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 __________________

Serial Number __________________________

Type ________________________________ Face Value __________________

Issue Date ___________________________ Maturity Date __________________

Serial Number __________________________

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 ____________________________
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

I own a  ☐ Cemetery plot  ☐ Cemetery vault  ☐ None

Name ____________________________
Location ____________________________ Section # _____ Plot # _____
Location of Deed ____________________________
Other funeral arrangements ____________________________

BANK ACCOUNTS & SAFE DEPOSIT BOX

BANK NAME ____________________________
☐ Checking  ☐ Saving  Account # ____________________________
  ☐ Joint  ☐ Individual

BANK NAME ____________________________
☐ Checking  ☐ Saving  Account # ____________________________
  ☐ Joint  ☐ Individual

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 ____________________________

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Address</th>
<th>Specialty</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN</td>
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<tr>
<td>PHYSICIAN</td>
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<tr>
<td>CLERGY PERSON</td>
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<tr>
<td>ATTORNEY</td>
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<tr>
<td>ACCOUNTANT</td>
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<tr>
<td>INSURANCE AGENT</td>
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<tr>
<td>TRUST OFFICER</td>
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<tr>
<td>INVESTMENT BROKER</td>
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</tbody>
</table>

### CHARITABLE GIVING

#### LOCAL CHURCHES

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Tax ID #</th>
</tr>
</thead>
</table>

#### NATIONAL CHURCH

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Tax ID #</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
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<th>Tax ID #</th>
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#### MISSION ORGANIZATIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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#### OTHER

<table>
<thead>
<tr>
<th>Name</th>
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<th>Tax ID #</th>
</tr>
</thead>
</table>
PERSONAL CREDITORS

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 __________________________

Username __________________________

Password __________________________