



Gift Planning Services

Family Information

Initial Consultation: _____ Gift Counselor: _____

Name: _____ Name: _____

Marital Status: Single Married Widowed Divorced

Date of Birth: _____ Date of Birth: _____

Occupation: _____ Occupation: _____

Street Address: _____

City: _____ State/Zip: _____

Home Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Anniversary: _____

Congregation: _____

Do you have a Will? _____ If yes, how old? _____

Do you have a Living Trust? _____ If yes, how old? _____

Do you have a pre-nuptial agreement? _____

Were you or your spouse previously married? _____

If yes, please explain. _____

Are there children from previous marriages? _____

If yes, please explain. _____



Children Information

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	



Grandchildren Information

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Full Name: _____	Date of Birth: _____
Parent Name _____	Parent Name _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced



Gift Planning Services

Professional Advisors

Attorney

Name: _____ **Firm:** _____
Address: _____ **Cell:** _____
Work: _____
Email: _____ **Fax:** _____

Financial Advisor

Name: _____ **Firm:** _____
Address: _____ **Cell:** _____
Work: _____
Email: _____ **Fax:** _____

Accountant

Name: _____ **Firm:** _____
Address: _____ **Cell:** _____
Work: _____
Email: _____ **Fax:** _____

Insurance Agent

Name: _____ **Firm:** _____
Address: _____ **Cell:** _____
Work: _____
Email: _____ **Fax:** _____

Other: _____

Name: _____ **Firm:** _____
Address: _____ **Cell:** _____
Work: _____
Email: _____ **Fax:** _____



Testamentary Information

Include a Christian Preamble?

_____ Yes, Examples 1 & 2 _____ Yes, Examples 1-7 (WELS) _____ No

Named Guardian(s) for my minor children to serve without bond.

Guardian: _____ Relationship: _____

Address: _____ Phone: _____

Successor: _____ Relationship: _____

Address: _____ Phone: _____

Upon Death, Distribute Assets as Follows:

_____ All to the Surviving Spouse

_____ Set up Credit Shelter Trust

Upon the Second or only Death, Distribute Assets as Follows:

_____ % as a gift for charity (as stated in "Remembering your Favorite...")

_____ % To the children outright

_____ % To Minor's Trust

_____ % To Other

Tangible Property:

_____ Divide equally among children

_____ Sell assets, children can choose balance according to will

_____ Sell personal property and divide it according to will

_____ Divide among children, balance sold and added to estate

Do you have minor children?

_____ Yes _____ No



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Include a Special Needs Trust?

_____ Yes _____ No

Remembering your Favorite Charities or Ministries: List the charities / ministries to be remembered: at the time of each death, at the distribution of the Minor's Trust, and/or through the Pour-Over Unitrust.

Charity/Ministry Format:

Legal Name, City, State Ex) St. Peter Lutheran Church, Macomb, MI

_____ % _____

_____ % _____

_____ % _____

_____ % _____

_____ % _____

Foundation Information: Select to include information about a certain foundation in the binder.

- _____ ELCA
- _____ LCMS Foundation
- _____ Lutheran Legacy Foundation
- _____ InFaith Community Foundation
- _____ Renaissance Foundation
- _____ WELS Foundation

Disaster Clause: If all listed beneficiaries predecease you, the estate is to be gifted to:

- _____ Charity (as stated in "Remembering your Favorite...")
- _____ Extended Family
- _____ Both of the Above
- _____ Other, please specify:



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Personal Representation:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Successor Name: _____ Phone: _____

Address: _____ Relationship: _____

Durable Power of Attorney:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Successor Name: _____ Phone: _____

Address: _____ Relationship: _____

Medical Power of Attorney:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Successor Name: _____ Phone: _____

Address: _____ Relationship: _____

Minor's Trust

Trust to be established at: _____ First Death _____ Second (or only) Death

Trustee: _____ Relationship: _____

Address: _____ Phone: _____

Successor: _____ Relationship: _____

Address: _____ Phone: _____

Number of Trusts: _____ One Trust with Sprinkling Provisions

_____ Separate Trusts for each child (Suggested for children over 18)



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Invasion of Principal: Should any of your children need additional resources for healthcare or education would you like to invade the principal of the trust?

_____ Yes _____ No

Termination Schedule: Termination of each trust will occur when each child reaches the age of (). Assets are to be distributed at the listed ages, as follows:

_____ **Schedule 1**

At the age of 25 – 1/3 of trust

At the age of 30 – 1/2 of trust

At the age of 35 – Balance of trust

_____ **Schedule 2**

At the age of 25 – 1/4 of trust

At the age of 30 – 1/3 of trust

At the age of 35 – 1/2 of trust

At the age of 40 – Balance of trust

_____ **Other Schedule, please describe below**

Distribution: Would you like to remember charity through the distribution of the Minor's Trust?

_____ Yes _____ No

You may add any additional Children/Grandchildren, notes, etc. here



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Estate Inventory

Real Estate	Donor	Joint Assets	Spouse	Comm Prop/Living Trust
Home				
Farm				
Vacation Property				
Hunting Property				
Land				
Other:				
Other:				
Other:				
Cash Equivalent	Donor	Joint Assets	Spouse	Comm Prop/Living Trust
Checking Account				
Savings Account				
Money Markets				
Savings Plans				
Other:				
Other:				
Other:				
Invested Assets	Donor	Joint Assets	Spouse	Comm Prop/Living Trust
CDs				
Mutual Funds				
Stocks				
Government Bonds				
Bond Funds				
Treasury Bills				
Credit Union Shares				
Other:				
Other:				
Other:				
Qualified Plans	Donor	Joint Assets	Spouse	Comm Prop/Living Trust
Keoghs (401K)				
TSA's (403B)				
IRAs				
Roth IRAs				
Vested Pension Plan				
Profit Sharing Plan				
Other:				
Other:				
Other:				

Additional Notes:



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Life Insurance	Donor	Joint Assets	Spouse	Comm Prop/Living Trust
Permanent (Whole)				
Term				
Universal				
Second-to-Die				
ILIT Asset				
Annuities				
Other:				
Other:				
Other:				
Business Ownership	Donor	Joint Assets	Spouse	Comm Prop/Living Trust
Sole Proprietor				
Partnership:				
Corporation:				
Personal Property	Donor	Joint Assets	Spouse	Comm Prop/Living Trust
Vehicle				
Vehicle 2				
Vehicle 3				
Recreation Equipment				
Household Furnishings				
Jewelry				
Collectibles				
Antiques				
Other:				
Other:				
Other:				
Documented Loans Receivable	Donor	Joint Assets	Spouse	Comm Prop/Living Trust
Description:				

Mortgages	Donor	Joint Liabilities	Spouse	Comm Prop/Living Trust
Home				
Second Mortgage				
Farm				
Vacation Property				
Business Property				
Loans - Secured	Donor	Joint Liabilities	Spouse	Comm Prop/Living Trust
Home Improvement				
Vehicles				



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Personal				
Life Insurance				
Loans - Unsecured	Donor	Joint Liabilities	Spouse	Comm Prop/Living Trust
Bank				
Personal				
Education				
Credit Card				
Co-Signer:				

Income Sources	Donor	Joint Income	Spouse	Comm Prop/Living Trust
Current Job				
Social Security				
Retirement				
Dividends				
Interest				
Child Support				
Rental Income				
Other				
Bonuses				
Prospective Inheritances				
Insurance	Donor	Joint Income	Spouse	Comm Prop/Living Trust
Disability Insurance				
Long Term Care				
Charitable Beneficiary Life Insurance				
Health Insurance				
Medicare Supplement				