

BLUEJAY LEGACY ESTATE PLANNING GUIDE



PERSONAL AND FAMILY INFORMATION

Your full name: _____ Date of birth: _____

Spouse's full name: _____ Date of birth: _____

Home Address: _____ Telephone No.: _____

Your children, their spouses, and their children

1. (a) Child: _____ Date of birth: _____
(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____

(d) Child's children (and dates of birth): _____

2. (a) Child: _____ Date of birth: _____
(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____

(d) Child's children (and dates of birth): _____

3. (a) Child: _____ Date of birth: _____
(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____

(d) Child's children (and dates of birth): _____

4. (a) Child: _____ Date of birth: _____
(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____

(d) Child's children (and dates of birth): _____

5. (a) Child: _____ Date of birth: _____
(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____

(d) Child's children (and dates of birth): _____

Prior Marriages

If either you or your spouse has been married previously, state the name of each prior spouse and indicate whether he or she is now living (if living, give his or her address):

If either you or your spouse has been divorced, attach a copy of the divorce decree.

Other Information

Is there other important personal information that might affect your estate plans? For example, does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future?

PERSONAL AND FAMILY FINANCIAL ASSETS

Directions: Complete this section by supplying your estimate of today's fair market value for the assets and liabilities noted below. If you have a recent personal financial statement, you may include that with this checklist. However, in any event please complete the questions on retirement benefits (#10) and insurance (#15).

1. Financial Advisors: Accountant: _____

	Name	Address	Phone #

	Name	Address	Phone #

	Name	Address	Phone #

	Name	Address	Phone #

2. Safety Deposit Box: Location: _____

 Title: _____

ASSETS:

		<u>You</u>	<u>Spouse</u>	<u>Joint</u>
3. Real Estate:	A. Residence	\$ _____	\$ _____	\$ _____
	B. Other (Describe)	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
4. Bank Accounts & Certificates:		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
5. Securities (Stocks & Bonds):		\$ _____	\$ _____	\$ _____

6. Subchapter S and other closely held stock, partnership interests (describe):

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

7. Installment Notes: \$ _____ \$ _____ \$ _____

8. Accounts Receivable, Mortgages Receivable, & other Notes:

_____	\$ _____	\$ _____	\$ _____
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9. Other Assets: Automobiles: \$ _____ \$ _____ \$ _____

 Household Items: \$ _____ \$ _____ \$ _____

 Collections: \$ _____ \$ _____ \$ _____

 Misc. (Identify): \$ _____ \$ _____ \$ _____

 \$ _____ \$ _____ \$ _____

10. Retirement Benefits: (describe, i.e., Keogh, I.R.A., etc.)

_____	\$ _____	\$ _____	\$ _____
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_____	\$ _____	\$ _____	\$ _____
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_____	\$ _____	\$ _____	\$ _____
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11. Cash Value of Insurance: \$ _____ \$ _____ \$ _____

12. Farm Assets: \$ _____ \$ _____ \$ _____

 TOTAL ASSETS: \$ _____ \$ _____ \$ _____

LIABILITIES:

13. Real Estate Mortgage: \$ _____ \$ _____ \$ _____

14. Loans & Other Liabilities: \$ _____ \$ _____ \$ _____

 TOTAL LIABILITIES: \$ _____ \$ _____ \$ _____

 TOTAL NET WORTH: \$ _____ \$ _____ \$ _____

15. Life Insurance:

	<u>Company</u>	<u>Policy No.</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Value</u>
a.	_____	_____	_____	_____	_____	\$ _____
b.	_____	_____	_____	_____	_____	\$ _____
c.	_____	_____	_____	_____	_____	\$ _____

YOUR ESTATE PLAN

1. **Fiduciaries:** Please consider whom you would like to handle these positions of responsibility.

	<u>You</u>	<u>Spouse</u>
a. Personal Representative: Initial: _____		
(Manages your affairs at your death)		
Successor: _____		
b. Guardian: Initial: _____		
Successor: _____		
c. Trustee: Initial: _____		
Successor: _____		

2. **Disposition of Estate:** What are your general desires as to the disposition of your estate? Indicate any specific gifts you wish to make.

3. **Previous Gifts made by you, or received by you :**

<u>Recipient</u>	<u>Nature of Gift</u>	<u>Value</u>	<u>Date of Gift</u>	<u>Gift Tax Return Filed?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. **Charitable Interests:** Identify Charities in which you are currently interested and which you may like to benefit.

5. **Powers of Attorney:** Have you ever given a Power of Attorney to another? If so, to whom & when?

Is this power still effective? _____

6. **Special Instructions:** Do you have special instructions regarding burial or cremation, anatomical gifts, or extraordinary medical care? Do you currently have a Health Care Power of Attorney or Durable Power of Attorney?

Comments/Instructions:

The Bluejay Legacy Committee and GACC suggest that you consult with your independent financial, tax, or legal advisor for specific help with your particular situation.