



LEGACY PLANNING WORKSHEET

Confidential, Personal, and Financial History

This form may contain sensitive information and is for your files only. Please do not send a copy to Jobs Partnership.

Please attach extra sheets, as needed. You may wish to provide this information, along with other documents, to your attorney or financial advisor helping you prepare your estate plan, and to keep a copy for your files. Please feel free to contact our legacy planning team if you have any questions about making a charitable gift to Jobs Partnership, a tax exempt 501(c)3 organization, located in Winter Park, FL. Our Federal Tax ID is 59-3612893.

Date _____

I currently have in place:

- Will
- Durable Power of Attorney (POA)
- Revocable Living Trust
- Advance Healthcare Directive

A. FAMILY AND GENERAL

- Single Will
- Counterpart Wills

Full Name _____

Address _____

Personal Telephone (_____) _____ Business Telephone (_____) _____

Occupation _____

Date of Birth _____ Social Security Number _____

Marital Status: Single Married Widowed Separated Divorced

Full Name of Spouse _____

Spouse's Date of Birth _____ Social Security Number _____

List any prior marriages, or other names you have been known by. _____

Children: I have no living children I have the following children *(List information below whether or not you intend to include them in your will)*

1. Full Name _____ Date of Birth _____

Address _____

Married to _____ Date of Birth _____

2. Full Name _____ Date of Birth _____

Address _____

Married to _____ Date of Birth _____

3. Full Name _____ Date of Birth _____

Address _____

Married to _____ Date of Birth _____

4. Full Name _____ Date of Birth _____

Address _____

Married to _____ Date of Birth _____

B. SPECIAL NEEDS RELATIONSHIPS

List any persons dependent on you for extended care:

- | | | | |
|----|-----------|--------------|-----------|
| 1. | Full Name | Relationship | Provision |
| 2. | Full Name | Relationship | Provision |

C. ASSETS OWNED

Checking Account:

Bank _____ Account in name(s) of/account #: _____
 Address _____ Balance _____

Savings / Money Market Account:

1. Bank _____ Account in name(s) of/account #: _____
 Address _____ Balance _____
2. Bank _____ Account in name(s) of/account #: _____
 Address _____ Balance _____
3. Bank _____ Account in name(s) of/account #: _____
 Address _____ Balance _____

Securities (Stocks, bonds, etc.)

1. Issuing Company _____
 Title in name(s) of _____ Approx. Value _____
2. Issuing Company _____
 Title in name(s) of _____ Approx. Value _____
3. Issuing Company _____
 Title in name(s) of _____ Approx. Value _____

Life Insurance and Retirement Plans

1. Issuing Company _____
 Beneficiaries _____ Approx. Value _____
2. Issuing Company _____
 Beneficiaries _____ Approx. Value _____

Real Estate

1. Address of Property _____
 Title in name(s) of _____ Approx. Value _____
2. Address of Property _____
 Title in name(s) of _____ Approx. Value _____

Safe Deposit Box

Bank _____ Title in name(s) of _____

D. MISCELLANEOUS ASSETS *(automobiles, jewelry, furniture, and household items)*

- 1. Item _____ Title in name(s) of _____
- 2. Item _____ Title in name(s) of _____

E. BUSINESS or other PROPERTY *(Please give details)*

- 1. Assets owned _____
Location _____ Title in name(s) of _____
- 2. Assets owned _____
Location _____ Title in name(s) of _____
- 3. Assets owned _____
Location _____ Title in name(s) of _____

F. TRUSTS, INHERITANCES, OR OTHER ANTICIPATED GIFTS

Name any other assets you expect to have at your death. Attach document copies.

G. DEBT AND OBLIGATIONS *(Please give details/account numbers/estimated balances)*

- Mortgage _____
- Vehicle _____
- Credit Card _____
- Other _____
- Other _____
- Other _____

H. DISTRIBUTION OF ESTATE *(Specific Bequests)*

List specific amounts of cash, or other property such as coins, antiques, collections, etc., which you wish to specifically designate:

- 1. Name of beneficiary _____ Relationship _____
Address _____ Item _____
- 2. Name of beneficiary _____ Relationship _____
Address _____ Item _____
- 3. Name of beneficiary _____ Relationship _____
Address _____ Item _____
- 4. Name of beneficiary _____ Relationship _____
Address _____ Item _____

I. DISTRIBUTION OF ESTATE (*Residue and Remainder*)

List those individuals or organizations designated to receive the remainder of your estate after all expenses have been paid and all specific bequests made.

- 1. Name of beneficiary _____ Relationship _____
Address _____ Amount or Percentage _____
- 2. Name of beneficiary _____ Relationship _____
Address _____ Amount or Percentage _____
- 3. Name of beneficiary _____ Relationship _____
Address _____ Amount or Percentage _____

J. CONTINGENCY PROVISION FOR DISTRIBUTION OF ESTATE *Indicate distribution procedure in the event above-named individuals are not living, or organizations are not in existence at the time your will is probated.*

- 1. Name of beneficiary _____ Relationship _____
Address _____ Amount or Percentage _____
Contingent upon _____
- 2. Name of beneficiary _____ Relationship _____
Address _____ Amount or Percentage _____
Contingent upon _____

K. ADMINISTRATION OF ESTATE

List name of appointee, address, and relationship

- 1. Executor/Personal Representative _____

- 2. Alternate Executor _____

- 3. Trustee _____

- 4. Alternate Trustee _____

If Minor Children Survive Both Parents:

- 1. Guardian of Person _____
- 2. Alternate Guardian _____
- 3. Guardian of Estate _____
- 4. Alternate Guardian _____

In case trustee is appointed, trust is to terminate when the youngest child reaches age _____

L. ADVISORS AND KEY RELATIONSHIPS *(You may wish to list professional advisors or other key relationships not previously mentioned.)*

- 1. Name _____ Relationship _____
Address _____
- 2. Name _____ Relationship _____
Address _____
- 3. Name _____ Relationship _____
Address _____

M. MISCELLANEOUS

- Include Christian Testimony Do not include Christian Testimony

Prepare other documents (You may also wish to have medical and financial Powers of Attorneys and a health care directive (living will) drafted at this time.)

Remarks _____

Our Federal Tax ID is 59-3612893.

Jobs Partnership | 2250 Lee Road, Ste. 201 | Winter Park, FL 32789 | 407.641.0755 | www.jobspartnership.org