

PERSONAL AND FAMILY INFORMATION

Today's Date: _____

HIS Personal Information

Full Name: _____

Father's Full Name: _____

Mother's Full Name: _____

Mailing Address (If different than below): _____

Home Address: _____

Telephone: _____

Email: _____

Date of Birth: _____

Social Security #: _____

Retired: Yes _____ No _____

U.S. Citizen: Yes _____ No _____

HER Personal Information

Full Name: _____

Father's Full Name: _____

Mother's Full Name: _____

Mailing Address (If different than below): _____

Home Address: _____

Telephone: _____

Email: _____

Date of Birth: _____

Social Security #: _____

Retired: Yes _____ No _____

U.S. Citizen: Yes _____ No _____

Jeff Doerr | Director, Planned Giving and Trust Services
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P.O. Box 220 | West Frankfort, IL 62896 | **phone** 800-886-4800 | **fax** 618-200-8236 | **web** 3ABN.tv

Self-Administered PROPERTY TRUST (SAT) updated: 02-10-2022

State of Prior residence/address: _____

Date you moved to the state you are presently living in _____

At this time I or We are naming 3ABN - Three Angels Broadcasting Network as the successor trustee of this self-administered Property Trust known as a SAT. I/We understand we manage this SAT during our lifetime, with 3ABN to assist us where needed and to be the Successor Trustee at the time assistance is needed due to health, accident or death. If joint, we assign our spouse to be the Executor/Personal Representative.

I desire that my spouse shall be appointed as my Executor/Personal Representative if she/he is able:

Signature: _____ Signature: _____

Yes _____ No _____

Yes _____ No _____

EXECUTOR/PERSONAL REPRESENTATIVE:

(This is in case the surviving spouse expires or is unable or unwilling.)

We name: _____ (Relative or 3ABN)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ or 3ABN 800-886-4800

Alternate Executor/Personal Representative: If you named a relative above then we need an alternate to the above. If you wish to name 3ABN then just write: We name: **3ABN** (above)

If spouse survives: We wish for the entire Estate to go to the surviving Spouse? Yes () No ()

When BOTH Husband and Wife are deceased, which one person do you want to be responsible for the distribution of your personal effects within the house? This must be done in a reasonable time in order to get the house on the market for sale.

Name: _____ Telephone: _____ or 3ABN ()

I/We have reviewed My/Our above choices. And I/We are happy for the named parties to assist with the details of closing this SAT when I/We pass away. I/We understand that this SAT is revocable. However, in the event of my/our death or incompetency, the SAT becomes irrevocable. This house could be sold if that needed to be done during the Trustor's lifetime.

Signed: _____ Date: _____

Signed: _____ Date: _____

FAMILY STATUS

Please check one: Married Separated Divorced Widowed Single

Date you married in this present marriage: _____ City: _____ State: _____

Date of Spouse's death: _____ Date of Spouse's divorce: _____

If you are unmarried, is a marriage presently planned? Yes No

CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS/ADOPTIONS

1. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

2. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

3. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

4. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

Turn this sheet over if there are more names than will fit on this page. Thanks!

LIVING CHILDREN FROM CURRENT MARRIAGE

1. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

2. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

3. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

4. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

Turn this sheet over if there are more names than will fit on this page.

DECEASED CHILDREN:

1. Name: _____ Date of Birth: _____ Date of Death: _____
2. Name: _____ Date of Birth: _____ Date of Death: _____
3. Name: _____ Date of Birth: _____ Date of Death: _____

SURVIVING GRANDCHILDREN OF YOUR DECEASED CHILDREN (due to death or accident):

1. Grand Child's Name: _____ Date of Birth: _____
 Address: _____ Zip: _____
 Parent: _____
2. Grand Child's Name: _____ Date of Birth: _____
 Address: _____ Zip: _____
 Parent: _____
3. Grand Child's Name: _____ Date of Birth: _____
 Address: _____ Zip: _____
 Parent: _____
4. Grand Child's Name: _____ Date of Birth: _____
 Address: _____ Zip: _____
 Parent: _____

Turn this sheet over if there are more name than will fit on this page.

LIST YOUR LIVING GRANDCHILDREN:

1. Name: _____ Date of Birth: _____
 Address: _____ Zip: _____
 Parent: _____
2. Name: _____ Date of Birth: _____
 Address: _____ Zip: _____
 Parent: _____
3. Name: _____ Date of Birth: _____
 Address: _____ Zip: _____
 Parent: _____
4. Name: _____ Date of Birth: _____
 Address: _____ Zip: _____
 Parent: _____

Turn this sheet over if there are more name than will fit on this page.

DISTRIBUTION OF THIS PROPERTY TRUST

Below, **3ABN must be listed for no less than 25% on the final distribution.** There are no up-front fees to you. 3ABN will pay all costs to 3ABN's attorney to develop this document.

The trust documents will be prepared by an attorney representing 3ABN. Our attorney will be relying on information you provide to us. You may, if you wish, consult with an attorney of your own choosing to review the documents and give you your own independent legal advice.

All issues and proceedings regarding the construction, validity, and administration of any trust created under this Trust Agreement shall be controlled by the laws of the State of Illinois. After the death of the Settlor, the Trustee may change the situs of any such trust to another jurisdiction or designate the laws of another jurisdiction as the controlling law with respect to the administration of a particular trust if the primary beneficiary of such trust (or at least one of the beneficiaries in the case of the trust created under Article IV) resides in such designated jurisdiction, in which case, the laws of such designated jurisdiction shall apply to such trust as of the date specified in such designation. Any such designation shall be in writing and shall be delivered to each beneficiary of the affected trust. All issues and proceedings regarding the construction, validity, and administration of any trust created under this Trust Agreement shall be filed and heard in the Circuit Court of Franklin County, Illinois.

Every Beneficiary **MUST HAVE** an alternate or 3ABN named as the alternate should the main Beneficiary be deceased.

Adult Children, Family Members, Friends, Other Ministries can all be named as Beneficiaries (See Below) Minors must have an adult named to accept their funds until age 21, or per State Law.

If it is your desire, you may list 3ABN for 25% to 100% and this is greatly appreciated. 25% Minimum

Thank you for selecting "Three Angels Broadcasting Network" at this important time in your life.

PLEASE COMPLETE THIS DOCUMENT BY SENDING US A LIST OF ALL ITEMS YOU WISH TO PLACE IN THIS PROPERTY TRUST. See enclosed home review worksheets. **Also, All Bank Accounts, Savings Accounts, Insurances, etc can and should be included with this worksheet, as this will indicate your desire to place these items into your TRUST, as well.**

LIST YOUR BENEFICIARIES BELOW:

1. Percent to Three Angels Broadcasting Network _____ %
2. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

 Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____

3. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

 Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____



4. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____

5. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____

6. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____

7. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____

NOTES OR ADDED INSTRUCTIONS:

NOTICE: A copy of the house/property Deed must be mailed with this application.

While not required, a picture of your house would be appreciated.

REMINDER: List your EXTRAS like accounts, etc. Send photo copies of contracts or financial statements.

Cash/Checking, Savings, Stocks, CD's and Retirement Accounts, Life Insurance Accounts, etc.

Cash/Checking, Savings, Stocks, CD's and Retirement Accounts, Life Insurance Accounts, etc.

Please contact IRA Financial Institutions, Retirement Plans, Life Insurance Policy Contracts, Banks holding your savings, Retirement and Checking accounts and list with each FIRM/FINANCIAL Institution who you desire as the beneficiaries on each of these accounts, upon your death. 3ABN reserves the right to refuse assets or liabilities added to the trust to avoid tax or other liability risk. Reminder: Everything can go into this Property Trust and be distributed from the Property Trust at the time of your demise. Photo copies of your Pay On Death (POD) instructions should be mailed to 3ABN Planned Giving and Trust Services with this work sheet.

Call for extra instructions **800-886-4800. Call for Property Trust Information.**

ITEMS FOR THIS TRUST:**REAL ESTATE (Home and Land or a Business)**

Property Address: _____ Current Value: _____

_____ Zip: _____ Mortgage \$: _____

2nd Property Address: _____ Current value: _____

_____ Zip: _____ Mortgage \$: _____

A Pay On Death should be settled on every financial firm you have accounts with. Failure to do so will result in funds not being released to relatives and other beneficiaries, as listed in this application and final TRUST.

This is Accounts to place in this trust for final life end distribution.

(Copies of signed POD's from your Bank will be needed here after the trust is complete.)

1. _____ Account #: _____

Address or City of Bank: _____

Telephone: _____

2. _____ Account #: _____

Address or City of Bank: _____

Telephone: _____

3. _____ Account #: _____

Address or City of Bank: _____

Telephone: _____



**FINANCIAL RETIREMENT PLANS:
List your plan Name and Financial Institution.**

1. _____ Account #: _____

Telephone: _____

Address: _____

_____ Zip: _____

2. _____ Account #: _____

Telephone: _____

Address: _____

_____ Zip: _____

3. _____ Account #: _____

Telephone: _____

Address: _____

_____ Zip: _____

LIFE INSURANCE

1. _____ Account #: _____

Address: _____

_____ Zip: _____

2. _____ Account #: _____

Address: _____

_____ Zip: _____

FUNERAL PLANS

Are you prepaid and have funeral contract/plot/plans? Yes _____ No _____

Name of Funeral Home: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Are you an organ donor? _____

Add more details to the back of this page. Are you burial or cremation? _____

RELEASE FOR DOCUMENT PREPARATION BY 3ABN'S ATTORNEY

I/We hereby request Three Angels Broadcasting Network to process my/our application for a **SELF ADMINISTERED PROPERTY TRUST**.

I/We have been fully advised that all legal documents will be prepared by legal counsel who represents 3ABN. The attorney will be paid by 3ABN. We recommend that you have the documents reviewed by legal counsel of your own choosing for an independent review to make sure they conform with your estate plan. By signing below, I/We understand I/We are responsible to see that these legal documents are executed properly, and our other desires have been stated properly. You may also wish to seek your own legal counsel to verify that all legal documents are in accordance with my /our instructions in this application.

I/We have also been advised to contact my/our own attorney, personally retained for independent counsel, to review this worksheet and later the document, IF WE DESIRE. **3ABN** does not pay for family selected attorney fees.

I/We _____ understand and agree with the details of this document and request this worksheet be forwarded to 3ABN's attorney for document preparation.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____
(If joint - spouse signs here)

Please Read Page 10 before the final signing . . .

Sign below this line only if you had assistance from someone else to write this form out for you.

FOR PROXY AUTHORIZATION ONLY

I/We hereby authorized _____
(Name of person who filled out this form for you)

On My/Our behalf the preparation and filling out of this application form in my/our presence.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____
(If joint - spouse signs here)

IMPORTANT INFORMATION TO BE READ BY EACH APPLICANT

3ABN was incorporated March 1, 1985 in Illinois.

Responsibility for governing the organization is vested in a Board of Directors who are selected by a majority vote of the existing Board.

A Self-Administered Property Trust is a simplified document that may be developed with your entire estate (House and Real Property). **Your Property would be DEEDED into your personal Self-Administered Trust (SAT) of which you are the owner, not 3ABN. You continue to pay taxes, upkeep and utilities as “you” are the owner.**

We request only at your demise you remember the Lord's work at 3ABN. Documents are developed with 25% or more return to 3ABN at the Trustor(s) death. Other ministries or your children can be beneficiaries as well as 3ABN. Alternates must be listed for each beneficiary should any be deceased or no longer in business. 3ABN can be your selected alternate if you desire.

You have the option to revoke your SAT in the event of an adverse change in your financial circumstances or you wish to sell the property and move to another home, independent living or assisted living. A home can remain in your SAT with intent to return if you go to a rehab or nursing facility. You would, however, remain responsible for the taxes, utilities paid and upkeep to keep the house in good condition.

If you choose to sell: **A QUIT CLAIM DEED** would be prepared, by the attorney, to release the property from your personal SAT. This process will be expedited in an efficient and timely manner.

If you purchase another home, it can be placed into your SAT, a new DEED will be prepared for the newly purchased property and this same Trust can be used to put the newest property into. You will need to keep 3ABN **Planned Giving and Trust Services updated on any other changes**. Examples: Cars, boats, trucks, tractors, or equipment of value that can be placed into your Property Trust.

Revocable Rights: If a SAT needs to be revoked (closed out)... The Trustors must send a letter requesting the Revocation of the SAT. This would be the formal written, dated and signed request to officially prepare the Revocation of the document. This would need to be mailed to 3ABN for processing.

Withdrawal of equipment, that might be sold separately, should be reported to 3ABN in writing so it can be removed properly. Tools or personal effects may be given or sold to anyone of your choice prior to a death. Otherwise, the items listed will be sold in an estate auction, if the items are of salable value.