ESTATE PLANNING Workbook

This booklet provides you with a clear, precise record of your personal and financial information. It can be used to prepare an estate plan and is also a convenient way of organizing information for your loved ones. You may wish to provide a copy to a family member and to your executor as a safeguard against loss.

Update your records annually. You should enter the date every time you look over the booklet even if you don’t change any of the information. This will assure the reader of the current accuracy of the entries.

*This document should not be returned to the Presbyterian Foundation or its representatives.*
Personal Information

Date of Birth

Birth Certificate  □ No  □ Yes  Located

Citizenship — date/place of naturalization if not U.S. citizen by birth

Social Security #

Father’s Full Name

Mother’s Full Name

RELIGIOUS AFFILIATION

Church

Address

MARITAL STATUS

□ Single  □ Married  □ Widowed  □ Divorced  □ Separated

Spouse’s Name

Date & State married

Certificate located

Previous marriage?  □ Yes  □ No

Date  Name

Marriage ended by  □ Death  □ Divorce

CHILDREN

Name

Address

Name

Address

Name

Address

MILITARY SERVICE — Date(s)

Service Serial #

Discharge papers located

Investments

I own various stocks and bonds, held in street name, which are located at

STOCKS/BONDS/MUTUAL FUNDS

Company

Shares  Date Purchased  Cost Basis

Company

Shares  Date Purchased  Cost Basis

Company

Shares  Date Purchased  Cost Basis

Records of purchase and sale are located at

U.S. SAVINGS BONDS

I own under the following ownership registrations:

□ My name alone  □ Joint with

Type  Face Value

Issue Date  Maturity Date

Type  Face Value

Issue Date  Maturity Date

Type  Face Value

Issue Date  Maturity Date

Certificates of Deposit

Amount  Date of Redemption

Certificates of Deposit

Amount  Date of Redemption

PARTNERSHIPS
### Living Will Directive & Organ Donation

I have a living will directive stating my wishes for medical care and treatment. The document is dated [_______] and is located [__________________________].

Individuals having copies:
- Name: [__________________________]  Phone: [__________________________]
- Address: [__________________________]
- Name: [__________________________]  Phone: [__________________________]
- Address: [__________________________]
- Name: [__________________________]  Phone: [__________________________]
- Address: [__________________________]

I have agreed to donate organs to (organization):
- [__________________________]

Papers are located [__________________________].

### Power of Attorney

I have given the following person durable power of attorney which will go into effect upon my inability to act for myself:
- Name: [__________________________]  Phone: [__________________________]
- Address: [__________________________]

### Last Will & Testament

Will written [_______]  Located [__________________________].
- Executor of Will: [__________________________]
- Address: [__________________________]
- Attorney: [__________________________]
- Address: [__________________________]

**TESTAMENTARY TRUST**

Trustee: [__________________________]
- Assets in Trust: [__________________________]
- Beneficiaries: [__________________________]

In my will, I have left the following charitable bequests:
- Charity: [__________________________]
- Bequest Amount: [__________________________]
- Charity: [__________________________]
- Bequest Amount: [__________________________]

### Funeral & Burial Arrangements

I have given instructions regarding my funeral in a
- Will ☐  Letter ☐  Other ☐
- Cemetery plot ☐  Cemetery vault ☐  None ☐

Name: [__________________________]
- Location: [__________________________]  Section #: [_______]  Plot #: [_______]
- Location of Deed: [__________________________]

Other funeral arrangements: [__________________________].

### Bank Accounts & Safe Deposit Box

**BANK ACCOUNTS**

- Bank Name: [__________________________]
- Checking ☐  Saving ☐  Account #: [__________________________]
- Joint ☐  Individual ☐

**SAFE DEPOSIT BOX**

- Location: [__________________________]
- Box #: [_______]  Key Location: [__________________________]

### Retirement Accounts

**COMPANY NAME**

- Address: [__________________________]
- Account #: [__________________________]
- Beneficiary: [__________________________]
- Company Pension: [__________________________]

**SOCIAL SECURITY**

**INDIVIDUAL RETIREMENT ACCT**

- Beneficiary(ies): [__________________________]

**ANNUITIES**

- Beneficiary(ies): [__________________________]

**OTHER RETIREMENT BENEFITS**

- Beneficiary(ies): [__________________________]
Trust Funds

CHARITABLE REMAINDER TRUST
Testamentary Trust ________________________________
Trustee __________________________________________
Assets in Trust _________________________________
Charitable Beneficiaries ___________________________
Income Recipients ________________________________
Papers are located at ______________________________

EXISTING TRUST __________________________________
I have created a trust for the benefit of ____________

I am a beneficiary under a Trust established by ____________
Date Established _________________________________
Trust Agreement located __________________________
Attorney who drafted the Trust Agreement
________________________________________________
Firm _____________________________________________
Address _________________________________________

Personal Employment

EMPLOYER _______________________________________
Address _________________________________________
I participate in the following benefit plans ________________

Other business interests _____________________________

Insurance

I personally carry accident, disability, sickness, hospitalization and other such forms of insurance (this is in addition to and exclusive of any such insurance or benefits provided through my employer). □ Yes  □ No

Company _______________________________________
Coverage _______________________________________
Insurance Agent _________________________________
Phone ___________________________ Policy # __________
Location of Policy ________________________________

Life Insurance

ALL POLICIES OWNED BY ME ON MY LIFE.

Insurance Company _______________________________
Address __________________________________________
Insurance Agent _________________________________
Phone ___________________________________________
Policy # ____________ Death Benefit ______________
Location ________________________________
Beneficiary(ies) __________________________________

POLICIES WHICH I OWN ON THE LIVES OF OTHERS

Insurance Company _______________________________
Address __________________________________________
Insurance Agent _________________________________
Phone ___________________________________________
Policy # ____________ Death Benefit ______________
Location ________________________________
Beneficiary(ies) __________________________________

I HAVE UNPAID LOANS AGAINST THESE POLICIES.

Policy # ___________________ Amount Due __________
Policy # ___________________ Amount Due __________

POLICIES OWNED BY OTHERS ON MY LIFE

(including charities)

Tangible Personal Property

Automobile(s) ________________________________

Jewelry, Art, Antiques, Collectibles __________________

Complete inventory of my personal property is located at:
### Personal Advisors

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<th>Specialty</th>
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<th>CLERGY PERSON</th>
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### Charitable Giving

#### LOCAL CHURCHES

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#### NATIONAL CHURCH

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#### OTHER PC(USA) ENTITIES *(Board of Pensions, Presbyterian Foundation, retirement homes, seminaries, etc.)*

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#### MISSION ORGANIZATIONS

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Personal Creditors

CREDITOR ________________________________________
Loan # __________________________________________
Amount of Loan __________________________________
Date of Final Payment _____________________________

CREDITOR ________________________________________
Loan # __________________________________________
Amount of Loan __________________________________
Date of Final Payment _____________________________

CREDIT CARD DEBT

Company __________________________________________
Account # ________________________________________
Phone ____________________________________________

Company __________________________________________
Account # ________________________________________
Phone ____________________________________________

Personal Debtors

Name of Debtor ____________________________________
Address __________________________________________
Amount owed ______________________________________
Name of Debtor ____________________________________
Address __________________________________________
Amount owed ______________________________________

Tax Returns

Tax Preparer ______________________________________
Firm _____________________________________________
Address __________________________________________
Phone ____________________________________________
Copies of my income tax returns are located at:

Residence & Other Real Estate

Residence Address

I own residence  □ Yes  □ No

Ownership title is held in
□ My name alone  □ Joint with ______________________

Mortgage on property  □ Yes  □ No

Held by ______________________

Documents concerning this property are located at:

I own other real estate located at:

Homeowners insurance broker ________________________
Firm ________________________ Phone ______________
Address ________________________

Digital Audit

Account Type ______________________________________
Company _________________________________________
Username _________________________________________
Password _________________________________________

Account Type ______________________________________
Company _________________________________________
Username _________________________________________
Password _________________________________________

Account Type ______________________________________
Company _________________________________________
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Password _________________________________________

Account Type ______________________________________
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Copies of my income tax returns are located at:

________________________________________________________________________
For additional copies of this booklet, please contact us at:

Presbyterian Foundation
200 E 12th Street, Jeffersonville, IN 47130
800-858-6127  presbyterianfoundation.org