



LEGACY PLAN WORKSHEET



Worksheet can be filled out online at:
www.bfcal.org/estateplanning

INSTRUCTIONS

Please fill in as neatly and completely as possible. All information provided is held in strict confidence by The Baptist Foundation of California and its representatives. Use full legal names, including middle names for children. For assets and liabilities, round numbers and estimates are all that is needed; please include all available information for each item.

Items 1 through 13: Provide all information requested.

Items 14 and 15: Name a guardian only if you have a minor child; the trustee and executor will have control over all assets and make discretionary decisions regarding the handling and distribution of the assets.

Item 16: List the persons you want to act as your agent for financial matters (Durable Power of Attorney) and for medical decisions (healthcare directive). These are the persons you want making financial and medical decisions for you if you ever become unable to do so yourself. Spouses normally name one another as primary agent under both of these documents; the second and third choices are for alternate agents, which you may designate as co-agents (who must work together).

Item 17: The Medical Record Release Authorization clearly states your wishes regarding your personal health information for your healthcare providers.

Items 18 to 22 (Assets & Liabilities): Three columns are shown for listing separate property for either husband or wife and the third column for community property (assets are community property unless owned pre-marriage or inherited). A spouse only has separate property if he or she brought property into a marriage or received a gift or inheritance which did not include the other spouse.

Item 18: List any real estate (homes, land, buildings, etc.) and your best estimate of current value.

Item 19: List your bank accounts with a typical balance. List any investment accounts with their most current value but do not list retirement accounts (e.g., IRAs, 401k accounts, 403b accounts and retirement annuities) here as they should be listed under Item 19. Under the personal property items, list your best estimate of their current market value.

Item 20: Approximate values of retirement accounts are sufficient and it is important that you list the beneficiaries. These assets must be held in individual names, not jointly.

Item 21: List each policy owned by either spouse separately, as shown on the form. The type of policy would be term, whole life or otherwise. If you own a key man insurance policy related to a business please note that on the form.

Item 22: Under Liabilities, list approximate principal balances owed, not monthly installments.

Item 23 (Your Total Estate): Add the totals from the prior pages, sign and date.

Item 24: List the individuals whom you would like to be designated as beneficiaries in your estate plan.

Item 25: List the charitable organizations that you would like to name in your estate plan.

Statement of Faith: These are possible Statements of Faith options that can be in your will. These are suggestions only. Your testimony is up to you.

1 Name _____

2 Spouse's Name _____

3 Address _____

City _____ State _____ Zip _____

4 Phone Numbers: (Primary) _____ (Secondary) _____

(His Cell) _____ (Her Cell) _____

5 Primary Email _____ Secondary E-mail _____

6 Occupation (H) _____ (W) _____

7 Church Name and City _____

8 Date of Birth (H) _____ Date of Birth (W) _____

Date of Marriage (if applicable) _____

9 U.S. Citizen (H) ☐ Yes ☐ No (W) ☐ Yes ☐ No

10 Did you attend a Baptist Foundation seminar? ☐ Yes ☐ No

Date, Place and Name of Seminar Speaker _____

11 Prior Marriage (check if applicable) Divorced (H) _____ (W) _____

Widowed (H) _____ (W) _____

- 12** List of **full legal names** of children, deceased children and children of pre-deceased children. Please identify children of previous marriages and instead of as to which spouse they belong. Please use the designations "B" for "Both," "H" for "Husband" or "W" for "Wife."

| Name | Whose Children | Sex | Date of Birth | Address/Phone/Email (Street, City, State, Phone Number and Email) |
|------|----------------|-----|---------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- 13** Do you now have a Will or Trust? _____ If convenient, please attach a photocopy.

14 NAMING A GUARDIAN*

If you have minor children, a guardian should be named in your Will. Nominate the person you wish to take care of your children until they turn age 18. You may wish to name a different person as Guardian of the Person, who will have custody and raise the children and as Guardian of the Estate, who will manage the child's assets absent their placement in a trust.

1st _____
 Name Relationship Phone

 Mailing Address Email Address

2nd _____
 Name Relationship Phone

 Mailing Address Email Address

3rd _____
 Name Relationship Phone

 Mailing Address Email Address

NAMING A SUCCESSOR TRUSTEE AND AN EXECUTOR

A successor trustee (in a living trust) administers your assets upon your death or incapacity. An executor (will) handles assets upon your death that are outside a trust that do not have a designated beneficiary. The same persons fill each role. Spouses generally name each other and if you do, just write "spouse" under your first choice. You should name 2 alternates to serve after the spouse. If you desire a Christian professional in these roles, the Foundation may be named if at least 10% of your net assets will be distributed to ministry upon the death of both spouses (and if you have young children, once all have reached age 25).

| | | | |
|----------------|------------------------|----------------------|--------------|
| 1st | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | _____ | _____ |
| | <i>Mailing Address</i> | <i>Email Address</i> | |
| 2nd | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | _____ | _____ |
| | <i>Mailing Address</i> | <i>Email Address</i> | |
| 3rd | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | _____ | _____ |
| | <i>Mailing Address</i> | <i>Email Address</i> | |

SELECTION OF AGENTS UPON INCAPACITY

It is important to name persons to make financial and medical decisions for you, should you become incapacitated. The information requested below will help create legal documents to help accomplish this.

1. Financial Decisions: Durable Power of Attorney

Names, addresses, phone numbers and emails under Power of Attorney (if spouse, just write "spouse"; and write in "Co-agent" below each entry if you desire any agents to act together):

| | | | |
|------------|------------------------|---------------------|----------------------|
| 1st | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | | _____ |
| | <i>Mailing Address</i> | | <i>Email Address</i> |
| 2nd | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | | _____ |
| | <i>Mailing Address</i> | | <i>Email Address</i> |
| 3rd | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | | _____ |
| | <i>Mailing Address</i> | | <i>Email Address</i> |

2. Medical Decisions: Agent for Healthcare Directive

Names, addresses, phone numbers and emails under Advance Healthcare Directive (if spouse, just write "spouse"; also list co-agents here as well):

| | | | |
|------------|------------------------|---------------------|----------------------|
| 1st | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | | _____ |
| | <i>Mailing Address</i> | | <i>Email Address</i> |
| 2nd | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | | _____ |
| | <i>Mailing Address</i> | | <i>Email Address</i> |
| 3rd | _____ | _____ | _____ |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
| | _____ | | _____ |
| | <i>Mailing Address</i> | | <i>Email Address</i> |

Primary Care Physician

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

Preferred Healthcare Facility

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Additional Names

Please provide additional names of individuals you would like the hospital and the physicians to release records to. You do not have to include individuals you have named in section 16-2.

| | |
|------------------|--------------|
| 1st _____ | _____ |
| Name | Relationship |

| | |
|---------|-----------------|
| _____ | _____ |
| Address | City, State Zip |

| | |
|-------|--------------|
| _____ | _____ |
| Email | Phone Number |

| | |
|------------------|--------------|
| 2nd _____ | _____ |
| Name | Relationship |

| | |
|---------|-----------------|
| _____ | _____ |
| Address | City, State Zip |

| | |
|-------|--------------|
| _____ | _____ |
| Email | Phone Number |

| | |
|------------------|--------------|
| 3rd _____ | _____ |
| Name | Relationship |

| | |
|---------|-----------------|
| _____ | _____ |
| Address | City, State Zip |

| | |
|-------|--------------|
| _____ | _____ |
| Email | Phone Number |

REAL ESTATE

List all of your real estate assets (including mineral rights) indicating approximate values. (Feel free to estimate.) Please attach additional page(s) if necessary.

A. _____
Address of Property (Street Address, City, State)

Date Acquired: _____ Purchase Price: \$ _____

Mortgaged: ☐ Yes ☐ No

Nature of Property: ☐ Commercial ☐ Residential

☐ Other _____

| Current Value | | |
|---------------|------|------------------------------------|
| Husband | Wife | Jt, Tenancy/ Community Property |
| \$ | \$ | \$ |

B. _____
Address of Property (Street Address, City, State)

Date Acquired: _____ Purchase Price: \$ _____

Mortgaged: ☐ Yes ☐ No

Nature of Property: ☐ Commercial ☐ Residential

☐ Other _____

| Current Value | | |
|---------------|------|------------------------------------|
| Husband | Wife | Jt, Tenancy/ Community Property |
| \$ | \$ | \$ |

C. _____
Address of Property (Street Address, City, State)

Date Acquired: _____ Purchase Price: \$ _____

Mortgaged: ☐ Yes ☐ No

Nature of Property: ☐ Commercial ☐ Residential

☐ Other _____

| Current Value | | |
|---------------|------|------------------------------------|
| Husband | Wife | Jt, Tenancy/ Community Property |
| \$ | \$ | \$ |

Total Real Estate Assets

| | | |
|----|----|----|
| \$ | \$ | \$ |
|----|----|----|

CASH AND OTHER ASSETS

Please use approximate values. It is not necessary to list account numbers. (Retirement assets are to be listed in section 19).

| Cash (List financial institution name and address and checking/savings CDs/etc. as well as approximate value): | Husband | Wife | Jt. Tenancy/ Community Property |
|--|---------|------|------------------------------------|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

| <i>Stocks, Bonds and Mutual Funds</i> Do not list retirement accounts here (e.g. IRA, 401k) – list these under Item 19 (List company name and address and current values to the right) | Husband | Wife | Jt. Tenancy/ Community Property |
|---|----------------|-------------|--|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

| <i>Business Interest</i> Sole Proprietor, Jt. Venture, L.L.C., L.P., G.P., P.C., S. or C. Corp., etc (List name, entity type and estimated value to the right) | Husband | Wife | Jt. Tenancy/ Community Property |
|---|----------------|-------------|--|
| | \$ | \$ | \$ |
| <i>Personal Property</i> Vehicles, furniture, antiques, art, jewelry, collections, electronics, etc. | \$ | \$ | \$ |
| <i>Money Owed to You</i> Mortgages, personal loans, etc. | \$ | \$ | \$ |
| <i>Miscellaneous:</i> _____ | \$ | \$ | \$ |

Total Real Estate Assets

| | | |
|----|----|----|
| \$ | \$ | \$ |
|----|----|----|

20 RETIREMENT ASSETS

Your retirement Plan, IRA and/or Tax Sheltered Annuities (e.g. 401k, 403b)
(Do not include pensions which carry no death benefits)

| Company and Type of Account | Beneficiary | Current Account Value |
|------------------------------------|--------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Your Spouse's Individual Retirement Accounts and/or Tax Sheltered Annuities

| Company and Type of Account | Beneficiary | Current Account Value |
|------------------------------------|--------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total of
Retirement Accounts \$

Total of Spouse's
Retirement Accounts \$

21 LIFE INSURANCE POLICIES

Your Life Insurance

| Insured | Company | Type of Policy | Beneficiary | Death Benefit |
|---------|---------|----------------|-------------|---------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Your Spouse's Life Insurance

| Insured | Company | Type of Policy | Beneficiary | Death Benefit |
|---------|---------|----------------|-------------|---------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Total Life Insurance Assets

Your Life Insurance \$

Spouse's Life Insurance \$

22 LIABILITIES

Please estimate the balances owed (not monthly payments) on the following assets:

| | Husband | Wife | Jt. Tenancy/ Community Property |
|--|---------|------|---------------------------------------|
| Mortgages | \$ | \$ | \$ |
| Home Address | \$ | \$ | \$ |
| Other Properties | \$ | \$ | \$ |
| Loans: (If you have more than one, please give the total of loans in this category) | | | |
| Automobile | \$ | \$ | \$ |
| Bank | \$ | \$ | \$ |
| Installment Contracts | \$ | \$ | \$ |
| Life Insurance | \$ | \$ | \$ |
| Charge Accounts | \$ | \$ | \$ |
| Debts co-signed for or guaranteed for others (e.g., children's student loans) | \$ | \$ | \$ |
| Other Debts | \$ | \$ | \$ |
| Total Liabilities | \$ | \$ | \$ |

23 YOUR TOTAL ESTATE:

Transfer the totals from Sections 18 through 21 to the boxes below. Add the assets in Sections 18 through 21, then subtract the liabilities in Section 22.

| | Husband | Wife | Jt. Tenancy/ Community Property |
|---|-------------------------|-------------------------|------------------------------------|
| A. TOTAL SECTION 18: Real Estate | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| B. TOTAL SECTION 19: Cash and Other Assets | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| C. TOTAL SECTION 20: Retirement Assets | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| D. TOTAL SECTION 21: Life Insurance Policies | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <hr/> | | | |
| E. TOTAL SECTIONS 18, 19, 20 & 21 | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| F. TOTAL SECTION 22: Liabilities | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <hr/> | | | |
| G. TOTALS (SUBTRACT TOTALS ON LINE F FROM TOTALS ON LINE E) | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <hr/> | | | |
| TOTAL ESTATE (ADD ALL TOTALS ON LINE G): | \$ <input type="text"/> | | |

I understand the Baptist Foundation of California and any attorney(s) working on my estate plan will rely upon the information provided in this form.

Signature _____ Date _____

Signature _____ Date _____

For further information, please call or write:

The Baptist Foundation of California
3210 E. Guasti Road, Ste. 640
Ontario, CA 91761
info@bfcalf.org
909-738-4000

NON-CHARITABLE BENEFICIARIES / INDIVIDUALS

| | |
|-------|---------|
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |

CHARITABLE BENEFICIARIES

What is a charitable organization you would like to give to?

| | |
|---|---------|
| <input type="checkbox"/> Local Church | _____ % |
| <input type="checkbox"/> The Baptist Foundation of California | _____ % |
| <input type="checkbox"/> California Baptist University | _____ % |
| <input type="checkbox"/> Gateway Seminary | _____ % |
| <input type="checkbox"/> Other _____ | _____ % |

Important Information

You will engage one of The Baptist Foundation of California's attorneys separately to complete your estate plan. The Baptist Foundation of California is not a law firm. In most cases, the attorneys' fee for legal representation is a discounted flat fee in the amount of \$750, and is conditioned upon your expressed interest in charitable giving to support the Great Commission in partnership with The Baptist Foundation of California. You will be asked to specifically identify those charitable donations at the time of your initial attorney-client meeting. The attorneys' fee is a flat fee earned upon payment and is not subject to refund. If you are not interested in charitable giving and partnering with The Baptist Foundation of California, we may refer you to a for-profit law firm that will prepare your estate plan at a higher market rate to be negotiated separately. You are always free to engage any attorney of your choosing to prepare your estate planning documents.

[illegible]

POSSIBLE STATEMENT OF FAITH OPTIONS FOR TRUST/WILL:

Statement 1

It is with joy I declare that I am a member of the family of God, having accepted Jesus Christ as my personal Savior, and it is my desire through this my Last Will and Testament to give witness of my love for and gratitude to God the Father, Son and Holy Spirit.

Statement 2

Realizing "it is the lot of men once to die and then cometh judgement," I believe that God has made me His own child and has kept me in personal fellowship with Him so that, purely by His grace, I can say: "The course that God set I have finished, and I have kept the faith. The future holds for me the crown of righteousness which God, the righteous judge, will give to me in that day....and not, of course, only to me, but to all those who have loved what they have seen of Him" (2 Timothy 4:7-8). My deepest wish is that all who read this will have, or will come to have, the same trust in Jesus so that we might be reunited in heaven forever.

Statement 3

Realizing the uncertainty of this life, I have full confidence and trust in my Lord and Savior, Jesus Christ, in His death on the cross for my sins, His shed blood as an atonement for my soul, and know by that faith in His sacrifice of the cross for me, I have eternal life.

Statement 4

Having herein disposed of all my earthly possessions, I now commit my soul unto the hands of my Savior, Jesus Christ, in full confidence that having redeemed me and washed me in His most precious blood, He will present me faultless before the throne of my Heavenly Father, not because of works of righteousness that I have done, but according to His marvelous grace and mercy through His atoning death on the Cross of Calvary. My deepest wish is that all who read this statement will have, or will come to have, that same trust in Jesus.

Statement 5

Being of sound mind, disposing memory, full legal age, and thankful to Almighty God for life and all He has graciously entrusted to me, knowing the uncertainties of life and desiring to make a fitting and public witness to my Christian faith, and not acting under duress, menace fraud, restraint, or undue influence of any person whomsoever, I hereby make, publish, and declare this instrument to be my Last Will and Testament hereby revoking and cancelling all former Wills and Codicils made by me.

Statement 6

I have now disposed of all my property. There is one more thing that I wish I had the power to give to my loved ones. That gift would be the gift of faith in Jesus Christ. If they have that gift and if I have not been able to give them a dollar, they will be rich. But if they do not have that faith and they have all the wealth in the world, they will be truly poor indeed.

Statement 7

Your mother/father and I, having enjoyed God's blessings, wish to reflect that Love and those blessings to you. From birth we loved you and until our death we will love you. Though our love has been imperfect, it has been constant. As a confirmation of our parental love, we have provided for you out of our material goods in a manner that we believe will honor our Lord and most beneficial to you. Our desire is that it reflects in some way the perfect Love that God has for each of us by giving his Son, Jesus, in order to provide forgiveness and eternal life. Our fervent hope is that you trust in Jesus so that one day we will be reunited. Until then, may the Lord bless you and keep you; may the Lord make His face to shine upon you and be gracious unto you; may the Lord turn His face toward you and give you peace.



One day Kirsty decides
to bake a cake but
things don't go quite as
planned in the kitchen.
Luckily Kirsty gets some
help from her good
friends!



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Illustration copyright © 2014 Stephanie Lawrence
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Kirsty bakes a cake! © 2014 Stephanie Lawrence



By Stephanie Lawrence



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