# My Estate Planning Workbook



A complimentary guide to help you gather and organize the essential information you will need to complete your estate planning.

Please note: this is not a legal document. It is simply a tool for organizing your information to share with your attorney and financial advisor completing your estate plan. You might also find it helpful to share with your family, power of attorney, trustee or estate executor.

339 E. Jamestown Rd. Greenville, PA 16125

724-588-7610 www.stpauls1867.org

# **MY PERSONAL INFORMATION**

Date:					
Full Legal Name	e:				
Maiden/Previo	us Names:				
Address:					
City:		State:			Zip Code:
Phone:		Mobile:		Email:	
Date of Birth:			Social Security	Number:	
Employer:				Job Title:	
Date Retired:					
Veteran?	Service Number: (if applicable)			VA Number:	
Serv	vice-Related Disabili	ty? Det	ails:		
Marital Status:	Single	Married	Widowed	Divorced	
Name of Spous	e:				
Date of Birth:			Social Securit	y Number:	
Veteran?	Service Number: (if applicable)			VA Number:	
Serv	vice-Related Disabilit	:y? Deta	ils:		
Date Married:	Locat	ion Married:		Date Widowed	:
PREVIOUS MAR	RIAGE:				
Former Spouse:					
Date Married:		Location N	Married:		
Reason Marriag	e Ended: De	ath Div	vorce Date:		

#### **MY FAMILY INFORMATION**

List in order the family members you want to include in your estate plan.

1. Children 2. Grandchildren 3. Brothers/Sisters 4. Parents 5. Nieces/Nephews

#### MY IMPORTANT DOCUMENTS

Use this checklist to keep track of the existence and location of important documents.

Safe Deposit Box (SDB) Number: Key Location:

Bank: Authorized Access:

Fireproof Safe (FPS) Location: Combination/Key Location:

Important File Location:

Box Location:

SDB FPS File Box Other Location

SDB FPS File Box Other Location

Adoption Papers Pre-Planned Funeral

Annuity Contracts Retirement Information

Appraisals Retirement Accounts

Automobile Titles Revocable Living Trust

Bank Account Records Social Security Information

Benefit Statements Stock Certificates

Birth Certificates Technology Login Info

Bonds Titles

Cemetery Plot Deeds Trust Agreements

Citizenship Papers Will

Credit Card Statements Other Documents:

**Death Certificates** 

Deeds

Divorce Decree

**Income Tax Returns** 

**Insurance Policies:** 

Accident

Auto Advance Directives:

Disability Living Will

Health DNR Order

Life Durable Power

Long Term Care of Attorney

Property Healthcare Power

Lease Agreements of Attorney

Physician's Order Marriage Certificates for Life-Sustaining

Military Records Treatment (POLST)

Mortgage Documents

**Mutual Fund Shares** 

**Nuptial Agreement** 

Other Securities

Passport

**Pension Information** 

#### **MY ASSET INVENTORY**

# 1. Real Estate (main residence, camp, vacation home, etc.)

Location	Purchase Cost	Current Value	Mortgage Owed	Current Value - Mortgage Owed Total Value
	Location	Location	Location	Location

#### **TOTAL APPROXIMATE VALUE:**

# 2. Personal Belongings

Type of Propery	Ownership	Current Value
Furniture/Furnishings		
Jewelry		
Antiques/Collections		
Artwork		
Tools & Equipment		
Musical Instruments		
Automobiles		
Firearms		

# 3. Cash (checking accounts, savings accounts, certificates of deposit, etc.) Bank Address Ownership Value TOTAL APPROXIMATE VALUE:

# 4. Stocks, Bonds and Mutual Funds

Company	Cost Basis	Ownership	Present Value

#### **TOTAL APPROXIMATE VALUE:**

#### 5. Retirement Plans

Institution Name	Account #	Phone Number	Beneficiary	Amount

#### 6. Pension Plans

Institution Name	Account #	Phone Number	Beneficiary	Amount

#### **TOTAL APPROXIMATE VALUE:**

# 7. Deferred Compensation

Institution Name	Address	Ownership	Amount

#### **TOTAL APPROXIMATE VALUE:**

#### 8. Annuities

Institution Name	Account #	Ownership	Amount

#### 9. Life Insurance

Company	Type of Policy	Policy Number	Beneficiary	Amount

#### **TOTAL APPROXIMATE VALUE:**

# 10. Business Agreements (relating to interests in corporations, partnerships & sole proprietorships)

Туре	Company	Address	Value

#### **TOTAL APPROXIMATE VALUE:**

#### 11. Money Owed to You (from personal loans, mortgages, rental agreements, etc.)

With Whom	Address	Type of Debt	Current Value

**MY DEBT INVENTORY** (Do not include mortgages as these are already accounted for in your Real Estate Asset Inventory. Include any other debts such as credit cards and personal loans.)

Company	Account Number	Address	Type of Debt	Amount

#### **TOTAL DEBTS:**

#### **MY ESTATE SUMMARY**

**Real Estate Total:** 

Personal Belongings Total:

**Cash Total:** 

Stocks, Bonds, Mutual Funds Total:

**Retirement Plans Total:** 

**Pensions Total:** 

**Deferred Compensation Total:** 

**Annuities Total:** 

Life Insurance Total:

**Business Agreements Total:** 

Money Owed to You Total:

**Total Assets:** 

Less Debts:

**NET ESTATE VALUE:** 

# **MY LIFE INCOME INFORMATION**

Charitable Trust	Living Trust
With Whom:	With Whom:
Trustee:	Trustee:
Assets in Trust:	Assets in Trust:
Charitable Beneficiaries:	Beneficiaries:
Income Recipients:	Income Recipients:
Testamentary Trust	Revocable Trust
With Whom:	With Whom:
Trustee:	Trustee:
Assets in Trust:	Assets in Trust:
Beneficiaries:	Beneficiaries:
Income Recipients:	Income Recipients:
Charitable Gift Annuity	Pooled Income Fund
With Whom:	With Whom:
Present Value:	Present Value:
Charitable Beneficiaries:	Charitable Beneficiaries:
Income Recipients:	Income Recipients:

# **MY CHARITABLE INTERESTS**

Percentage:

You may want to include a gift for your favorite charities in your estate plan. If St. Paul's has made a positive difference in your life, we hope you will consider making a **legacy gift**.

For your convenience, thi	s is the information you will ne	eed:
Organization's Legal Nam		
Address: 339 E. Jamesto	wn Rd., Greenville, PA 16125	<b>F</b>
Tax ID: 25-0773080		For more information: Dawn Hartman St. Paul's
Amount:	Percentage:	Phone: 724-588-9613 ext. 1214 Email: dhartman@sp1867.org
Yes! I want to make a legacy	gift to the following organiza	tions:
L. Organization's Legal Name:	3. Organizatio	on's Legal Name:
Address:	Address:	
Гах ID:	Tax ID:	
wish to give the following:	I wish to give	the following:
Amount:	Amount:	
Percentage:	Percentag	ge:
2. Organization's Legal Name:	4. Organizatio	on's Legal Name:
Address:	Address:	
Гах ID:	Tax ID:	
wish to give the following:	I wish to give	the following:
Amount:	Amount:	

Percentage:

# **MY ESTATE DISTRIBUTION**

	your will, the co	ourt will appoint one.		
	Executor:			
	Address:			
	Phone Number	r:		
	Alternate Exec	utor:		
	Address:			
	Phone Number	r:		
	Do you want to		erty, real estate or assets to s in your will. You can use this v	pecific individuals or vorksheet to compile them here.
1.	Beneficiary:		Birthdate:	Relationship:
	Address:			
	Bequest:	Amount:	Percentage:	Remainder of Estate
	Specific Item(s)	):		
2.	Beneficiary:		Birthdate:	Relationship:
	Address:			
	Bequest:	Amount:	Percentage:	Remainder of Estate
	Specific Item(s)	):		

An executor is the person you appoint to carry out the terms of your will. If you do not name an executor in

# **SPECIFIC BEQUESTS (continued)**

3. Beneficiary: Address:			Birthdate:	Relationship:
	Bequest: Specific Item(s	Amount:	Percentage:	Remainder of Estate
	•	,		
4.	Beneficiary: Address:		Birthdate:	Relationship:
	Bequest: Specific Item(s	Amount:	Percentage:	Remainder of Estate
5.	Beneficiary: Address:		Birthdate:	Relationship:
	Bequest: Specific Item(s	Amount:	Percentage:	Remainder of Estate
6.	Beneficiary: Address:		Birthdate:	Relationship:
			Percentage:	Remainder of Estate

#### **MY CHILDREN'S CARE**

If you have minor children, you will want to name a guardian for them in your will. This person will be responsible for the care of your children and the property you willed to them. If you prefer, you can split these duties and appoint a guardian to care for your children and a trustee to handle the property/assets of the estate.

Guardian:	Relationship:
Address:	
Phone Number:	
Alternate Guardian:	Relationship:
Address:	
Phone Number:	
Trustee:	Relationship:
Address:	
Phone Number:	
Alternate Trustee:	Relationship:
Address:	
Phone Number:	

# **MY CELEBRATION OF LIFE PLANS**

Funeral Home:	eral Home: Phone Number:			ımber:	
Address:					
Type of Service:	Religious	Humanist	Fraternal	Military	Memorial Service
Funeral Instructions:	Closed (	Casket	Open Casket		
Cremation Instruction	ns:				
Cemetery:				Gravesite:	
Address:					
Phone Number:					
Minister:			Musicians:		
Ushers:			Pallbearers:		
Speakers:			Favorite Flowers	5:	
Hymns:					
Scripture/ Readings:					
In lieu of flowers, ple	ase suggest m	nemorial gifts	s to:		
1. Organization:					
Address:					
2. Organization:					
Address:					

# **MY KEY ADVISORS**

Minister:	Church:
Address:	
Phone:	Email:
Attorney:	Office:
Address:	
Phone:	Email:
Accountant:	Organization:
Address:	
Phone:	Email:
Accountant:	Organization:
Address:	
Phone:	Email:
Stockbroker:	Organization:
Address:	
Phone:	Email:
Trust Officer:	Organization
Address:	Organization:
Phone:	Email:
Charitable Gift Planning Partner(s): Dawn Hartman	Organization: St. Paul's
Address: 339 E. Jamestown Rd., Greenville, PA 16125	
Phone: 724-588-9613 ext. 1214	Email: dhartman@sp1867.org
AND/OR	
Name:	Organization:
Address:	
Phone:	Email:

# **HELPFUL INFORMATION FOR MY FAMILY**

Gas:	Account Number:
Phone:	Website:
Username:	Password:
Electric:	Account Number:
Phone:	Website:
Username:	Password:
Water:	Account Number:
Phone:	Website:
Username:	Password:
Phone:	Account Number:
Phone:	Website:
Username:	Password:
Waste Management:	Account Number:
Phone:	Website:
Username:	Password:
Cable/Satellite:	Account Number:
Phone:	Website:
Username:	Password:
Other:	Account Number:
Phone:	Website:
Username:	Password:
Other:	Account Number:
Phone:	Website:
Username:	Password:

# **MY NOTES**



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