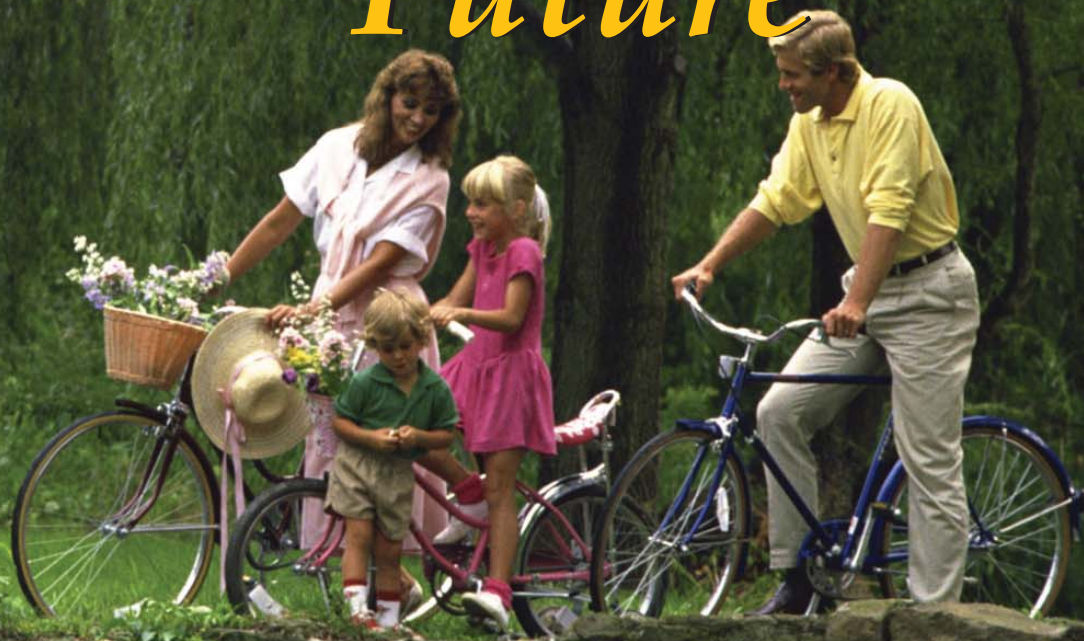


Planning for the Future



Preparing Your Will or Trust

Preparing Your Will or Trust

On average, a person works more than forty years to accumulate assets and spends ten years conserving what has been earned, but does not spend even two hours to plan for distribution of those assets. The chaos that often occurs following the death of a loved one can be burdensome. This burden can be eased, however, through proper planning.

A key element of proper planning is the implementation of an estate plan. The basic document in any such plan is a will and many plans also include a trust. *Preparing Your Will or Trust* is designed to encourage you to think about how you want your assets to be distributed at death and assist you in gathering the information your attorney will need to prepare a will and trust that accomplishes your goals.

Table of Contents

Family Information	3
Personal Information	5
Financial Information	
<i>Assets</i>	6
<i>Liabilities</i>	12
Will Information	13
Trust Information	16
Questions for Your Advisors	20



Family Information

Full Name _____

Other names by which you are known _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Date of Birth _____ Birthplace _____

Citizenship _____ Social Security Number _____

Marital Status: Single Married Widowed Divorced Separated

Previous marriages _____

Spouse Full Name _____

Other names by which you are known _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Date of Birth _____ Birthplace _____

Citizenship _____ Social Security Number _____

Marital Status: Single Married Widowed Divorced Separated

Previous marriages _____

Children and/or Other Dependents

Child/Dependent #1

Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Date of Birth _____ Birthplace _____
 Citizenship _____ Social Security Number _____
 Marital Status: Single Married Widowed Divorced Separated

Child/Dependent #2

Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Date of Birth _____ Birthplace _____
 Citizenship _____ Social Security Number _____
 Marital Status: Single Married Widowed Divorced Separated

Child/Dependent #3

Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Date of Birth _____ Birthplace _____
 Citizenship _____ Social Security Number _____
 Marital Status: Single Married Widowed Divorced Separated

Child/Dependent #4

Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Date of Birth _____ Birthplace _____
 Citizenship _____ Social Security Number _____
 Marital Status: Single Married Widowed Divorced Separated

Child/Dependent #5

Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Date of Birth _____ Birthplace _____
 Citizenship _____ Social Security Number _____
 Marital Status: Single Married Widowed Divorced Separated

Child/Dependent #6

Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Date of Birth _____ Birthplace _____

Citizenship _____ Social Security Number _____

Marital Status: Single Married Widowed Divorced Separated

Child/Dependent #7

Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Date of Birth _____ Birthplace _____

Citizenship _____ Social Security Number _____

Marital Status: Single Married Widowed Divorced Separated

Child/Dependent #8

Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Date of Birth _____ Birthplace _____

Citizenship _____ Social Security Number _____

Marital Status: Single Married Widowed Divorced Separated

Does any child/dependent listed have special needs? Yes No

If yes, Explain _____

Personal Information

Do you have a will? Yes No

If yes, what is the date of that will? _____

Where is your will located/stored?

Institution _____

Address _____

City _____ State _____ Zip Code _____

Phone: (____) _____

If available, provide your attorney with a copy of your will.

Do you have a trust? Yes No

If yes, what is the date of that trust? _____

Where is your trust agreement located/stored?

Institution _____

Address _____

City _____ State _____ Zip Code _____

Phone: (____) _____

If available, provide your attorney with a copy of your trust.

Do you have a safe deposit box? Yes No

If yes, where is the safe deposit box located?

Address _____

City _____ State _____ Zip Code _____

Phone: (____) _____

Have you given durable power of attorney to anyone? Yes No

If yes, who is your power of attorney? _____

Address _____

City _____ State _____ Zip Code _____

Phone: (____) _____

Where is your power of attorney document located/stored? _____

If available, provide your attorney with a copy of your power of attorney.

Do you have 1) a durable power of attorney for health care or 2) an advanced health care directive? Yes No

If yes, who is named as your agent for health care decisions?

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: (____) _____

Where is your health care document located/stored? _____

If available, provide your attorney with a copy of your health care document.

Financial Information: Assets

Real Estate

PARCEL #1 APN# _____ Description _____

 Address/Location _____
 _____ County _____
 City _____ State _____ Zip Code _____
 Nature of Title/e.g. Joint-Ownership or Tenants-In Common _____
 Date of Purchase _____ Cost \$ _____ Present Value \$ _____

PARCEL #2 APN# _____ Description _____

 Address/Location _____
 _____ County _____
 City _____ State _____ Zip Code _____
 Nature of Title/e.g. Joint-Ownership or Tenants-In Common _____
 Date of Purchase _____ Cost \$ _____ Present Value \$ _____

PARCEL #3 APN# _____ Description _____

 Address/Location _____
 _____ County _____
 City _____ State _____ Zip Code _____
 Nature of Title/e.g. Joint-Ownership or Tenants-In Common _____
 Date of Purchase _____ Cost \$ _____ Present Value \$ _____

PARCEL #4 APN# _____ Description _____

 Address/Location _____
 _____ County _____
 City _____ State _____ Zip Code _____
 Nature of Title/e.g. Joint-Ownership or Tenants-In Common _____
 Date of Purchase _____ Cost \$ _____ Present Value \$ _____

Total Real Estate Value \$ _____

Stocks, Bonds, Mutual Funds
Brokerage Accounts*

Company _____

Address _____

City _____ State _____ Zip Code _____

Ownership _____

Account # _____ Present Value \$ _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Ownership _____

Account # _____ Present Value \$ _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Ownership _____

Account # _____ Present Value \$ _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Ownership _____

Account # _____ Present Value \$ _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Ownership _____

Account # _____ Present Value \$ _____

Total Value of Stocks, Bonds, Mutual Funds \$ _____

**Attach most recent brokerage account statements.*

Business Ownership (Proprietorship, Partnership, Corporation)

Name of Business _____
Address _____
City _____ State _____ Zip _____
Share of Ownership _____ Date of Creation _____
Purchase Value \$ _____ Present Value \$ _____

Name of Business _____
Address _____
City _____ State _____ Zip _____
Share of Ownership _____ Date of Creation _____
Purchase Value \$ _____ Present Value \$ _____

Name of Business _____
Address _____
City _____ State _____ Zip _____
Share of Ownership _____ Date of Creation _____
Purchase Value \$ _____ Present Value \$ _____

Total Value of Business Ownership Interests \$ _____

Other Investments

Description _____
Cost \$ _____ Present Value \$ _____

Description _____
Cost \$ _____ Present Value \$ _____

Description _____
Cost \$ _____ Present Value \$ _____

Description _____
Cost \$ _____ Present Value \$ _____

Description _____
Cost \$ _____ Present Value \$ _____

Total Value of Other Investments \$ _____

Personal Property (Jewelry, Art, Furniture, Vehicles, etc.)

ITEM #1 Description _____

Location _____

Date of Purchase _____ Cost \$ _____

Present Value

ITEM #2 Description _____

Location _____

Date of Purchase _____ Cost \$ _____

Present Value \$ _____

ITEM #3 Description _____

Location _____

Date of Purchase _____ Cost \$ _____

Present Value \$ _____

ITEM #4 Description _____

Location _____

Date of Purchase _____ Cost \$ _____

Present Value \$ _____

Total Personal Property Value \$ _____

Other Assets/Notes Receivable

Description _____

Cost \$ _____ Present Value \$ _____

Description _____

Cost \$ _____ Present Value \$ _____

Description _____

Cost \$ _____ Present Value \$ _____

Description _____

Cost \$ _____ Present Value \$ _____

Total Value of Other Assets/Notes Receivable \$ _____

Annual Income

Salary _____ \$ _____

Spouse's Salary _____ \$ _____

Investment Income _____ \$ _____

Other Income

 Type _____ \$ _____

 Type _____ \$ _____

 Type _____ \$ _____

Total Annual Income \$ _____

Retirement Accounts (Retirement Accounts, Pension Plans and Profit Sharing Benefits)

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Inheritance

Do you expect to receive an inheritance? Yes No

If yes, explain _____

Financial Information: Liabilities

Mortgages, Trust Deeds, Loans, etc.

Description

_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
	Total Mortgages, Trust Deeds, Loans, etc.	\$ _____

Other Debts

_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
_____	Terms _____	\$ _____
	Total Other Debts	\$ _____

Will Information

Beneficiaries

List the people, group and/or charitable organizations that you want to benefit when you die.

#1 Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (specific asset or amount) _____

#2 Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (specific asset or amount) _____

#3 Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (specific asset or amount) _____

#4 Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (specific asset or amount) _____

#5 Organization _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (____) _____
 Description of Gift (specific asset or amount) _____

#6 Organization _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (____) _____
 Description of Gift (specific asset or amount) _____

Qualified Retirement Plan — *You may wish to make a taxwise gift to Loma Linda University from a qualified retirement plan. You may do this by including Loma Linda University on your retirement plan beneficiary form.*

Special instructions to be noted regarding the disposition of unique items:

Item #1 _____
Disposition _____

Item #3 _____
Disposition _____

Item #4 _____
Disposition _____

Item #5 _____
Disposition _____

Item #6 _____
Disposition _____

Item #7 _____
Disposition _____

Item #8 _____
Disposition _____

Item #9 _____
Disposition _____

Item #10 _____
Disposition _____

Item #11 _____
Disposition _____

Item #12 _____
Disposition _____

Item #13 _____
Disposition _____

Item #14 _____
Disposition _____

Executor

Name someone that you want to be in charge of carrying out the provisions of your will. This should be someone responsible and trustworthy. Be sure to select an alternate in case your primary choice is unable to serve.

Executor Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Alternate Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Guardian

If both you and your spouse die while you have minor children, who would you want to appoint as guardian of those children? You may select separate people to be in charge of the children's physical and financial well-being. Be sure to select an alternate in case your primary choice is unable to serve.

Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Alternate Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Work (____) _____

Trust Beneficiary Information

List the people, group and/or charitable organizations that you want to benefit from your trust when you die (if different from the beneficiaries listed)

#1 Name _____ **Nickname** _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (*specific asset or amount*) _____

#2 Name _____ **Nickname** _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (*specific asset or amount*) _____

#3 Name _____ **Nickname** _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (*specific asset or amount*) _____

#4 Name _____ **Nickname** _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (*specific asset or amount*) _____

#5 Name _____ **Nickname** _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____
 Description of Gift (*specific asset or amount*) _____

Terms of Trust

General Instructions: _____

Income distribution as follows:

Name _____
Name _____
Name _____
Name _____
Name _____
Name _____

Principal distribution as follows:

Instructions regarding termination of this trust: _____

Trust Principal

Which of the assets you listed do you want to include in your trust? If you aren't sure, this is an issue to discuss with your attorney.

Insurance Policies *(Description and Amount)*

Real Property *(Description)*

Stocks *(Description)*

Other Property *(Description)*

Questions for Your Advisors

Congratulations! You're almost done. By now you may have questions for your attorney and/or advisors. Write them down on a separate sheet of paper and slip it into this booklet.

Legal Language for Bequests to Loma Linda University

When providing for a bequest or other testamentary gift to Loma Linda University, please identify the University as follows: *“Loma Linda University, a California nonprofit corporation, of Loma Linda, California.”*

Donors who provide for gifts to the University in their will or trust typically provide for a gift of a specified dollar amount or a specified percentage of the residuary estate. In the discretion of the Donor, gifts can be general, that is, the University may use the gift for its general purposes, or, gifts may be restricted, that is, restricted to a specific School, program, department, project, endowment fund or purpose. *(Please note that you should discuss your desired restriction with the Planned Giving Office to be sure that such a restriction is within the University’s academic program and will be of use to the University.)*

An example of a **General Gift Provision** is:

(Will) *“I hereby give \$_____ [or ____% of my residuary estate] to Loma Linda University, a California nonprofit corporation, of Loma Linda, California.”*

(Trust) *“\$_____ [or ____% of the residue of the trust estate] is to be distributed to Loma Linda University, a California nonprofit corporation, of Loma Linda, California.”*

Examples of a **Restricted Gift Provision** are:

(Will) *“I hereby give \$_____ [or ____% of my residuary estate] to Loma Linda University, a California nonprofit corporation, of Loma Linda, California, to be used....”*

(Trust) *“\$_____ [or ____% of the residue of the trust estate] is to be distributed to Loma Linda University, a California nonprofit corporation, of Loma Linda, California, to be used....”*

....for the benefit of its School of _____.”

....to provide scholarships to its students.”

....for medical research”

.....(and so forth)

If you wish to restrict your gift to an **Endowment Fund**, please discuss you plans with the Planned Giving Office to be sure that such a Fund is within the University’s academic program and that any minimum funding thresholds will be met. Examples of provisions for gifts to Endowment Funds are as follows:

(Will) *“I hereby give \$_____ [or ____% of my residuary estate] to Loma Linda University, a California nonprofit corporation, of Loma Linda, California, to be used....”*

(Trust) *“\$_____ [or ____% of the residue of the trust estate] is to be distributed to Loma Linda University, a California nonprofit corporation, of Loma Linda, California, to be used....”*

(Existing Fund) *....to augment the ‘_____ Fund.’*

(New Fund) *....to establish a true endowment fund to be known as the ‘_____ Fund’, such Fund to be kept invested by Loma Linda University, the annual income therefrom, as determined by the University’s spending formula, to be used for _____, in such manner as determined by the University’s Board of Trustees. If, in the future, it is the opinion of the said Board of Trustees that all or part of the income of this Fund cannot be usefully applied to the stated purpose or that the stated purpose is no longer a part of the University’s academic program, then, said income may be used for any purpose that the Board of Trustees determines will most closely accomplish my stated purpose.”*

A charitable bequest can also provide payments for life for a selected beneficiary by establishing a **Testamentary Charitable Remainder Trust** (established under the donor’s will) that provides payments to the beneficiary for life with the principal then being paid to Loma Linda University for the use by a specific school or department.

Please contact the Planned Giving Office for more information or further guidance regarding restricted bequests, bequests of retirement plan assets, or testamentary planned gifts.



LOMA LINDA
UNIVERSITY

LOMA LINDA UNIVERSITY

School of Allied Health Professions
School of Dentistry
School of Medicine
School of Nursing
School of Pharmacy
School of Public Health
School of Science & Technology
School of Religion
Center for Christian Bioethics
Center for Spiritual Life & Wholeness
Students for International Mission Service

LOMA LINDA UNIVERSITY MEDICAL CENTER

Behavioral Medicine Center
Children's Hospital
International Heart Institute
Proton Treatment Center
Rehabilitation Institute

ADVENTIST HEALTH INTERNATIONAL

SAC HEALTH SYSTEM

Planned Giving
Loma Linda University
11245 Anderson Street
Loma Linda, CA 92350
Phone: (909) 558-4553
Fax: (909) 558-4746

Web Site: www.lluLegacy.org
Email: legacy@llu.edu