



ESTATE PLAN COMPLETION FORM

3801 Eagle Nest Drive, Suite B, Crete, IL 60417 / 888.448.3040 / BarnabasFoundation.com

Date estate plan documents were signed: (MM/DD/YYYY) ____/____/____

Please provide the following information:

Legal Name:	DOB:	Spouse Legal Name:	Spouse DOB:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

Charitable Gift

Approximate Estate Value (\$):	Percent to Charity (%):	Est. Dollar Amount of Gift (\$):
<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you use Barnabas Foundation as your charitable flow-through?

Yes - Please attach your Distribution Request form and return to Barnabas Foundation.

No - For our records, please list your designated charities below and the percentage. If you need more space, continue on the backside of this form.

	ORGANIZATION NAME, CITY, STATE	PERCENT/AMOUNT
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

Attorney who prepared your legal documents: (Please include firm name, if applicable)

SIGNATURE(S)

Signature

Printed Name

Date

Signature

Printed Name

Date