

Estate Planning

“Do not neglect to do good and to share what you have, for such sacrifices are pleasing to God.”

Hebrews 13:16



**LIVING TRUST
&
ESTATE PLANNING**

Writing a will is a loving and responsible act for the sake of your family. Here are a few helpful suggestions on how to prepare to write your will.

BEFORE SEEING AN ATTORNEY...

- Make a list of everyone for whom you are responsible.
- List everyone that you would like to remember in your will.
- List all of your material assets.
- After subtracting your debts, match the names with the assets or consider giving a portion of your total estate to each individual. Take care of your family first. This is also the time to consider special friends and your church.
- Consider establishing a trust if your estate is large enough.
- Ask your chosen estate administrator (sometimes called executor/executrix) if he or she is willing to serve.
- Consult with the people you select as guardians of your children (where minors and other dependents are involved).
- Talk with your priest to explore the ministries of the church that could best be funded with a gift from your will.

BEQUESTS IN YOUR WILL CAN TAKE SEVERAL FORMS ...

- An outright monetary bequest.
- A percentage of an estate.
- A specific asset, such as personal or real property.
- A testamentary trust created in a will.
- A contingent beneficiary, i.e., the church receives the assets if there are no surviving beneficiaries.
- Note: A bequest to the church is deductible from the value of your estate for tax purposes.

AFTER MAKING YOUR WILL...

- Make sure someone knows where your will is located.
- Do not place funeral instructions in a safe- deposit box. Generally, services will be over by the time your administrator checks your bank box. Instead, leave a copy of your funeral plans and wishes with your priest and a member of your family.
- Review your will from time to time with your legal advisor. Laws, assets, and personal interests often change over time.

SAMPLE FORMS OF BEQUEST

Specific Amount:

I, _____, hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Episcopal Church, 123 Main Street, Anywhere, MyState, 00000, the sum of \$XX,XXX to be used at their discretion to assist in the ministries of the Church.

Percentage Amount:

I, _____, hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Episcopal Church, 123 Main Street, Anywhere, MyState, 00000, XX% of the rest, residue, and remainder of my estate, to be used at their discretion to assist in the ministries of the Church.

Contingency Bequest:

In the event the beneficiaries of bequests and devises herein predecease me, or, in the case of institutions, cease to be organizations described in section 501(c)(3) of the Internal Revenue Code, I, _____, hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Episcopal Church, 123 Main Street, Anywhere, MyState, the rest, residue and remainder of my estate, to be used at their discretion to assist in the ministries of the Church.

For more information on various types of bequests visit
The Church Foundation's Charitable Giving page:
www.tcfdiopa.org/charitable-bequest.

Notes:

Including a Christian Preamble

A Christian preamble to your will provides a significant opportunity to share your faith with family and friends. Through this personal statement of your faith, an important message will be delivered to those who love and know you best. This message of faith comes at a time of grief and loss and serves as a reminder to them to place their trust in Jesus Christ as you have. Remember, this may be the last document they read about you, their loved one.

As you, together with your attorney, prepare your will/estate plan, give prayerful consideration to adding a Christian preamble such as:

I _____, of the City _____
of _____, County of _____, and
State of _____, being of sound mind and memory and being under no
restraint, do make, declare and publish this my last will and testament, hereby revoking all wills and
codicils heretofore made by me. In thanksgiving to God for the gifts of life given in baptism, and for
the many blessings God has showered upon me; and in thanksgiving to God for the gifts of faith
and hope through Jesus Christ; and in thanksgiving to God for the gifts of nurture and love through
the Church where we have shared faith and fellowship; I now commend my loved ones to grow in
this same faith, being true to their own baptisms, knowing that God will continue to provide for
them in their lifetimes; I encourage them to place their faith and trust in our Lord and Savior.

(The particulars of the will would follow, leaving gifts to family and friends, but also an articulation
of the gifts you might leave to the various ministries of the Church).

FOR ASSISTANCE, CONTACT:

The Church Foundation

23 East Airy Street

Norristown, PA 19401

Lori Daniels, Executive Director: lolid@diopa.org

Ryan Campbell, Operations Manager: rcampbell@diopa.org

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Legal Name:

Name (Print)

Email

Social Security Number

(Street Address, PO Box, and/or Apartment #)

(City/State/Zip)

Country

Date of Military Service (If Applicable)

Discharge Location and Serial Number

Do you have a Will? Yes No *(If no, skip to "Family Information")*

Since making your last will, have you:

Moved to another state? Yes No

Sold or bought property? Yes No

Celebrated the birth of a child or grandchild? Yes No

Changed your mind about your executor? Yes No

Changed your mind about the guardian for your child? Yes No

Done family financial and charitable gift planning? Yes No

Marital Status:

Single

Married

Partner
Civil Union

Divorced

Remarried

Separated

Widowed

If the answer is yes to any of the above, your will may need to be updated. Complete the questions on the following pages.

Notes:

Family Information

Spouse's Legal Name:

Spouse's Name (Print)

Spouse's Date of Birth

Spouse's Email

Spouse's Social Security Number

Spouse's Street Address, PO Box, and/or Apartment #

City, State, Zip Code

County

Children (Including those legally adopted)

(Full Name)

(Full Address)

(Date of Birth)

Notes:

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Family Information

Other Dependants

(Full Name)

(Full Address)

(Date of Birth)

Other Loved Ones

(Full Name)

(Full Address)

(Date of Birth)

Notes:

Person(s) to be the Guardian(s) of my Child(ren)

Full Name

Phone Number

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Full Name

Phone Number

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Executor(s) (Person(s) to be the personal representative of my estate):

Full Name

Phone Number

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Full Name

Phone Number

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Full Name

Phone Number

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Notes:

Beneficiary Information: (Persons, Parish/Missions or charitable associations you wish to thank for being part of your life.)

Full Name

Full Name

Full Name

Residual Beneficiary (The final or residual beneficiary receives what is left over after all other bequests have been paid according to your will. Please consider naming your Parish/Mission or The Episcopal Diocese of Pennsylvania as a residual beneficiary.)

Location of Records

Will

Living Will

Birth Certificate

Social Security Card

Tax Records

Safe Deposit Box & Key

Insurance Policies

Funeral Directions

Durable Power of Attorney

Durable Power of Attorney
(Healthcare)

Notes:

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Present Annual Income:

Salary \$ _____ Investment Income \$ _____

Other \$ _____ Total \$ _____

Property (Real Estate):

Description & Location	Original Cost	Present Market Value	Mortgage Amount
1 _____			
2 _____			
3 _____			
4 _____			

Leases:

Description & Location	Original Cost	Present Market Value	Mortgage Amount
1 _____			
2 _____			
3 _____			

Stock:

Description & Location	Original Cost	Present Market Value	Mortgage Amount
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			

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Bank & Retirement Accounts (IRA, etc.) / Other Income Producing Accounts:

	Name of Institution	Type	Account Number
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Insurance Policies:

	Company	Policy Name	Face Value	Cash Value
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Other Assets:

	Description	Location	Present Market Value	Cost
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Notes:

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Monthly Expenses:

House Repairs: \$ _____ Auto Expense: \$ _____ Clothing: \$ _____
Personal Care: \$ _____ Mortgage/Rent \$ _____ Insurance \$ _____
Utilities: \$ _____ Taxes: \$ _____ Medical/Dental: \$ _____
Recreation: \$ _____ Other: \$ _____ Total: \$ _____

Projected Retirement Income

Continues to Spouse

Social Security: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Pension Plans: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Retirement Accounts: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Charitable Trusts: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Stock Dividends: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Gift Annuities: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Pooled Income Fund: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Mortgages: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Royalties: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half
Other (Describe Below): \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Half

Notes:

Advisors

Accountant

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Attorney:

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Banker(s):

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Notes:

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Broker:

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Insurance Agent:

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Priest

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Trust Officer:

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Notes:

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Other Advisors:

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Full Name

Phone Number/Email

Street Address, PO Box, and/or Apartment #, City, State, Zip Code

Additional Notes/Comments:

Signature

Date

