

# PREPARING TO WRITE YOUR WILL

## AN ESTATE PLAN THAT REFLECTS YOUR VALUES

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. (See our Charitable Remainder Trusts booklet.)
- 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.

## 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 with wills/estate planning/planned giving seminars, call:

Episcopal Church Foundation  
475 Riverside Drive, Suite 750, New York, NY 10115  
Tel: 800-697-2858  
Fax: 212-297-0142

# 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.



# INFORMATION NEEDED FOR MAKING A WILL

## 1. Full Legal Name:

Name	Date of Birth	Social Security Number
Street Address, PO Box, and/or Apartment #		County
City	State	Zip Code
Armed Forces Date of Service		Discharge Certificate Location
Serial Number		

Marital Status:  Single  Married  Partner/Civil Union  Divorced  Remarried  Separated  Widowed

2. Do you have a will?  Yes  No (If no, go to Family Information)

3. Since making your last will, have you:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Moved to another state?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sold or bought property?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Celebrated the birth of a child or grandchild?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changed your marital status?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changed your mind about your personal representative (executor)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changed your mind about the guardian for your child?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Done family financial and charitable gift planning?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer is yes to any of the above, your Will may need to be updated. Complete the following questions, then consult with your attorney.

## FAMILY INFORMATION

### 1. Legal Name of Spouse:

Name	Date of Birth	Social Security Number
Street Address, PO Box, and/or Apartment #		County
City	State	Zip Code
Email Address		

Does your spouse have a will?  Yes  No

2. Children (List your children, including those legally adopted):

Full Name	Street Address, PO Box, and/or Apartment #	City/State/Zip Code	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Other Dependents:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Other Loved Ones:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Person(s) to be the Guardian(s) of My Child(ren):

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

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

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Street Address, PO Box, and/or Apartment #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Street Address, PO Box, and/or Apartment #

\_\_\_\_\_  
City State Zip Code

7. **Location of My Records:**

\_\_\_\_\_  
Will

\_\_\_\_\_  
Living Will

\_\_\_\_\_  
Birth Certificate

\_\_\_\_\_  
Social Security Card

\_\_\_\_\_  
Tax Records

\_\_\_\_\_  
Safe-Deposit Box and Key

\_\_\_\_\_  
Insurance Policies

\_\_\_\_\_  
Durable Power of Attorney

\_\_\_\_\_  
Durable Power of Attorney for Healthcare

\_\_\_\_\_  
Funeral Directions

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
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 Church Foundation as a residual beneficiary.)

# FINANCIAL INFORMATION

1. Present Annual Income:

Salary \$ \_\_\_\_\_  
 Investment Income \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

2. Property (Real Estate):

	Description and Location	Original Cost	Present Market Value	Amount of Mortgage
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

3. Notes and Mortgages :

	Name of Debtor	Description	Amount	Interest Rate	Rate of Payment
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

4. Leases:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

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

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



6. Stocks:

	Corporation	# of Shares	Original Cost	Market Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

7. Insurance Policies:

	Company	Policy #	Face Value	Cash Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

8. Other Assets:

	Description	Location	Cost	Present Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

# PLANNING FOR THE FUTURE

## 1. Monthly Expenses:

Mortgage/Rental	\$ _____
Insurance	\$ _____
Utilities	\$ _____
Taxes	\$ _____
House expenses and repairs	\$ _____
Auto expenses	\$ _____
Clothing and personal care	\$ _____
Education	\$ _____
Pledge and charitable gifts	\$ _____
Birthdays/Holidays/Allowances	\$ _____
Medical and Dental	\$ _____
Vacation and Recreation	\$ _____
Other	\$ _____
Total	\$ _____

## 2. Projected Retirement Income:

	Estimated Amount	Continues to spouse		
		Yes	No	Half
Social Security	\$ _____	_____	_____	_____
Pension Plans	\$ _____	_____	_____	_____
Retirement Accounts (IRA, 401K, etc.)	\$ _____	_____	_____	_____
Charitable Trusts	\$ _____	_____	_____	_____
Stock Dividends	\$ _____	_____	_____	_____
Gift Annuities	\$ _____	_____	_____	_____
Pooled Income Fund	\$ _____	_____	_____	_____
Mortgages	\$ _____	_____	_____	_____
Royalties	\$ _____	_____	_____	_____
Other (describe below)	\$ _____	_____	_____	_____
_____				
_____				
Total	\$ _____			

3. Advisors:

Name Full Address

Accountant \_\_\_\_\_  
\_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
Banker \_\_\_\_\_  
\_\_\_\_\_  
Banker \_\_\_\_\_  
\_\_\_\_\_  
Broker \_\_\_\_\_  
\_\_\_\_\_  
Insurance Agent \_\_\_\_\_  
\_\_\_\_\_  
Priest \_\_\_\_\_  
\_\_\_\_\_  
Trust Officer \_\_\_\_\_  
\_\_\_\_\_

4. Notes:

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