

5. DISPOSITION OF MY/OUR ESTATE: All to spouse if spouse survives? Yes No**A. Special or Specific Gifts:**

- In the event spouse does not survive, or if single, then do you desire to leave any gift to charity? Yes No

If so to whom: Use tax deferred assets first

Family Friends Church PLNU Home Mission World Missions Charity

1) _____ % to Name: _____ 2) _____ % to Name: _____

3) _____ % to Name: _____ 4) _____ % to Name: _____

B. Rest, Residue or Remainder:

- To children or their issue, share and share alike; In some other manner
- I want to make a list of special items I want to leave to specific people or organizations: Yes No
- At death, to whom do you desire to leave your tangible personal property:
Outright to children equally: Yes No Other beneficiaries: Yes No

6. (FOR TRUSTS ONLY) DISPOSITION OF MY/OUR ESTATE CONTINUED:**A. Gifts If Children Survive:**

- Property held in trust, upon death of both spouses (or upon your death if you are single), to be distributed outright to children who are now all adults and all are now able to responsibly handle their share of the estate? Yes No
- If Trustee is holding property for a child, Trustee shall always have authority to make distributions of trust income or principal for child's health, education, or support? Yes No
- Property in trust, upon death of both spouses (or upon your death if you are single), to continue to be held by Successor Trustee until children are mature? Yes No
If so, what is the age at which you think your children will be financially mature?
 21 25 30 Graduation from College? Other: _____
- If property is being held for your children do you want them to receive their share in distributions over time?
 Yes No
If over time, what would be your desire?
a. Half at 21 and the remainder at 25? b. Half earlier, of college graduation or 25, remainder 30?
c. One third earlier of college graduation or 25, half of remainder at 27, remainder 30?
d. Other: _____ % at _____; _____ % at _____; _____ % at _____ the remainder at _____.
- If a child predeceases you, that child's share shall be distributed a. _____ % to surviving child(ren)
b. _____ % to that child's surviving spouse? _____ % to your grandchildren by that child.
- Do you have a child with special needs due to disability or other reason? Yes No
If so, please talk with attorney about a "Special Needs Trust."

B. Gifts If Neither Children, Grandchildren Or Other Issue Survive (Common Disaster Clause)

- In the rare event that my entire immediate family were to die at one time, or if I have no issue who survive me, I want remainder of estate distributed to:

Family Friends Church PLNU Home Mission World Missions Charity

1) _____ % to Name: _____ 2) _____ % to Name: _____

3) _____ % to Name: _____ 4) _____ % to Name: _____

• **Remaining Portion:**

_____ % To family of Trustor(s) _____ % To surviving spouse(s) Other distribution (talk with attorney)

7. PERSONAL REPRESENTATIVE/TRUSTEE:

Surviving Spouse to serve: Yes No

Successor Representative/Trustee: _____ Relationship: _____

Address: _____ Phone: _____

Alternate Representative/Trustee: _____ Relationship: _____

Address: _____ Phone: _____

8. LEGAL/FINANCIAL POWER OF ATTORNEY (PERSONAL REPRESENTATIVE SUGGESTED): Yes No

If no legal/financial power of attorney, see below.

PERSON ONE

PERSON TWO

Agent: _____ Agent: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Alternate Agent: _____ Alternate Agent: _____

9. HEALTH POWER OF ATTORNEY (PERSONAL REPRESENTATIVE): Yes No

If no, Health Power of Attorney:

PERSON ONE

PERSON TWO

Agent: _____ Agent: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Alternate Agent: _____ Alternate Agent: _____

10. GUARDIAN FOR CARE OF CHILDREN: (NEED NOT BE RESIDENT OF YOUR STATE)

Name: _____

Address: _____ Phone: _____

Alternate Name: _____

Address: _____ Phone: _____

11. (FOR WILLS ONLY) GUARDIAN OR TRUSTEE FOR MANAGEMENT OF ESTATE OF CHILDREN:

Name: _____

Address: _____ Phone: _____

Alternate Name: _____

Address: _____ Phone: _____

12. I/WE ARE INTERESTED IN THE FOLLOWING LEGAL DOCUMENTS:

- I authorize Attorney to report to PLNU the completion of these documents
- I authorize a copy of my Will/Trust to be given to PLNU Office of Planned Giving
- Durable Power of Attorney for Health Care Decisions
- Durable Power of Attorney for Financial Decisions
- Will Only

TYPE OF TRUST:

- Revocable
- Irrevocable
- A/B

I/we understand I/we will be responsible for the cost of preparing any legal documents. I/we acknowledge that, although this form was provided by Point Loma Nazarene University, I/we have chosen voluntarily to divide my/our assets as stated above.

Signature _____ Date _____

Signature _____ Date _____

This is a worksheet that is not binding and should not be used in the execution of a will without the counsel of an attorney in the state of the testator's residence.

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ASSETS WORKSHEET TO FUND WILLS/TRUST

Description	Current Fair Market Value	His	Hers	Joint
Real Estate				
1.				
2.				
3.				
4.				
Life Insurance				
1.				
2.				
3.				
Business Owned				
1.				
2.				
Retirement Accounts (TSA, IRA)				
1.				
2.				
3.				
4.				
Bonds				
1.				
2.				
3.				
Mutual Funds				
1.				
2.				
3.				
Securities				
1.				
2.				
3.				
Saving/CD, Bank Account Business				
1.				
2.				
3.				
Expected Inheritance				
1.				
Other				
1.				
2.				

Approximate Gross Estate \$ _____