

# 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.



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 \_\_\_\_\_



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



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