





Please note if any of the people listed above have any disability or special needs:

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**Other Dependents:** (Parent or other family member who is dependent upon you)

Name	Address	Birthday of minors	

**Beneficiaries** (People who are not family to whom you may leave a gift)

Name	Address	Birthday of minors	Phone

**Siblings** (only required when there are no children)

Name	Address	Sibling to Husband or Wife

**Personal Representative/s**

Name	Address	Phone	Email

**FINANCIAL INFORMATION** *(This section may be filled out with assistance from trust representative) This page is for entering the estimate of the fair market value of your assets and liabilities. If you have this information in the form of a personal financial statement, simply attach that to this form. If you have detailed information you wish to be a part of your permanent file in the office, you may submit it at any time.*

Asset	Owner	Market Value
	H=Husband W=Wife J=Joint	
Home 1		
Home 2		
Property		
Savings Account		
CD's		
Stocks/Bonds		
Business Interest		
Life Ins Cash Value		
Receivables		
IRA's		
Other Retirement Sav		
Vehicles		
Boat/Camper/Toys		
Household Contents		
Antiques		
Collection		
Collection		
Lawn/Outdoor Equip		
Farm Equipment		
Livestock		
Life Insurance		
Life Insurance		
Accident Insurance		
Expected Inheritance		
Cemetery Plot		
Other		
Other		
Other		
Other		
Total Assets		

Liabilities	Owner	Amount
	H=Husband W=Wife J=Joint	
Home mortgage		
Second mortgage		
Credit Card		
Auto		
Auto		
Pers. Signature Loan		
Chattel loan		
Other Bank Loan		
Student loan		
Taxes		
Personal Note		
Other		
Other		
Total Liabilities		

Assets Total		
Less Liabilities		
Total Net Value		

**POINTS OF AGREEMENT:**

Please initial to the left and sign at the bottom:

\_\_\_\_\_/\_\_\_\_\_

I/We state that the values provided on the financial data pages were strictly my/our estimates and that the representative of the Michigan Conference of Seventh-day Adventists did not influence the determination or the estate plan I/we have chosen.

\_\_\_\_\_/\_\_\_\_\_

I/We understand that neither the attorney nor the Michigan Conference of Seventh-day Adventists intend to investigate the accuracy or inaccuracy of the values assigned to the assets herein disclosed. The information provided in the accompanying form is true and correct to the best of my/our knowledge.

\_\_\_\_\_/\_\_\_\_\_

I/We understand that all disclosures and all discussions will be held in strictest confidence by the Trust Department Representatives and the attorney to whom I/We will be referred. (Our files are subject to audit by the General Conference Auditing Service).

\_\_\_\_\_/\_\_\_\_\_

Michigan Conference Planned Giving and Trust Services department will cover the expenses for basic estate planning documents (Will, Power of Attorney for Finance and Power of Attorney for Medical and/or guardianship.) If you desire other estate planning documents or revisions there may be a nominal fee in some cases.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Trust Department Representative: \_\_\_\_\_ Date \_\_\_\_\_

Best time for the attorney to call:

**Any Special Questions or comments you may have for your attorney may be written in the space below:**