

The Power of Your Life Is In The Plan

*The
Legacy
Plan*

THE
WISDOM
CENTER



Mike Murdock / 4051 Denton Hwy. / Fort Worth, TX 76117

CONTENTS OF MY LEGACY PLAN

<i>1.</i> My Will	2
<i>2.</i> My Heirs	3
<i>3.</i> My Trusts	4
<i>4.</i> My Banking	6
<i>5.</i> My Insurance Policies	8
<i>6.</i> My List of Insurance Policies On My Life	10
<i>7.</i> My Investments	11
<i>8.</i> My Documents	12
<i>9.</i> My Income	15
<i>10.</i> My Military History	19
<i>11.</i> My Other Real Estate Owned	20
<i>12.</i> My Business Interests	22
<i>13.</i> My Employment Record	24
<i>14.</i> Debts Owed Me	25
<i>15.</i> Debts I Owe	26
<i>16.</i> My Funeral Instructions	27
Last Will And Testament	29

NOTICE:

Neither the author, the publisher, nor this organization is engaged in rendering legal, investment or tax advisory services. For advice and assistance on specific cases, the services of an attorney or other professional advisor should be obtained. The purpose of this publication is to provide accurate and authoritative information of a general character only. Watch for tax revisions. State laws govern Wills, Trusts, and charitable gifts made in a contractual agreement. Advice from legal counsel should be sought when considering these types of gifts.

1.

MY WILL

My **Will** is located: _____
(LOCATION OF WILL)

The **Personal Representative** [executor(trix)] who is designated to carry out the provisions of my Will is:

(REPRESENTATIVE'S NAME)

If he/she declines or cannot serve, the **Alternate Representative** is _____
(ALTERNATIVE REPRESENTATIVE'S NAME)

My **Attorney** is _____
(ATTORNEY'S NAME)

and should be consulted to assist you in settling any legal matters.

In the event estate accounting is required, I suggest my **Accountant** _____ be contacted.
(ACCOUNTANT'S NAME)

Two other people (financial advisors) I recommend to assist you with financial matters are listed on page 23.

The main provisions of the Will are:
(INSERT MAIN PROVISIONS)

2.

MY HEIRS

NAME OF ESTATE	AGE	RELATIONSHIP	(% OF ESTATE)
----------------	-----	--------------	---------------

NAME OF ESTATE	AGE	RELATIONSHIP	(% OF ESTATE)
----------------	-----	--------------	---------------

NAME OF ESTATE	AGE	RELATIONSHIP	(% OF ESTATE)
----------------	-----	--------------	---------------

NAME OF ESTATE	AGE	RELATIONSHIP	(% OF ESTATE)
----------------	-----	--------------	---------------

3.

MY TRUSTS

Here are brief descriptions of my Trusts:

1 This **Trust** is: in my Will not in my Will.

Trustee: _____

(NAME OF TRUSTEE)

Assets in the Trust: (LIST ASSETS)

(See Trust Agreement for details.)

Beneficiaries: (LIST NAMES)

Terms:

2 This **Trust** is: in my Will not in my Will.

Trustee: _____

(NAME OF TRUSTEE)

Assets in the Trust: (LIST ASSETS)

MY TRUSTS (Continued)

(See Trust Agreement for details.)

Beneficiaries: (LIST NAMES)

Terms:

4.

MY BANKING

1 My **Checking Account** is in the _____ Bank.

2 My **Banker**, _____, will give you complete information which relates to my account at death.

3 My **Account Number(s)**: LIST BANK ACCOUNT NUMBER(S) _____

4 Information about other **Checking Accounts** and locations of Checkbooks: _____

5 My **Bank Statements** and cancelled checks may be found: (location) _____

6 My **Savings Account(s) Information**:

1. Account number: _____
Name of Institution: _____
2. Account number: _____
Name of Institution: _____
3. Account number: _____
Name of Institution: _____

***MY BANKING** (Continued)*

7 My **Passbooks** are located: _____
Special information relating to these accounts in the
event of my death: _____

5. MY INSURANCE POLICIES

Attached is a list of my **Life Insurance Policies**. You will want to receive the proceeds as soon as possible.

Call my Agent: _____
NAME OF AGENT PHONE NUMBER
to help you or have your financial advisor or attorney help you. You may write the companies directly, enclosing a copy of the death certificate.

1 My **Homeowners Policy** is with _____
(HOMEOWNERS INSURANCE COMPANY)

My Agent's Name: _____
NAME OF AGENT PHONE NUMBER

The Policy No. is: _____

The Policy is located: _____

2 My **Automobile Insurance** is with _____
(CAR INSURANCE COMPANY)

My Agent's Name: _____
NAME OF AGENT PHONE NUMBER

The Policy No. is: _____

The Policy is located: _____

3 My **Medical Insurance** is with _____
(MEDICAL INSURANCE COMPANY)

My Agent's Name: _____
NAME OF AGENT PHONE NUMBER

The Policy No. is: _____

The Policy is located: _____

MY INSURANCE POLICIES

(Continued)

4 My **Additional Insurance** is with _____
(INSURANCE COMPANY)

My Agent's Name: _____
(NAME OF AGENT) (PHONE NUMBER)

The Policy No. is: _____

The Policy is located: _____

6. MY LIST OF INSURANCE POLICIES ON MY LIFE

	Loan Balance	Due Me
1 Company _____ Policy No. _____ Face Amount \$ _____	\$ _____	\$ _____
2 Company _____ Policy No. _____ Face Amount \$ _____	\$ _____	\$ _____
3 Company _____ Policy No. _____ Face Amount \$ _____	\$ _____	\$ _____
4 Company _____ Policy No. _____ Face Amount \$ _____	\$ _____	\$ _____
5 Company _____ Policy No. _____ Face Amount \$ _____	\$ _____	\$ _____

7. *MY INVESTMENTS*

1 My **Stockbroker** is: _____
(NAME OF STOCKBROKER)

2 with _____
(STOCKBROKER'S COMPANY)

Company address: _____
has given me a complete list of my stocks and bonds as of
_____/_____/_____, which is attached. This list and values
often change. *Notify the broker* of my death so the records
can be changed.

3 **Titles** to the stocks and bonds are as follows: _____

4 The actual **certificates** are located: _____

8. *MY DOCUMENTS*

1 The **Deed** to the home is located: _____

2 and is **Registered** in the following name(s): _____

3 I estimate **The Value** is approximately \$ _____

4 **The Mortgage Balance** is \$ _____
as of ____/____/____.

5 **The files** which pertain to **The Home** such as cost of purchase, improvements, original closing, etc., are marked

(FILES PERTAINING TO THE HOME)

6 and are located: _____

MY DOCUMENTS... (Continued)

10 My **Important documents** and their locations are as follows:

a. Automobile titles/registrations:

1) _____

2) _____

b. Birth certificate: _____

c. Income tax records: _____

d. Keys: _____

e. Military records: _____

f. Naturalization/citizenship papers: _____

g. Patents and copyrights: _____

h. Title insurance: _____

i. Veterans' Administration information: _____

9.

MY INCOME

Here is the summary of the income **you will have as my survivor**. These figures will of course need to be updated as income and expenses change.

1

Monthly Income

Amount

- | | |
|-----------------------------|----------|
| a. Retirement income | \$ _____ |
| b. Investment income | \$ _____ |
| c. Your salary | \$ _____ |
| d. Other income | \$ _____ |
| e. Social Security payments | \$ _____ |
| Total Income: | \$ _____ |

MY INCOME (Continued)

2 Monthly Expenses	Amount
a. Mortgage or rental (insurance and taxes, too)	\$ _____
b. Utilities	\$ _____
c. Household/Yard/Furnishings	\$ _____
d. Auto expenses (including insurance, repair, license)	\$ _____
e. Clothing & personal care	\$ _____
f. Education	\$ _____
g. Charitable contributions	\$ _____
h. Gifts and allowances	\$ _____
i. Medical and dental	\$ _____
j. Vacation and recreation	\$ _____
k. Life insurance	\$ _____
l. Other	\$ _____
Total Expenses:	\$ _____

MY INCOME (Continued)

3 You will begin receiving **Retirement Benefits** as of ____/____/____.

If you have questions, contact: _____

(CONTACT PERSON AND CONTACT INFORMATION)

4 To receive **Social Security Benefits**, you will need to go in person to the Social Security office located at: _____

Take care of this promptly because if you delay you may miss some benefits. Take with you:

- a. My Social Security card;
- b. Death certificate from my doctor;
- c. Birth certificate for each of the children under 18 or those attending college under 22;
- d. Marriage certificate; and
- e. Your birth certificate.

5 You are are not eligible for **Veterans' Benefits**. To receive these benefits, do the following:

(INSTRUCTIONS ON HOW TO OBTAIN BENEFITS)

MY INCOME (Continued)

6 Investment Income

Do not hesitate to consult your financial advisors about investment decisions. I recommend the following person(s) to advise you:

(NAME OF FINANCIAL ADVISOR)

(PHONE NUMBER)

(ADDRESS)

(NAME OF FINANCIAL ADVISOR)

(PHONE NUMBER)

(ADDRESS)

7 I project the **Funds** you will have **available to invest** as follows:

Source	Amount
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	Total: \$ _____
g. Less estimated cost of estate administration, funeral, medical and taxes:	\$ _____
h. Net available for investment:	\$ _____

10. MY MILITARY HISTORY

1 Service Number: _____

2 Branch of Service: _____

3 Length of Service: _____

From ____/____/____ to ____/____/____
(DATE OF ENLISTMENT) (DATE OF SEPARATION)

4 Rank _____
(RANK WHEN SEPARATED)

5 I do do not have a service-connected disability.

6 Location of special papers:

Document	Location
_____	_____
_____	_____
_____	_____

11. MY OTHER REAL ESTATE OWNED

1 Nature of Title: _____
(such as Joint-Ownership, Tenants-in-Common)

- a. Property Address: _____
- b. Mortgage Balance: \$ _____
- c. Date of Purchase: ____/____/____ Cost: \$ _____
- d. Approximate Value: \$ _____
- e. The file where more information is kept about this property is located: _____

2 Nature of Title: _____
(such as Joint-Ownership, Tenants-in-Common)

- a. Property Address: _____
- b. Mortgage Balance: \$ _____
- c. Date of Purchase: ____/____/____ Cost: \$ _____
- d. Approximate Value: \$ _____
- e. The file where more information is kept about this property is located: _____

***MY OTHER REAL
ESTATE OWNED (Continued)***

3 Nature of Title: _____
(such as Joint-Ownership, Tenants-in-Common)

a. Property Address: _____

b. Mortgage Balance: \$ _____

c. Date of Purchase: ____/____/____ Cost: \$ _____

d. Approximate Value: \$ _____

e. The file where more information is kept about this property is located: _____

12. MY BUSINESS INTERESTS

1 Business information: _____
(PROPRIETORSHIP, PARTNERSHIP, CORPORATION)

a. Description: _____

b. Share of Ownership: _____

c. The following persons can help you with the business matters:

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

2 Business information: _____
(PROPRIETORSHIP, PARTNERSHIP, CORPORATION)

a. Description: _____

b. Share of Ownership: _____

c. The following persons can help you with the business matters:

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

MY BUSINESS INTERESTS

(Continued)

3 Business information: _____
(PROPRIETORSHIP, PARTNERSHIP, CORPORATION)

- a. Description:
- b. Share of Ownership: _____
- c. The following persons can help you with the business matters:

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

13. MY EMPLOYMENT RECORD

1 Dates: from ____/____/____ to
____/____/____

- a. Approximate Annual Income \$ _____
- b. Name of Employer: _____
- c. Contact Information: _____

2 Dates: from ____/____/____ to
____/____/____

- a. Approximate Annual Income \$ _____
- b. Name of Employer: _____
- c. Contact Information: _____

3 Dates: from ____/____/____ to
____/____/____

- a. Approximate Annual Income \$ _____
- b. Name of Employer: _____
- c. Contact Information: _____

4 Dates: from ____/____/____ to
____/____/____

- a. Approximate Annual Income \$ _____
- b. Name of Employer: _____
- c. Contact Information: _____

5 Dates: from ____/____/____ to
____/____/____

- a. Approximate Annual Income \$ _____
- b. Name of Employer: _____
- c. Contact Information: _____

14. *DEBTS OWED ME*

1 Description: _____
Location of Documents: _____
Terms: _____ Present Balance: \$ _____

2 Description: _____
Location of Documents: _____
Terms: _____ Present Balance: \$ _____

3 Description: _____
Location of Documents: _____
Terms: _____ Present Balance: \$ _____

4 Other information: _____

15. *DEBTS I OWE*

Here is an explanation of some long-term obligations which have not been a normal part of my monthly budget:

1 Description: _____
Location of Documents: _____
Terms: _____ Present Balance: \$ _____

2 Description: _____
Location of Documents: _____
Terms: _____ Present Balance: \$ _____

3 Description: _____
Location of Documents: _____
Terms: _____ Present Balance: \$ _____

4 Other information: _____

16. *MY FUNERAL INSTRUCTIONS*

1 **Funeral Home:** _____
Address: _____
Phone: _____

2 a. I direct that my body be used for medical purposes as follows:

USAGE FOR DONATED BODY

- b. I request postmortem examination be made if desirable.
- c. I direct cremation of remains.
- d. No ashes to remain.
- e. Disposition of ashes as follows:

3 f. **I request burial** in the following manner: _____

Place of burial: _____
Address: _____

4 I wish memorial service with no casket present.

5 I desire a funeral with remains present:
 Closed casket Open casket

***MY FUNERAL
INSTRUCTIONS (Continued)***

6 Special information: _____

7 Service: _____
Location: _____

8 Officiator: _____

9 Music: _____

10 Other: _____

I request that **memorial gifts** be given to the following:
Charitable Institution:

THE WISDOM CENTER

Address: 4051 Denton Highway
Fort Worth, TX 76117

Other information: _____

Last Will And Testament

Be it known that I, _____ (Name of Testator),
a resident of _____, County of _____,
in the State of _____, being of sound
and disposing mind and memory and over the age of eighteen (18) years, and not
being actuated by any duress, menace, fraud, mistake or undue influence, do make,
publish and declare this to be my Last Will and Testament, hereby revoking all my
prior Wills and Codicils at any time made.

Marriage And Children:

I am Married to _____, and all reference in
this Will to my _____ (husband or wife) are
references to _____ (him or her). I have the following children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Executor:

I appoint _____ of _____,
as Executor of this my Last Will and Testament and provide that if this Executor
is unable to unwilling to serve then I appoint _____
of _____, as my alternate Executor. My Executor shall be
authorized to carry out all provisions of this Will and pay my just debts,
obligations and funeral expenses. I further provide my Executor shall not be
required to post surety bond in this or any other jurisdiction, and direct that no
expert appraisal be made of my estate unless required by law.

Guardian:

In the event I shall die as the sole parent of minor children, then I appoint
_____ as Guardian of said minor
children. If this named Guardian is unable or unwilling to serve, then I appoint
_____ as alternate Guardian.

Bequests:

I direct that after the payment of all my just debts, my property be bequeathed
in the manner following:

Name: _____ Address: _____

Relationship: _____ Property: _____

Name: _____ Address: _____

Relationship: _____ Property: _____

Name: _____ Address: _____

Relationship: _____ Property: _____

Simultaneous Death of Spouse:

In the event that my _____ (husband or wife) shall die simultaneously with me or there is no direct evidence to establish that my _____ (husband or wife) shall be deemed to have predeceased _____ (me or my husband or wife), notwithstanding any provision of law to the contrary, and that the provisions of my Will shall be construed on such presumption.

Simultaneous Death of Beneficiary:

If any beneficiary of this Will, including any beneficiary or any trust established by this Will, other than my _____ (husband or wife), shall die within 60 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.

All Remaining Property; Residuary Clause:

I give, devise and bequeath all of the rest, residue and remainder of my estate, of whatever kind and character, and wherever located, to my _____ (husband or wife), provided that my _____ (husband or wife) survives me. I make no provision for my children, knowing that, as their parent, _____ (husband or wife), will continue to be mindful of their needs and requirements. If my _____ (husband or wife), does not survive me, then I give, devise and bequeath all of the rest, residue and remainder of my estate, of whatever kind and character, and wherever located, to my children per share, but if any child predeceases me, then his or her share will pass, per share, to his or her lineal descendants, natural or adopted, if any, who survive me; but if there are none, then his or her share will lapse and pass equally as part of the shares of my other named children; but if none of my named children survives me or leaves a lineal descendant who survives me, then according to the order of intestate succession in the State of _____.

Additional Powers of the Executor:

My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without

further license or order of any court: _____

Optional Provisions:

I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not part of this Will.

_____ If any beneficiary to this Will is indebted to me at the time of my death, and the beneficiary evidences this debt by a valid Promissory Note payable to me, then such person's portion of my estate shall be diminished by the amount of such debt.

_____ Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor.

_____ I direct that my remains be cremated and that the ashes be disposed of according to the wishes of my Executor.

_____ I direct that my remains be cremated and that the ashes be disposed of in the following manner: _____.

_____ I desire to be buried in the _____ cemetery in _____ County, _____.

Severability and Survival:

If any part of this Will is declared invalid, illegal or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

Testator's Initials: _____

Execute and attest before a notary.

In Witness Hereof, I have hereunto set my hand this _____ day of _____, _____ (year), to this my Last Will and Testament.

Testator's Signature: _____

Witnessed:

The testator has signed this Will at the end and on each other separate page, and has declared or signified in our presence that it is his/her Last Will and Testament, and in the presence of the testator and each other we have hereunto subscribed our names this _____ day of _____, 20_____.

Witness Signature: _____
Address: _____

Witness Signature: _____
Address: _____

Witness Signature: _____
Address: _____

Acknowledgment

State of _____

County of _____

We, _____, _____,
_____ and _____

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and that each of the witnesses, in the presence of the testator and each other, signed the Will as a witness.

Testator: _____ Witness: _____

Witness: _____

Witness: _____

On _____ before me, _____

appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to the person(s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. Witness my hand and official seal.

Signature of Notary: _____

Affiant _____ Known _____ Produced ID

Type of ID _____

(Seal)



The Legacy Plan®

“For where your treasure is, there will your heart be also.”
Matthew 6:21

“A good man leaveth an inheritance to his children’s children: and the wealth of the sinner is laid up for the just.”
Proverbs 13:22

“But lay up for yourselves treasures in Heaven, where neither moth nor rust doth corrupt, and where thieves do not break through nor steal.”
Matthew 6:20



Dr. MIKE MURDOCK is in tremendous demand as one of the most dynamic speakers in America today. More than 17,000 audiences in over 100 countries have attended his Schools of Wisdom and Conferences. Hundreds of invitations come to him from churches, colleges and business corporations. He is a noted author of over 250 books, including the best sellers, *The Leadership Secrets of Jesus*, *Secrets of the Richest Man Who Ever Lived* and the creator of *The Master 7 Mentorship Program*. Thousands view his weekly television program, *Wisdom Keys with Mike Murdock*. Many attend his Schools of Wisdom that he hosts in major cities... and his church, The Wisdom Center located at 4051 Denton Highway, Fort Worth, TX 76117.



4051 Denton Hwy
Fort Worth, TX 76117
1-817-759-BOOK
1-817-759-2665
1-817-759-0300

You Will Love Our Website..!
WISDOMONLINE.COM

WISDOMONLINE.COM

TWCLP-02