyterian Foundation or any of its representatives.

GENERAL INFORMATION

YOU

Name _____
Other Names Used _____
Social Security Number _____
Home Address _____
Other Residences _____
Telephone _____
Occupation _____
Employer _____
Position _____
Business Address _____
Place Of Birth _____
Citizenship _____
Marital Status _____
Prior Marriage(s) _____

List Name, Dates Married

SPOUSE (if applicable)

Name _____
Other Names Used _____
Social Security Number _____
Residence If Other Than Yours _____
Occupation _____
Employer _____
Position _____
Business Address _____
Place Of Birth _____
Citizenship _____

FAMILY PROFILE

Names of Children	Birth Date	SSN	Comments/Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the children listed above from a previous marriage or relationship?

You _____ Yes _____ No

Spouse _____ Yes _____ No

If the answer is yes, please complete the section below.

Child's Name	Name of Other Parent of Child	Address of Other Parent of Child	Who has custody of this child?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS

Show the approximate value of your assets in the appropriate column
designating ownership of the asset. Additional pages may be used as necessary.

	YOU	SPOUSE	JOINT
Cash, Bank Accounts and Money Market Funds	<hr/>	<hr/>	<hr/>
Bonds and Bond Funds	<hr/>	<hr/>	<hr/>
Stocks and Mutual Funds	<hr/>	<hr/>	<hr/>
Residence	<hr/>	<hr/>	<hr/>
Second Homes	<hr/>	<hr/>	<hr/>
Investment Real Estate	<hr/>	<hr/>	<hr/>
Business Ownership Interests (Sole Proprietorship, Partnerships or Corporations)	<hr/>	<hr/>	<hr/>
Retirement plans (including IRAs) (Complete page 4)	<hr/>	<hr/>	<hr/>
Life Insurance (Complete page 4)	<hr/>	<hr/>	<hr/>
Annuities	<hr/>	<hr/>	<hr/>
Interests in Estates or Trusts	<hr/>	<hr/>	<hr/>
Home Furnishings	<hr/>	<hr/>	<hr/>
Automobiles	<hr/>	<hr/>	<hr/>
Collections	<hr/>	<hr/>	<hr/>
Other Personal Effects	<hr/>	<hr/>	<hr/>
Miscellaneous Assets (Identify if significant)	<hr/>	<hr/>	<hr/>
TOTALS	<hr/>	<hr/>	<hr/>

RETIREMENT PLANS

	YOU		SPOUSE (if applicable)	
	Current Value	Beneficiary	Current Value	Beneficiary
IRA	_____	_____	_____	_____
Keogh	_____	_____	_____	_____
Pension	_____	_____	_____	_____
Profit Sharing	_____	_____	_____	_____
401(k)	_____	_____	_____	_____
403(b)	_____	_____	_____	_____
Other	_____	_____	_____	_____

LIFE INSURANCE

Type of Policy _____
Insurance Company _____
Policy Owner _____ Policy # _____
Insured _____
Death Benefit _____ Cash Value / Policy Loan _____
Policy Beneficiary _____

Type of Policy _____
Insurance Company _____
Policy Owner _____ Policy # _____
Insured _____
Death Benefit _____ Cash Value / Policy Loan _____
Policy Beneficiary _____

Type of Policy _____
Insurance Company _____
Policy Owner _____ Policy # _____
Insured _____
Death Benefit _____ Cash Value / Policy Loan _____
Policy Beneficiary _____

LIABILITIES

DEBT #1

Creditor _____
Amount of Debt _____
Assets Encumbered _____

Liability For Debt _____
(Indicate You, Spouse, or Joint)

DEBT #2

Creditor _____
Amount of Debt _____
Assets Encumbered _____

Liability For Debt _____
(Indicate You, Spouse, or Joint)

* Attach additional sheets as necessary.

ADVISORS

	Name and Address	Telephone No.
Accountant(s)	_____	_____
Life Insurance Agent(s)	_____	_____
Investment Advisor(s)	_____	_____
Stockbroker(s)	_____	_____
Other Attorney(s)	_____	_____
Physician(s)	_____	_____
Other Consultant or Advisor(s)	_____	_____

If spouse uses different advisors, please note and provide the same information for spouse's advisors.

Accountant(s)	_____	_____
Life Insurance Agent(s)	_____	_____
Investment Advisor(s)	_____	_____
Stockbroker(s)	_____	_____
Other Attorney(s)	_____	_____
Physician(s)	_____	_____
Other Consultant or Advisor(s)	_____	_____

CHARITABLE GIVING

Estate planning is a wonderful opportunity for individuals to give witness to their faith and values. While the primary reasons for making charitable bequests and gifts in your plans are to fulfill your stewardship goals, this planning

may also provide tax advantages for your estate. Please discuss charitable bequests, charitable remainder trusts, and charitable beneficiary designations with your attorney.

Charities I/we would like to support:

(include address and tax identification number if known)

- Local church(es) _____

- National church _____

- Other PC (USA) entities (Board of Pensions, Presbyterian Foundation, retirement homes, seminaries, etc.) _____

- Mission Organizations _____

- Other _____

I/we would like to make a charitable gift through:

	Amount	Charitable Beneficiary
Bequest	_____	_____
Permanent Fund	_____	_____
Charitable Gift Annuity	_____	_____
Charitable Remainder Trust	_____	_____
Pooled Income Fund	_____	_____

I/we have designated charitable beneficiaries of life insurance policies or retirement plans. Mark these on page 4 as appropriate.

ADDITIONAL ITEMS TO CONSIDER

1. Are there any continuing rights or obligations arising pursuant to any property settlement agreement or divorce decree from prior marriages?
2. Have you or your spouse filed gift tax returns or made any gifts (outright or in trust) exceeding \$11,000 per year to any person?
3. Do you or your spouse have a power of appointment or other interest under a will or trust created by someone else?
4. Do you or your spouse expect a significant inheritance?
5. Are you or your spouse a party to a buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan other than a qualified pension or profit sharing plan?
6. How do you want your estate distributed among your beneficiaries?
7. Is there anyone other than your spouse and children for whom you are financially responsible or to whom you or your spouse wish to leave a part of your estate?
8. Is each spouse capable of managing financial affairs?
9. If a trust is established for the surviving spouse, to what extent should he or she be permitted to invade the principal?
10. Do you want any assets to pass to your children before the second spouse's death?
11. Do you want assets passing to your children or grandchildren to be held in trust until a specific age?
12. If so, at what ages should the trust require distributions of income or principal to your children and grandchildren? (The trustee can be given discretion to make such distribution prior to such ages, and all beneficiaries need not be treated the same.)
13. If a child is under 18 when legal guardians die, who do you want to raise such child?
14. If you and your spouse were to die, and none of your issue (lineal descendants) survive, to whom do you want your assets to pass?
15. Should any special problems be considered or special allowances be made as to any person, for example, for physical or mental disabilities?
16. Have you and your spouse named the executors of your estate? (You may each select one or more individuals and/or a bank.)
17. Have you and your spouse named the trustees of any trusts established in your wills? (You may select one or more individuals and/or a bank/trust company.)
18. If a child dies while assets are in trust for him or her, do you want such child to be able to leave any of such assets to his or her spouse?
19. Do you have any preferences as to funeral, burial and/or anatomical bequests?
20. Do you need a power of attorney or a living will directive/health care surrogate?