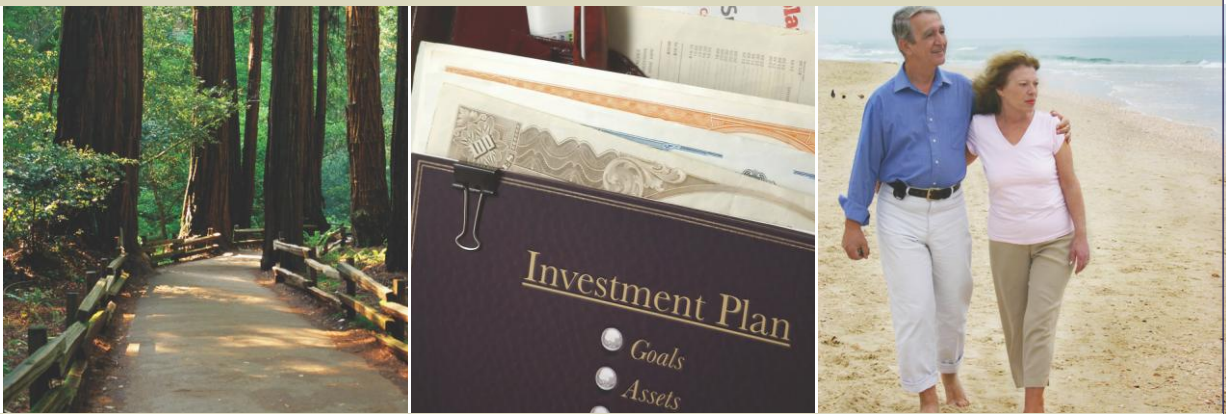


Personal



Record

Book

FRIENDS OF CHRIST
FOUNDATION

An Introduction to Your Personal Record Book

On average, a person works more than 40 years to accumulate assets and spends 10 years conserving what has been earned. Yet many won't find even two hours to plan for the distribution of those assets. As a result, the financial chaos that often follows the death of a loved one can be burdensome. This burden can be eased 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.

A Guide to a Christian Estate Plan is designed to help you consider your future wishes and along with this Personal Record Book will assist you in gathering the information needed to prepare a will and trust that accomplish your goals. We hope this complimentary guide will also encourage you to consider how you might ensure a meaningful charitable legacy. With purposeful consideration and careful planning, the possibilities are abundant.

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The materials provided in this guide are examples of a general and informative nature, and do not constitute advice, legal or otherwise. Through careful estate planning, you can attain your objective for providing for loved ones as well as for ministry. Please consult your attorney or advisor for financial and estate planning advice before you take any action.

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Family Information

Full Name: _____

Other names by which you are known: _____

Address: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Date of Birth: _____ Birthplace: _____

Citizenship: _____ Email: _____

Social Security Number: _____

How long have you resided in this state? _____ Plan to Remain a Permanent Resident? YES NO

State/Country of Prior Residence: _____

Marital Status: Single Married Widowed Divorced Separated

Date & place of present marriage: _____

Have you or your spouse entered into any pre-marital or postnuptial agreements? YES NO

If 'yes', provide your attorney with a copy of your agreement.

Information on previous marriages: _____

Full Name of Spouse: _____

Address: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Date of Birth: _____ Birthplace: _____

Citizenship: _____ Email: _____

Social Security Number: _____

Information on previous marriages: _____

Children and/or Other Dependents

Child/Dependent #1

Name

Relationship

Date of Birth

Address

Phone

Email

Child/Dependent #2

Name

Relationship

Date of Birth

Address

Phone

Email

Child/Dependent #3

Name

Relationship

Date of Birth

Address

Phone

Email

Child/Dependent #4

Name

Relationship

Date of Birth

Address

Phone

Email

Child/Dependent #5

Name

Relationship

Date of Birth

Address

Phone

Email

Child/Dependent #6

Name

Relationship

Date of Birth

Address

Phone

Email

Does any child or dependent listed on Page 3 have special needs? YES NO

If yes, indicate which child or dependent has special needs and describe those special needs.

List any deceased children: _____

Do you have any grandchildren? YES NO

_____ Name of Grandchild	_____ Date of Birth	_____ Name of Grandchild	_____ Date of Birth
_____ Name of Grandchild	_____ Date of Birth	_____ Name of Grandchild	_____ Date of Birth
_____ Name of Grandchild	_____ Date of Birth	_____ Name of Grandchild	_____ Date of Birth
_____ Name of Grandchild	_____ Date of Birth	_____ Name of Grandchild	_____ Date of Birth
_____ Name of Grandchild	_____ Date of Birth	_____ Name of Grandchild	_____ Date of Birth
_____ Name of Grandchild	_____ Date of Birth	_____ Name of Grandchild	_____ Date of Birth

Personal Information

Do you have a will? YES NO

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

Where is your will located/stored? _____

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? _____

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? _____

Have you given durable power of attorney to anyone? YES NO

If yes, who is named as your power of attorney? _____

Where is your power of attorney located/stored? _____

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

Do you have a durable power of attorney for health care or advanced health care directive?

YES NO

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

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 Description

Location

Nature of Title *(such as sole ownership, joint ownership or tenancy in common)*

Date of Purchase	Cost	Present Value
------------------	------	---------------

PARCEL #2 Description

Location

Nature of Title *(such as sole ownership, joint ownership or tenancy in common)*

Date of Purchase	Cost	Present Value
------------------	------	---------------

PARCEL #3 Description

Location

Nature of Title *(such as sole ownership, joint ownership or tenancy in common)*

Date of Purchase	Cost	Present Value
------------------	------	---------------

PARCEL #4 Description

Location

Nature of Title *(such as sole ownership, joint ownership or tenancy in common)*

Date of Purchase	Cost	Present Value
------------------	------	---------------

Total Real Estate Value \$ _____

Stocks, Bonds, Mutual Funds

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

Company/Symbol/Account #

Number of Shares

Date of Purchase

Cost

Present Value

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

Business Ownership (Proprietorship, Partnership, Corporation)

Name of Business	Share of Ownership	Date of Purchase or Creation	Present Value

Total Value of Business Ownership Interests \$ _____

Other Investments

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
Total Value of Other Assets/Notes Receivable \$ _____	

Bank or Savings Accounts

Checking or Savings	Name of Institution	Approximate Balance

Total Bank or Savings Accounts \$ _____

Insurance Policies

POLICY #1

Company	Type of Policy	Premium Payments (Amount & Frequency)	
Owner	Beneficiary	Face Value	Cash Value

POLICY #2

Company	Type of Policy	Premium Payments (Amount & Frequency)	
Owner	Beneficiary	Face Value	Cash Value

POLICY #3

Company	Type of Policy	Premium Payments (Amount & Frequency)	
Owner	Beneficiary	Face Value	Cash Value

Total Face Value of Insurance Policies \$ _____

Annual Income

Employer's Name & Address: _____

Salary: _____

Spouse's Employer's Name & Address: _____

Spouse's Salary: _____

Investment Income: _____

Other Income (list type and amount): _____

Total Annual Income \$ _____

Retirement Accounts

List Retirement Accounts, Pension Plans and Profit Sharing Benefits by type and amount:

Inheritance

Do you expect to receive an inheritance? YES NO

If yes, explain: _____

Beneficiary Information

List the People, Groups and/or Charitable Organizations that you wish to benefit when you die.

Beneficiary #1

Name Address

Description of Gift (specific asset or amount or percentage) & any distribution restrictions

Beneficiary #2

Name Address

Description of Gift (specific asset or amount or percentage) & any distribution restrictions

Beneficiary #3

Name Address

Description of Gift (specific asset or amount or percentage) & any distribution restrictions

Beneficiary #4

Name Address

Description of Gift (specific asset or amount or percentage) & any distribution restrictions

Beneficiary #5

Name Address

Description of Gift (specific asset or amount or percentage) & any distribution restrictions

Beneficiary #6

Name Address

Description of Gift (specific asset or amount or percentage) & any distribution restrictions

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

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

Street Address

City State Zip

Alternate

Name

Street Address

City State Zip

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

Street Address

City State Zip

Alternate

Name

Street Address

City State Zip

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 your assets listed beginning on Page 6 do you want to include in your trust? If you aren't sure, this is an issue to discuss with your advisors. Note: IRA accounts cannot be placed in your Trust.

Insurance Policies (Description and Amount)

Real Property (Description)

Stocks (Description)

Other Property (Description)

About The Friends of Christ Foundation

In May 2001, Christ Community Church of Milpitas (CCCM) established a non-profit Corporation called Friends of Christ Foundation with the purpose to receive contributions that are to be used solely for the benefit of CCCM.

The Foundation provides a simple, easy-to-use vehicle for members and friends of CCCM to make permanent gifts to God's work through wills, trusts, life insurance, annuities, stocks, endowment funds and other long-term or high dollar financial arrangements.

Churches have many legal restrictions placed upon them that significantly restrict the management of donations. The church is set up for managing current operations. Legally, donated stocks, property and other assets must be liquidated immediately, even if it is not in the best interest of the church. The church is prohibited from participating in or holding most forms of investments.

The Friends of Christ Foundation is not subject to these restrictions. The Foundation has certain legal benefits as well as the ability to secure, retain, or invest gifts for long-term use by CCCM.

Please contact us for a confidential consultation.



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