

FREE WILL BAPTIST  
FOUNDATION

FWB Church/City \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Representative \_\_\_\_\_  
Client: \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ County: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**(A) CHILDRENS NAMES**

Name: \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ (NOTES) \_\_\_\_\_  
Name: \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Name: \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Name: \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Name: \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Name: \_\_\_\_\_ (DOB) \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

**(B) DISTRIBUTION** Equally \_\_\_ Undecided \_\_\_ Need to speak with the Attorney \_\_\_ FWB Ministry \_\_\_\_\_

**(C) SUCCESSOR TRUSTEE/TRUSTEES** In Order: \_\_\_\_\_ Jointly: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(D) DURABLE POWER OF ATTORNEY**

1<sup>st</sup> Alt: \_\_\_\_\_  
2<sup>nd</sup> Alt: \_\_\_\_\_

**(E) MEDICAL POWER OF ATTORNEY**

1<sup>st</sup> Alt: \_\_\_\_\_  
2<sup>nd</sup> Alt: \_\_\_\_\_

How many properties? \_\_\_\_\_ States the property(ies) are in: \_\_\_\_\_

Are you a business owner? Yes \_\_\_ No \_\_\_ Name of business: \_\_\_\_\_