

AMAZING DISCOVERIES ESTATE PLANNING GUIDE

This Guide will help prepare you for the Estate Planning Process. By following the guide, you are less likely to forget anyone or anything. It will also help you organize your assets and give you things to think about so that you are less likely to forget anyone or anything. By the time you complete this guide, you will have a good idea of what you own and what you want to do with those assets. And, you'll be ready to meet with an Estate Planning Professional.

If you have any questions regarding this Estate Planning Guide, or if you would like to speak to an Estate Planning professional, please call Amazing Discoveries at 1-866-572-9457.

A. FAMILY INFORMATION (PARENTS, CHILDREN, SIBLINGS, GRAND CHILDREN, ETC.)*

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship (to you):	Relationship:
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:

*Please copy this page if additional entries are needed

B. ASSET INFORMATION - List as detailed of information as possible to help organize your assets

REAL PROPERTY*	
Address #1:	Address #2:
Approximate Value:	Approximate Value:
Mortgage amount:	Mortgage amount:
<input type="checkbox"/> Personal Residence <input type="checkbox"/> Other _____	<input type="checkbox"/> Rental Property <input type="checkbox"/> Other _____
Ownership:	Ownership:
Address #3:	Address #4:
Approximate Value:	Approximate Value:
Mortgage amount:	Mortgage amount:
<input type="checkbox"/> Rental Property <input type="checkbox"/> Other _____	<input type="checkbox"/> Rental Property <input type="checkbox"/> Other _____
Ownership:	Ownership:
BANK & INVESTMENT ACCOUNTS*	
Account No.:	Financial Institution (name & address):
Current & Avg. Value: _____	
Name(s) on Account:	
Account No.:	Financial Institution (name & address):
Current & Avg. Value: _____	
Name(s) on Account:	
Account No.:	Financial Institution (name & address):
Current & Avg. Value: _____	
Name(s) on Account:	
Account No.:	Financial Institution (name & address):
Current & Avg. Value: _____	
Name(s) on Account:	
Account No.:	Financial Institution (name & address):
Current & Avg. Value: _____	
Name(s) on Account:	

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PENSION & RETIREMENT ACCOUNTS *

TYPE: Profit Sharing (PS); H.R. 10; IRA; SEP; 401(k); 403(b); Pension; etc.

Account No. & Type:	Financial Institution (name & address):
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Balance:	Participant:
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Beneficiary:	Contingent Beneficiary:
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Account No. & Type:	Financial Institution (name & address):
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Balance:	Participant:
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Beneficiary:	Contingent Beneficiary:
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Account No. & Type:	Financial Institution (include address):
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Balance:	Participant:
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Beneficiary:	Contingent Beneficiary:
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Account No. & Type:	Financial Institution (include address):
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Balance:	Participant:
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Beneficiary:	Contingent Beneficiary:
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LIFE INSURANCE POLICIES*

Insurance Co.:	Policy No.:
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Owner:	Insured:
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Beneficiary(ies):	Contingent Beneficiary:
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Type: <input type="checkbox"/> Term <input type="checkbox"/> Whole <input type="checkbox"/> Variable	Amount:
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Insurance Co.:	Policy No.:
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Owner:	Insured:
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Beneficiary(ies):	Contingent Beneficiary:
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Type: <input type="checkbox"/> Term <input type="checkbox"/> Whole <input type="checkbox"/> Variable	Amount:
--	---------

Insurance Co.:	Policy No.:
-----------------------	-------------

Owner:	Insured:
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Beneficiary(ies):	Contingent Beneficiary:
-------------------	-------------------------

Type: <input type="checkbox"/> Term <input type="checkbox"/> Whole <input type="checkbox"/> Variable	Amount:
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ANNUITIES*

Account Owner & No.:	Financial Institution (name & address):
Face Amount:	Annuitant:
Beneficiary:	Contingent Beneficiary:
Are you receiving regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Account Owner & No.:	Financial Institution (name & address):
Face Amount:	Annuitant:
Beneficiary:	Contingent Beneficiary:
Are you receiving regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SOLE PROPRIETORSHIP • PARTNERSHIPS • LIMITED LIABILITY COMPANY*

Name of Business:	Owner Name:
Value of Share:	Total No. of Owners:
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship	
Name & Address of Managing Partner/Member:	

Name of Business:	Owner Name:
Value of Share:	Total No. of Owners:
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship	
Name & Address of Managing Partner/Member:	

CORPORATE INTERESTS*

Name & Address of Corporation:	
Phone:	Shareholder Name:
No. of Shares:	% of Ownership:
Value of Shares:	Entity Type: <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp

Name & Address of Corporation:	
Phone:	Shareholder Name:
No. of Shares:	% of Ownership:
Value of Shares:	Entity Type: <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp

STOCK CERTIFICATES*

Please indicate any stock certificates that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under “Corporate and Professional Business Interests.” Stocks held in an Investment Account should be listed under “Bank & Investment Accounts” above. If you are a co-owner of any stock, please indicate the name of the other owner.

Name of Stock:	No. of Shares:	Owner:	Fair Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BONDS*

Please indicate any bonds that are in your possession. Bonds held in an Investment Account should be listed under “Bank & Investment Accounts” above. If you are a co-owner of any bond, please indicate the name of the other owner.

TYPE: US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills

Owner(s):	Type:	Face Value	SS# on Face of Bond
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MONIES OWED TO YOU*

If you have a promissory note, write “PN” after the name of the debtor.

Name of Debtor:	Date Due:	Owed to:	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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ANTICIPATED INHERITANCE, GIFTS, OR LAWSUIT JUDGMENTS*

Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description:	Anticipated Date:	Type:	Value:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OIL, GAS, & MINERAL INTERESTS*

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc.

Company_____	Type_____	Name_____
Address_____	City_____	State_____ Zip_____
County_____	Phone #_____	_____
Owner_____	Value_____	_____

Company_____	Type_____	Name_____
Address_____	City_____	State_____ Zip_____
County_____	Phone #_____	_____
Owner_____	Value_____	_____

PERSONAL ASSETS*

List your personal assets such as collectibles, fine art, fine furniture, jewelry, vehicles, boats, planes, etc.

Description:	Owner:	Value:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please copy this page if additional entries are needed

C. AGENTS - List the individuals that you would like to serve as your agents

Please select agents for the following duties (include address)

➤ **Trustee** (who will manage your trust):

1. _____
2. _____
3. _____

➤ **Executor** (who will administer your estate when you pass away):

1. _____
2. _____

Power of Attorney for financial decisions:

For YOU

For your SPOUSE

Primary Agent:	Primary Agent:
Address:	Address:
Home Phone:	Home Phone:
Alternate Agent:	Alternate Agent:
Address:	Address:
Phone:	Phone:

Power of Attorney for health care decisions:

For YOU

For your SPOUSE

Primary Agent:	Primary Agent:
Address:	Address:
Phone:	Phone:
Alternate Agent:	Alternate Agent:
Address:	Address:
Phone:	Phone:

D. DISTRIBUTION OF ASSETS

➤ **DISTRIBUTION OF PERSONAL BELONGINGS** (check all that apply):

- To the children as they agree
- Divided equally among the children
- If one of my children predeceases me, distribute to his/her children (my grandchildren)
- All to spouse if no spouse living then to: _____
- All to trust
- As explained: _____

➤ **SPECIFIC GIFTS*:**

Cash Gifts (cash and cash-equivalent gifts)

Name of Recipient	Relationship	Amount

Gifts of Real Estate

Name of Recipient	Relationship	Description of property

Gift of Tangible Property (autos/jewelry/art/etc.)

Name of Recipient	Relationship	Description of property

Gift of Intangibles (stock/bonds/annuities/etc.)

Name of Recipient	Relationship	Description of property

➤ **RESIDUAL DISTRIBUTION*:** (List the percent of your remaining estate that you want to go to Individuals/Charities)

- | <u>% Amount</u> | <u>Name of Individual/Charity</u> |
|-----------------|-----------------------------------|
| 1. _____ % to | _____ |
| 2. _____ % to | _____ |
| 3. _____ % to | _____ |
| 4. _____ % to | _____ |
| 5. _____ % to | _____ |
| 6. _____ % to | _____ |
| 7. _____ % to | _____ |
| 8. _____ % to | _____ |
| 9. _____ % to | _____ |
| 10. _____ % to | _____ |

E. BENEFICIARY INFORMATION*

Beneficiary (Individual/Charity)	Beneficiary (Individual/Charity)
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
SDA: <input type="checkbox"/> Yes <input type="checkbox"/> No	SDA: <input type="checkbox"/> Yes <input type="checkbox"/> No
Beneficiary (Individual/Charity)	Beneficiary (Individual/Charity)
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
SDA: <input type="checkbox"/> Yes <input type="checkbox"/> No	SDA: <input type="checkbox"/> Yes <input type="checkbox"/> No
Beneficiary (Individual/Charity)	Beneficiary (Individual/Charity)
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
SDA: <input type="checkbox"/> Yes <input type="checkbox"/> No	SDA: <input type="checkbox"/> Yes <input type="checkbox"/> No

Once you have completed the Estate Planning Guide, please feel free to contact the Amazing Discoveries Planned Giving Department at 1-866-572-9457 to help you achieve your goals.