YOUR ESTATE PLANNING RECORD

United Church Funds | United Church of Christ

CONTENTS

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.

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

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:

Milly Hernandez
United Church Funds
Phone: 877-806-4989
Email: plannedgiving@ucfunds.org

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

NOTES

NOTES

NOTES

Investing with a Mission:

Performance Beyond the Numbers

United Church Funds

475 Riverside Drive, Suite 1020
New York, NY 10115

877-806-4989 | **ucfunds.org**

@UCFunds

ucfunds

united-church-funds