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Christian Estate Planning Guide

To assist those persons who will survive you, this guide has been developed for you to complete.

Name: _____

NOTES FOR MY CONGREGATION

From: _____
Date: _____
Baptism Date: _____
Confirmation Date: _____
Birth Date: _____
Birth Place: _____
S.S. #: _____

1. Name of Church and Pastor: _____

2. Burial is Desired From: Church Chapel Funeral Home

3. Preference of Undertaker: _____

4. Funeral Instructions: *(i.e., closed or open casket, cremations, donation of body, plot location)*

5. Hymns: *(Congregation to sing, solo, etc.)* _____

6. **Scripture Lessons:** _____

7. **In My Memory, Contributions May be Made To:** *(List church or charity)*

8. **Please Call the Following Individuals:**

- a) Name: _____ Phone: (_____)_____
- b) Name: _____ Phone: (_____)_____
- c) Name: _____ Phone: (_____)_____
- d) Name: _____ Phone: (_____)_____
- e) Name: _____ Phone: (_____)_____
- f) Name: _____ Phone: (_____)_____

9. **Pall Bearers:**

- a) Name: _____ Phone: (_____)_____
- b) Name: _____ Phone: (_____)_____
- c) Name: _____ Phone: (_____)_____
- d) Name: _____ Phone: (_____)_____
- e) Name: _____ Phone: (_____)_____
- f) Name: _____ Phone: (_____)_____

FUNERAL ARRANGEMENTS

1. **Funeral Director:**

- a) Name: _____
Address: _____
City, State Zip : _____ Phone: (_____)_____

2. Special Burial Instructions:

a) Cemetery: _____
Address: _____
City, State Zip: _____
Lot Number: _____ Location: _____
Deed is located: _____

b) Disposition: *(Check only those which apply.)*

- Memorial Service without casket.
- Closed Casket Service with remains.
- Open Casket Service with remains.
- Cremation of remains. Disposition of ashes to be in the following manner:

- Portions of my body are authorized to be used for medical purposes.
Specific organs and instructions are as follows:

- If necessary, or desirable, I authorize a postmortem autopsy.

Additional instructions: _____

3. Funeral Services:

a) To be held at: *(Check one or both.)* Funeral Home Church

b) Church: _____ Community: _____

c) Music: *(Check if desired.)* Soloist Congregational Singing

Selections: _____

d) Other requests: _____

e) Memorials to be designated to the following groups, agencies, organizations and/or charities

4. Obituary Information:

a) Date of Birth: _____ Place: _____

b) Date of Baptism: _____ Church: _____

c) Date of Confirmation: _____ Church: _____

d) Marriage Information:

• Date: _____ To Whom: _____ Where: _____

• Date: _____ To Whom: _____ Where: _____

e) Education: _____

f) Places and types of employment: _____

g) Member of the following clubs and organizations: *(indicate any areas of special service or honors received)* _____

h) Offices held: _____

i) Church Offices held: _____

j) Survivors: *(Include names and addresses.)*

- Spouse: _____
- Children: _____

- Grandchildren: *(number?)* _____ Great-grandchildren: _____
- Parents: _____
- Brothers and Sisters: _____

- Other relatives and friends of special mention: _____

k) Preceded in death by: *(Parents, spouse, children, brothers and sisters)*

l) Please call the following individuals and inform them of my death:

- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____

- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____
- Name: _____ Phone: (_____) _____

PERSONAL PROPERTY LIST

Sample Personal Property List:

In accordance with the provision in my Last will and Testament, I leave the following described personal property to the following named individuals:

To My Son Matthew:

My Remington 12 gauge shotgun.
My stamp collection.
The oak mantle clock which belonged to my paternal grandfather.

To My Son Mark:

My coin collection.
The gold watch which belonged to my father.
The walnut bookcase which belonged to my maternal grandfather.

To My Son Luke:

All my personal jewelry including my rings, wristwatches, etc.
My library.

To My Daughter Sarah:

My antique maple bedroom suite.
My antique daybed and oak rocking chair which belonged to my grandmother.
My wife's jewelry.
All pictures and paintings which I own at the time of my death.

Dated: _____ Signed: _____

▲ Sample Personal Property List ▲

Using this example, create your own Personal Property List on the following page.

PERSONAL PROPERTY LIST

In accordance with the provision in my Last will and Testament, I leave the following described personal property to the following named individuals:

Dated: _____

Signed: _____

LAST WILL AND TESTAMENT

In grateful appreciation to God for His tremendous blessings to me during my lifetime, especially the Spirit-given faith in His Son, Jesus Christ, my Savior, I provide the following information for my surviving loved ones.

1. Location of my Last Will and Testament: _____

2. Date signed: _____

3. My heirs are:

a) Name: _____
Address: _____
City, State Zip: _____
Relationship: _____ Amount or percent: _____

b) Name: _____
Address: _____
City, State Zip: _____
Relationship: _____ Amount or percent: _____

c) Name: _____
Address: _____
City, State Zip: _____
Relationship: _____ Amount or percent: _____

d) Name: _____
Address: _____
City, State Zip: _____
Relationship: _____ Amount or percent: _____

e) Name: _____
Address: _____
City, State Zip: _____
Relationship: _____ Amount or percent: _____

f) Name: _____
Address: _____
City, State Zip: _____
Relationship: _____ Amount or percent: _____

g) Name: _____
Address: _____
City, State Zip: _____
Relationship: _____ Amount or percent: _____

h) Name: _____
Address: _____
City, State Zip: _____
Relationship: _____ Amount or percent: _____

4. My Personal Representative is:

a) Name: _____ Phone: (_____) _____
Address: _____
City, State Zip: _____

b) Alternate: _____ Phone: (_____) _____
Address: _____
City, State Zip: _____

5: My Attorney is:

a) Name: _____ Phone: (_____) _____
Address: _____
City, State Zip: _____

6. My Tax Accountant is:

a) Name: _____ Phone: (_____) _____
Address: _____
City, State Zip: _____

TRUST INFORMATION

1. Type(s) of trusts: *(Check those that apply and list trustee.)*

- Testamentary: _____
- Charitable Annuity: _____
- Unitrust: _____
- Pour-over Unitrust: _____
- Lead Trust: _____
- Funeral: _____
- Other, including Pooled Income Fund: _____

2. For details, including assets, beneficiaries and terms of disposition, see trust agreements located:

ANNUITY INFORMATION

1. List of Annuities:

- a) Face Amount: _____ Income: _____
Company/Charity: _____
Address: _____
City, State Zip: _____
Representative: _____ Phone: (_____) _____
- b) Face Amount: _____ Income: _____
Company/Charity: _____
Address: _____
City, State Zip: _____
Representative: _____ Phone: (_____) _____
- c) Face Amount: _____ Income: _____
Company/Charity: _____
Address: _____
City, State Zip: _____
Representative: _____ Phone: (_____) _____

- d) Face Amount: _____ Income: _____
Company/Charity: _____
Address: _____
City, State Zip: _____
Representative: _____ Phone: (_____) _____
- e) Face Amount: _____ Income: _____
Company/Charity: _____
Address: _____
City, State Zip: _____
Representative: _____ Phone: (_____) _____
- f) Face Amount: _____ Income: _____
Company/Charity: _____
Address: _____
City, State Zip: _____
Representative: _____ Phone: (_____) _____

2. Annuity documents are located: _____

STOCKS, BONDS AND INVESTMENT FUNDS

1. List of holdings. (Give number of shares, type - corporate, government, municipal, utility, etc., and name.)

- a) _____

Date purchased: _____ Cost basis: _____
- b) _____

Date purchased: _____ Cost basis: _____
- c) _____

Date purchased: _____ Cost basis: _____

d) _____

Date purchased: _____ Cost basis: _____

e) _____

Date purchased: _____ Cost basis: _____

f) _____

Date purchased: _____ Cost basis: _____

g) _____

Date purchased: _____ Cost basis: _____

2. My broker is:

a) Name: _____ Phone: (_____)_____

Address: _____

City, State Zip: _____

Additional list attached. (Check if applicable and attach.)

BANKING INFORMATION

1. Banks, Savings & Loan, Credit Unions:

a) Name: _____

Address: _____

City, State Zip: _____

Representative: _____ Phone: (_____)_____

Savings – Account Number(s): _____

Checking – Account Number(s): _____

Loan – Loan Number: _____ Amount: _____

b) Name: _____

Address: _____

City, State Zip: _____

Representative: _____ Phone: (_____) _____

Savings – Account Number(s): _____

Checking – Account Number(s): _____

Loan – Loan Number: _____ Amount: _____

c) Name: _____

Address: _____

City, State Zip: _____

Representative: _____ Phone: (_____) _____

Savings – Account Number(s): _____

Checking – Account Number(s): _____

Loan – Loan Number: _____ Amount: _____

d) Name: _____

Address: _____

City, State Zip: _____

Representative: _____ Phone: (_____) _____

Savings – Account Number(s): _____

Checking – Account Number(s): _____

Loan – Loan Number: _____ Amount: _____

2. Other: _____

3. Safe Deposit Box:

Location: _____ Key Number: _____

4. Bank Statements, canceled checks and documents for tax purposes:

Location: _____

5. Personal Safe Combination:

Located in safe deposit box

Also known by: _____

INSURANCES

1. Life Insurances: (– Check, if applicable)

a) Company: _____ Phone: (_____) _____

Representative: _____

City, State Zip: _____

Policy Number: _____ Face Amount: _____

Loan? Amount: _____

b) Company: _____ Phone: (_____) _____

Representative: _____

City, State Zip: _____

Policy Number: _____ Face Amount: _____

Loan? Amount: _____

c) Company: _____ Phone: (_____) _____

Representative: _____

City, State Zip: _____

Policy Number: _____ Face Amount: _____

Loan? Amount: _____

d) Company: _____ Phone: (_____) _____

Representative: _____

City, State Zip: _____

Policy Number: _____ Face Amount: _____

Loan? Amount: _____

e) Company: _____ Phone: (_____) _____

Representative: _____

City, State Zip: _____

Policy Number: _____ Face Amount: _____

Loan? Amount: _____

2. Policies are located: _____

3. Other Insurances:

a) Automobile Insurance Company: _____
Agent: _____ Phone: (_____) _____
Policy Number: _____ Policy Location: _____

b) Medical Insurance Company: _____
Agent: _____ Phone: (_____) _____
Policy Number: _____ Policy Location: _____

c) Homeowner's Insurance Company: _____
Agent: _____ Phone: (_____) _____
Policy Number: _____ Policy Location: _____

d) Business Insurance Company: _____
Agent: _____ Phone: (_____) _____
Policy Number: _____ Policy Location: _____

e) Special Liability Company: _____
Agent: _____ Phone: (_____) _____
Policy Number: _____ Policy Location: _____

4. Special Insurances:

a) Clubs, Organizations (i.e. AAA, American Express, Diners, Mobil, Shell, etc.)

- Policy: _____ Location: _____ Amount: _____
- Policy: _____ Location: _____ Amount: _____
- Policy: _____ Location: _____ Amount: _____

b) Employer Insurances: (Health, Life, Accident, etc.)

- Policy: _____ Location: _____ Amount: _____
- Policy: _____ Location: _____ Amount: _____
- Policy: _____ Location: _____ Amount: _____

c) Other:

- Policy: _____ Location: _____ Amount: _____
- Policy: _____ Location: _____ Amount: _____
- Policy: _____ Location: _____ Amount: _____

OTHER DOCUMENTS

1. Credit Cards:

- a) Company: _____ Card Number: _____
- b) Company: _____ Card Number: _____
- c) Company: _____ Card Number: _____
- d) Company: _____ Card Number: _____
- e) Company: _____ Card Number: _____
- f) Company: _____ Card Number: _____
- g) Company: _____ Card Number: _____
- h) Company: _____ Card Number: _____
- i) Company: _____ Card Number: _____
- j) Company: _____ Card Number: _____

If cards are lost (missing after an accident, etc.), notify companies immediately.

2. General:

- a) Birth Certificate is located: _____
- b) Title Insurance(s) are located: _____
- c) Automobile/Trust Titles and Registrations are located: _____
- d) Income Tax Records are located: _____
- e) Naturalization and/or Citizenship Papers are located: _____

f) Copyrights/Patents are located: _____

g) Special Keys and their locations: _____

h) My Social Security Number is: _____

i) My Medicare/Medicaid Number is: _____

j) My Veterans Benefits Number is: _____

3. Pension and Retirement Benefits: *(Pension and retirement benefits will be forthcoming from the following sources and in the following amounts:)*

a) Pensions:

• Company: _____ Amount: _____

• Company: _____ Amount: _____

• Company: _____ Amount: _____

• Company: _____ Amount: _____

b) Keogh or IRAs:

• Savings Institution: _____ Amount: _____

• Savings Institution: _____ Amount: _____

• Savings Institution: _____ Amount: _____

• Savings Institution: _____ Amount: _____

BUSINESS INTERESTS

1. Partnerships, corporations, proprietorships, etc.:

a) Percentage of Ownership: _____

Description of Business or Asset: _____

b) Percentage of Ownership: _____

Description of Business or Asset: _____

c) Percentage of Ownership: _____

Description of Business or Asset: _____

HOME INFORMATION

1. My/Our home is registered as follows:

- a) Name(s): _____
The deed can be found: _____
Purchase price: _____ Date: _____
Estimated value now: _____ Mortgage Amount: _____

ADDITIONAL REAL ESTATE

1. Real estate in addition to my/our home:

- a) Nature of Ownership: _____
Purchase price: _____ Date: _____
Estimated value now: _____ Mortgage Amount: _____
- b) Nature of Ownership: _____
Purchase price: _____ Date: _____
Estimated value now: _____ Mortgage Amount: _____
- c) Nature of Ownership: _____
Purchase price: _____ Date: _____
Estimated value now: _____ Mortgage Amount: _____
- d) Nature of Ownership: _____
Purchase price: _____ Date: _____
Estimated value now: _____ Mortgage Amount: _____
- e) Nature of Ownership: _____
Purchase price: _____ Date: _____
Estimated value now: _____ Mortgage Amount: _____
- f) Nature of Ownership: _____
Purchase price: _____ Date: _____
Estimated value now: _____ Mortgage Amount: _____

2. Additional information on these properties can be found: _____

3. For assistance with any of this contact:

a) Name: _____ Phone: (_____) _____
Address: _____
City, State Zip: _____

DEBTS DESCRIPTION

1. Long term obligations, other than mortgages and business partnerships listed earlier include:

a) Type of Debt and Description: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

b) Type of Debt and Description: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

c) Type of Debt and Description: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

d) Type of Debt and Description: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

e) Type of Debt and Description: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

z

f) Type of Debt and Description: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

(DEBTS DESCRIPTION, continued)

2. Covered by Insurance? Yes No

3. Additional information and instructions: _____

DEBTS OWED TO US AND BY WHOM

a) Owed By: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

b) Owed By: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

c) Owed By: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

d) Owed By: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

e) Owed By: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

f) Owed By: _____
Location of Documents: _____
Terms: _____ Present Balance: _____

