

YOUR ESTATE PLANNING RECORD



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1. PERSONAL AND FAMILY INFORMATION

Date _____

Full Name _____

Other Names Used _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____ Fax _____

Date of Birth _____ Social Security Number _____ Employer _____

Veteran? Yes No Service Number _____ VA Number _____

Any Disability? Yes No Explain _____

Marital Status _____ Years Married _____

Name of Spouse/Partner _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____ Employer _____

Prior Marriages _____

NEAREST RELATIVES

List in order: (1) Children, (2) Grandchildren, (3) Brothers and/or Sisters, (4) Parents

Full Name	Relationship	Age	Address

2. EXISTENCE AND LOCATION OF IMPORTANT DOCUMENTS

Keep documents such as the following in a safe and designated location. Check each box for the documents that exist.

- | | | |
|--|--|---|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Disability and health insurance policy |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Title deeds | <input type="checkbox"/> Life insurance policy |
| <input type="checkbox"/> Citizenship papers | <input type="checkbox"/> Automobile ownership | <input type="checkbox"/> Property insurance policy |
| <input type="checkbox"/> Marriage license | <input type="checkbox"/> Income tax returns | <input type="checkbox"/> Cemetery plot certificate of ownership |
| <input type="checkbox"/> Marriage contract | <input type="checkbox"/> Bank account records | <input type="checkbox"/> Certificate of funeral arrangements |
| <input type="checkbox"/> Separation/divorce papers | <input type="checkbox"/> Company pension plan documents | <input type="checkbox"/> Other valuables |
| <input type="checkbox"/> Military discharge | <input type="checkbox"/> Stock and bonds | |
| <input type="checkbox"/> Children's birth certificates | <input type="checkbox"/> Retirement Accounts [401(k), 403(b), IRA, etc.] | |
| <input type="checkbox"/> Children's passports | | |
| <input type="checkbox"/> Existing will | | |

Other information _____

Safety deposit box, bank and box number _____

Location of the key to the safety deposit box _____

DEBTS OWING TO YOU

Itemize from whom and amount of debt _____

DEBTS YOU OWE

List bank or other creditors and amount of debt, including any mortgage

3. AN INVENTORY OF YOUR ESTATE

1. PERSONAL PROPERTY

A. Household furnishing and furniture, artworks, books, musical instruments, automobiles, jewelry, etc. List items for special consideration individually. You may group other items.

Item	If jointly held, with whom?	Value
Total Approximate Value		

B. Cash (checking accounts, savings accounts, CDs, etc.)

Bank	Address	If jointly held, with whom?	Value
Total			

C. Stocks, Bonds (government or other), Mutual Funds, etc.

Company	Cost basis	If jointly held, with whom?	Present value
Total			

D. Money held in mortgages, personal loans, etc.

Item	Address	If jointly held, with whom?	Amount
Total			

E. IRAs

Institution name	If jointly held, with whom?	Amount
Total		

F. Pension Plans

Institution name	If jointly held, with whom?	Amount
Total		

G. Deferred Compensation

Institution name	If jointly held, with whom?	Amount
Total		

H. Annuities

Institution name	If jointly held, with whom?	Amount
Total		

2. REAL PROPERTY (REAL ESTATE, BUILDINGS, LAND, ETC.)

Description of Property	Location	If jointly held, with whom?	Value
Total Approximate Value			

3. INSURANCE (PERSONAL AND GROUP LIFE POLICIES, ETC.)

If the beneficiary of any of your life insurance policies predeceases you, leaving no other beneficiary, the insurance would be payable to your estate and therefore should be covered by your Will.

Description of Property	Type of Policy	Beneficiary	Amount
Total Amount			

4. BUSINESS INTEREST, PARTNERSHIPS, ETC.

Type	Name	If jointly held, with whom?	Value
Total Approximate Value			

TOTAL OF ALL ASSETS (1-4)	
----------------------------------	--

5. APPROXIMATE DEBTS AND MORTGAGES AGAINST YOUR ESTATE

To whom owed	Address	Amount
Total Indebtedness		

DETERMINE NET ESTATE VALUE

Total Assets	
Minus Total Indebtedness	-\$
Net Estate Value	

4. LIFE INCOME ARRANGEMENTS

Do you possess any of the following? If yes, describe.

Charitable Trusts

Yes No

With whom? _____

Testamentary Trusts

Yes No

With whom? _____

Charitable Gift Annuities

Yes No

With whom? _____

Pooled Funds

Yes No

With whom? _____

Living Trusts

Yes No

With whom? _____

Revocable Trusts

Yes No

With whom? _____

5. DISTRIBUTION OF YOUR ESTATE

To whom do you want to leave your property?

You do not need to describe every item of your personal or real property in your Will. You would only list a specific item or piece of land that you want to go to a certain individual. And if you wish to name a specific sum of money or percentage of your estate to a person or organization, you would state the amount or percentage and the name.

SPECIFIC BEQUESTS

Person or organization	Address	Item, property or money

After the specific bequests, if any, the easiest way to divide the remainder of your estate is by percentages. Name the persons or organizations you wish to remember, then state what percent of the total remaining amount of your estate each is to receive.

Person or organization	Address	Percentage

6. NAME OF YOUR EXECUTOR

An Executor is one who is appointed by you to carry out the terms of your Will. If you do not name an Executor in your Will, the court will appoint an administrator. He or she may not be the one you would have appointed, so you may want to name the person of your choice.

Executor

With Bond Without Bond

Name _____

Address _____

City _____ State _____ Zip _____

Alternate Executor

With Bond Without Bond

Name _____

Address _____

City _____ State _____ Zip _____

Corporate Executor

With Bond Without Bond

Name _____

Address _____

City _____ State _____ Zip _____

PLEASE NOTE

Your Executor may need access to usernames and passwords for online accounts for banks, credit cards, etc. This list should be on paper, not computer, and kept in a secure place accessible to a trusted person.

7. CARE FOR YOUR CHILDREN

Name their Guardian

If you have minor children, you should name a Guardian for them in your Will. This person will have charge of the children and the property you have willed to them. You can separate these responsibilities by having a Guardian for the children and an Executor or Trustee for the estate. The Executor will hold the property and expend it as your Will directs.

Name of Guardian _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Alternate Guardian _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Name of Trustee _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Alternate Trustee _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip** _____

8. EDUCATION ACCOUNTS

Account type	Account number	Financial institution/trustee	Phone number	Beneficiary name(s)
Education IRA/ Coverdell ESA				
529 qualified tuition plan				
Custodial account(s)				

9. MY PROFESSIONAL ADVISORS

My Minister Name _____

Address _____ City _____ State _____ Zip _____

My Insurance Agent Name _____

Address _____ City _____ State _____ Zip _____

My Attorney Name _____

Address _____ City _____ State _____ Zip _____

My Accountant Name _____

Address _____ City _____ State _____ Zip _____

My Banker or Trust Officer Name _____

Address _____ City _____ State _____ Zip _____

My Stockbroker Name _____

Address _____ City _____ State _____ Zip _____

The location of my tax records

Address _____ City _____ State _____ Zip _____

The location of my safe deposit box

Address _____ City _____ State _____ Zip _____

The location of my Will

Address _____ City _____ State _____ Zip _____

10. MY FUNERAL INSTRUCTIONS

A. Name of the funeral home _____

Telephone _____

B. Instruction for the manner of burial or cremation _____

Cemetery _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Type of funeral service I prefer _____

I direct that my body be used for these medical purposes _____

Please suggest memorial gifts to the following:

Organization _____

Address _____

City _____ State _____ Zip _____

Organization _____

Address _____

City _____ State _____ Zip _____

Organization _____

Address _____

City _____ State _____ Zip _____

Other arrangements as follows:

Altar flowers _____

Musicians _____

Ushers _____

Pallbearer _____

Speakers (if desired) _____

Please sing the following hymns _____

11. CHARITABLE INTERESTS

Things you may wish to consider:

You may want to remember several religious or charitable interests as part of your estate planning process. Some of these might include:

UCC-related interest:

My congregation _____

My UCC conference (including camps and youth ministries) _____

UCC national ministries _____

UCC seminaries _____

UCC health and human service agencies _____

UCC colleges and universities _____

Ecumenical church-related interests _____

Other charitable interests _____

For more information about including a gift to a UCC church or ministry as part of your estate plan, contact:

United Church Funds

Phone: 877-806-4989

Email: info@ucfunds.org

To access a PDF of this booklet: ucfunds.org/planned-giving

NOTES

Investing with a Mission:

Performance Beyond the Numbers



United Church Funds

475 Riverside Drive, Suite 1020
New York, NY 10115

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 @UCFunds

 ucfunds

 united-church-funds