

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.

Name _____

Date Revised _____ Dates Reviewed _____

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 _____

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

PHYSICIAN _____

Address _____

Specialty _____ Phone _____

PHYSICIAN _____

Address _____

Specialty _____ Phone _____

CLERGY PERSON _____

Address _____

Phone _____

ATTORNEY _____

Address _____

Phone _____

ACCOUNTANT _____

Address _____

Phone _____

INSURANCE AGENT _____

Address _____

Phone _____

TRUST OFFICER _____

Address _____

Phone _____

INVESTMENT BROKER _____

Address _____

Phone _____

OTHER _____

Address _____

Phone _____

Charitable Giving

LOCAL CHURCHES

Name _____

Address _____

Tax ID # _____

Name _____

Address _____

Tax ID # _____

NATIONAL CHURCH

Name _____

Address _____

Tax ID # _____

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

Name _____

Address _____

Tax ID # _____

Name _____

Address _____

Tax ID # _____

MISSION ORGANIZATIONS

Name _____

Address _____

Tax ID # _____

Name _____

Address _____

Tax ID # _____

OTHER

Name _____

Address _____

Tax ID # _____

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 _____

Username _____

Password _____

Account Type _____

Company _____

Username _____

Password _____

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



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