

*For Our Family of Faith*



# Estate Planning

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A Guide for Preparing your Will  
and for Presentation to Your Attorney

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St Joseph Parish    4011 Alexandria Pike    Cold Spring, Kentucky 41076

Confidential Record  
Of the  
Personal Estate Planning Inventory  
For:

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Information contained in this document  
is current as of:

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(Date)

<b>Personal Information</b>
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Full legal name:	
Completed this personal record on (date):	
Date of last review:	
Person(s) to notify in case of emergency:	
Name:	
Address:	
Telephone:	
Have you written a will before?	Date:
Name:	Date of Birth:
Social Security Number:	U.S. Citizen: _____ Yes _____ No
Date/place of naturalization:	Other citizenship:
Spouse:	Date of Birth:
Social Security Number:	U.S. Citizen: _____ Yes _____ No
Date/place of naturalization:	Other citizenship:
Legal Residence Address:	City:                      State:                      Zip:

<b>Current Marital Status</b>
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Single	Married	Widowed	Divorced	Separated
Maiden Name (if any):				
Do you have a Pre-Nuptial Agreement?				
Your Employer:				
Position of Title:				
Work Address:				
Home Telephone:		Business Telephone:		
Spouse's Employer:				
Position or Title:				
Work Address:				

<b>Military Service</b>
Branch and Serial Number: _____
Dates of Service: _____
Location of Discharge papers: _____

<b>Personal Information</b>
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**A. Children/Stepchildren** (Put \* beside stepchildren)

Child's full name _____	Married to _____
Address _____	
Address _____	
Birth Date _____	Social Security Number _____
Child's full name _____	Married to _____
Address _____	
Address _____	
Birth Date _____	Social Security Number _____
Child's full name _____	Married to _____
Address _____	
Address _____	
Birth Date _____	Social Security Number _____
Child's full name _____	Married to _____
Address _____	
Address _____	
Birth Date _____	Social Security Number _____
Child's full name _____	Married to _____
Address _____	
Address _____	
Birth Date _____	Social Security Number _____

**B. Parents**

Your Father _____	Age _____
Spouse's Father _____	Age _____
Your Mother _____	Age _____
Spouse's Mother _____	Age _____

**C. Grandchildren**

Name	Address	Birth Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

**D. Personal Advisors/Fiduciaries**

Attorney Name:	Phone:
Address:	

Trust Officer Name:	Phone:
Address:	

Accountant Name:	Phone:
Address:	

Investment Broker Name:	Phone:
Address:	

Insurance Agent Name:	Phone:
Address:	

Tax Consultant Name:	Phone:
Address:	

Other Name:	Phone:
Address:	

**E. Real Estate Owned**

Location:		
Description:		
Original Cost: \$	Approximate Value: \$	Mortgage: \$
Name of Mortgagor:		
Is Ownership? Sole Ownership	Tenancy in Common	Joint Tenancy
Is there a right of survivorship?		
Location of deed and other documents:		

Location:		
Description:		
Original Cost: \$	Approximate Value: \$	Mortgage: \$
Name of Mortgagor:		

Is Ownership? Sole Ownership	Tenancy in Common	Joint Tenancy
Is there a right of survivorship?		
Location of deed and other documents:		

Location:		
Description:		
Original Cost: \$	Approximate Value: \$	Mortgage: \$
Name of Mortgagor:		
Is Ownership? Sole Ownership	Tenancy in Common	Joint Tenancy
Is there a right of survivorship?		
Location of deed and other documents:		

## F. Farming Interest

Description and location of farm:
How is farm owned?

Current fair market value of:

Land and Buildings	\$ _____
Farm Machinery and Tools	\$ _____
Livestock	\$ _____
Poultry	\$ _____
Crops	\$ _____
<b>TOTAL VALUE</b>	<b>\$ _____</b>

## G. Tangible Personal Property

Do you maintain a list of your valuable possessions? \_\_\_\_\_ if yes, where is it located?

\_\_\_\_\_

Describe and state the current value of the following:			
	Description	Owner(s)	Current Value
	<b>Automobiles</b>		
	<b>Personal Articles</b>		
	<b>(Jewelry, stamp or coin collections, antiques, etc.)</b>		
	<b>(Furniture, etc. total all)</b>		

Total Value  
\$ \_\_\_\_\_

## H. Intangible Personal Properties

Are you a beneficiary of a trust? \_\_\_\_\_ If yes, description of trust:

\_\_\_\_\_

\_\_\_\_\_

Do you own or possess a right to any intangibles such as patents, copyrights, trademarks and royalties? \_\_\_\_\_  
If yes, description of properties and their approximate values: \_\_\_\_\_

**I. Future or Contingent Assets**

Nature of Expectancy (such as an inheritance):	Approx. Value:
Location of relevant papers:	

**J. Financial Information**

**Banks, Savings & Loans, Credit Unions, Etc.**

Description	Type of Account	Account Number	Current Balance

**Certificates of Deposit**

Institution	Amount	Maturity Date	Owner(s)

**Safety Deposit Boxes**

Box Location	Box Number	Key Location

**Securities/Bonds/Mutual Funds**

Asset	Date Acquired	Cost Basis	Current Value

Investment company where securities are held:

Other location of documents:

**Life Insurance Policies**

Company	Type of Policy (whole/term)	Face Amount	Name of Insured	Beneficiaries	Cash Value

Location of Policies:

**Trusts (created by you)**

Do you have a Trust(s)?	If yes, Date of Trust?
Indicate the name and addresses of trustees:	
Beneficiaries:	
Approximate value of Trusts:	
Assets in the Trust:	
Name and address of attorney who prepared Trust Agreement:	

**Retirement/Pension and Compensation Plans**

Type:	Owner:	Value of Death Benefits \$
Beneficiaries: 1 <sup>st</sup> :		2 <sup>nd</sup> :
IRA   Keogh   401K   Other	Amount Invested \$	Type of Investment:
Beneficiaries: 1 <sup>st</sup> :		2 <sup>nd</sup> :

Type:	Owner:	Value of Death Benefits \$
Beneficiaries: 1 <sup>st</sup> :		2 <sup>nd</sup> :
IRA   Keogh   401K   Other	Amount Invested \$	Type of Investment:
Beneficiaries: 1 <sup>st</sup> :		2 <sup>nd</sup> :

Type:	Owner:	Value of Death Benefits \$
Beneficiaries: 1 <sup>st</sup> :		2 <sup>nd</sup> :
IRA   Keogh   401K   Other	Amount Invested \$	Type of Investment:
Beneficiaries: 1 <sup>st</sup> :		2 <sup>nd</sup> :

**Tax Records**

Location of copies of your income tax and (if any) gift tax returns:
Tax advisors:

**Business Interests**

Name of Business:	Owner(s):
Type: Sole Proprietorship	Partnership                      Corporation
Value of Interest \$	

## K. Funeral Arrangements

Arrangements to be made by:

Name:	
Address:	
Phone:	
Relationship:	
Funeral Home:	
Cemetery/Mausoleum:	
Grave/Crypt:	
Funeral Instructions:	
Priest:	
I am a member of the (name of parish):	
Located at:	
Pall Bearers: 1.	2.
3.	4.
5.	6.
Music:	
Readings:	
Flowers:	
Clothing/Jewelry:	
Special Requests:	

## L. Important Document Locations

Birth Certificate:
Baptismal Record:
Marriage Certificate:
Will:
Auto Titles:
Durable Healthcare Power of Attorney:
Durable Power of Attorney:
Living Will:
Other:

## M. Tax/Social Security Records

My last Social Security earnings report is located at:
My Social Security checks Are <input type="checkbox"/> Are not <input type="checkbox"/> directly deposited to my account # <input type="checkbox"/> At <input type="checkbox"/>
Address
My federal, state, (city) income tax returns for the years: <input type="checkbox"/> Are located at: <input type="checkbox"/>
My gift tax returns for the years: <input type="checkbox"/> Are located at: <input type="checkbox"/>
Receipts and worksheets to support these returns are located at:
The person who prepared these returns is:
Address:
My real property tax records for the years: <input type="checkbox"/> Are located at: <input type="checkbox"/>
My personal property tax records for the years: <input type="checkbox"/> Are located at: <input type="checkbox"/>

## N. Medical Records

My physician is:	
Address:	Phone:
My dentist is:	
Address:	Phone:
Living Will: I have a living will stating my wishes for medical care and treatment if I am seriously ill. The document is dated: _____ And is located at: _____	
The names and individuals who have copies are:	
Name:	Name:
Phone:	Phone:
Address:	Address:
I have given a power of attorney for health care decisions to: Name _____	
Address:	Phone:
The power is dated: _____ A copy is located at: _____	

## O. Last Will and Testament

I have <input type="checkbox"/> have not <input type="checkbox"/> made a Will, dated: _____ The original executed copy of my Will and Codicils (if any) are located at: _____	
As Executor(s) my Will names:	
Name:	Name:
Address: Phone:	Address: Phone:
As Alternate Executor(s) my Will names:	
Name:	Name:
Address: Phone:	Address: Phone:
As Trustee(s) my Will names:	
Name:	Name:
Address: Phone:	Address: Phone:

As Alternate Trustee(s) my Will names:	
Name:	Name:
Address: Phone:	Address: Phone:
As Guardian(s) my Will names:	
Name:	Name:
Address: Phone:	Address: Phone:
As Alternate Guardian(s) my Will names:	
Name:	Name:
Address: Phone:	Address: Phone:

My Will and Codicils (if any) were drafted by: Address: _____ Phone: _____
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**Spouse, Siblings, Relatives or Friends** you wish to include in your Will:

Name	Address	Relationship
1.		
2.		
3.		
4.		

**Other Intended Beneficiaries** (exclude spouse, descendants, and trusts; but include charitable, religious or educational organizations)

Legal Name:
Address:
City, State, Zip:
Personal Comments:

Legal Name:
Address:
City, State, Zip:
Personal Comments:

Legal Name:
Address:
City, State, Zip:
Personal Comments:

Legal Name:
Address:
City, State, Zip:
Personal Comments:

## Net Worth Worksheet

Assets	Yours	Spouse's	Jointly	Total
Cash (checking & savings)	\$	\$	\$	\$
CDs and Money Markets	\$	\$	\$	\$
Business Interests	\$	\$	\$	\$
Securities, Bonds, Mutual Funds	\$ \$	\$ \$	\$ \$	\$ \$
Retirement Benefit	\$ \$	\$ \$	\$ \$	\$ \$
Life Insurance	\$ \$	\$ \$	\$ \$	\$ \$
Real Estate	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
Farming Interests	\$	\$	\$	\$
Personal Property	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
Trust Assets	\$	\$	\$	\$
Other	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$
(Mortgages /Notes receivable)	\$	\$	\$	\$
<b>TOTAL ASSETS/ESTATE</b>	\$	\$	\$	\$

<b>Liabilities</b>	<b>Yours</b>	<b>Spouse's</b>	<b>Jointly</b>	<b>Total</b>
Mortgages	\$	\$	\$	\$
Loans:				
Auto	\$	\$	\$	\$
Personal	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Bills:				
Credit Cards	\$	\$	\$	\$
Dept. Stores	\$	\$	\$	\$
Other	\$	\$	\$	\$
Taxes Owed:				
Federal	\$	\$	\$	\$
State	\$	\$	\$	\$
Property	\$	\$	\$	\$
Other Liabilities:				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$	\$	\$

**ESTIMATED NET WORTH**

Total Assets	\$	\$	\$	\$
Total Liabilities (subtract)	\$	\$	\$	\$
<b>Estimated Net Worth</b>	\$	\$	\$	\$

## Estate Distribution

### **Making a Will...The First Step in Creating an Estate Plan**

The Personal Estate Planning Inventory is designed to assist you in putting together the needed information to present to your attorney in order to have your Will drafted or revised. By completing this booklet in advance of visiting with your attorney you will save yourself time and money, as well as have your objectives clearly identified. **This booklet is not intended to be, nor should it be construed as tax and/or legal advice. Such advice should be secured from your own attorney and/or CPA.**

After completing the information asked for in this booklet, you will be prepared to meet with your attorney to have your Will drafted. Even if you already have a Will, this booklet will serve as an excellent means for updating your Will. An annual review of this information is encouraged and recommended.

Having a Will allows you to exercise your own wishes in such matters as the disposition of your estate, distribution of your possessions, management of a family farm or business, care of minor children and the practice of Christian stewardship.

To practice good stewardship as a conscientious Catholic, it is your responsibility to clearly define your estate plan objectives for:

- a. yourself as long as you live;
- b. your family and dependents;
- c. others for whom you wish to repay a favor or show gratitude;
- d. Christ and His Church through a bequest to your faith community.

The same skill and care that you have put into accumulating your estate should be put into the disposition of your estate at the end of your life.

The cost of a Will depends on how simple or complicated the Will is. Wills generally cost less than most people expect and undoubtedly less than the emotional and financial costs of not having one. Ask your attorney in advance about the fee.

When you discuss including the Church in your Will, you should ask your attorney to include the following wording in the Will so that your parish and/or Diocese can be remembered in the proper way:

**For Parish Gifts:**

*I hereby give, devise, and bequeath to Roger J. Foys, Bishop of Covington, his successors in office, title and trust, as such Bishop, as Trustee for the use and benefit of the Congregation of St Joseph Parish Roman Catholic Church, Cold Spring Kentucky, ...*

**For Diocesan Gifts:**

*I hereby give, devise, and bequeath to Roger J. Foys, Bishop of Covington, his successors in office, title, and trust, as such Bishop, as Trustee for the use and benefit of the Diocese of Covington, Covington, Kentucky .....*

For more information  
please call or write:

Planned Giving Team  
Saint Joseph Parish  
4011 Alexandria Pike  
Cold Spring Kentucky 41076

Phone: (859) 441-1604

*The information contained in his booklet is not intended as legal advice; for this, please consult with an attorney.*