



IFCA INTERNATIONAL

PERSONAL ESTATE & GIFT PLANNING WORKBOOK



“ Each of you should give what you have decided in your heart to give, not reluctantly or under compulsion, for God loves a cheerful giver. ”

2 Corinthians 9:7

How to complete these forms

Step 1: You may either have received this form already printed or you may have found this online at *www.sourcelight.org*. You can either use the form printed out and fill it in by hand or you can visit our website and fill it out online.

Step 2: To fill out the forms online, simply click inside the boxes and fill in all pertinent information.

Step 3: Save your workbook by going to the File menu, select “Save As”, and then name your workbook something you will remember and save it to a location you can recall later.

Step 4: We encourage you to have several copies, perhaps have a printed one saved with all your other important files, save it on your computer where someone would naturally look find it, and make sure family, executors, and your lawyers know about its creation.

We hope this is a tool that will help you be better prepared in the event of an emergency and perhaps allow you to be more intentional with how your estate is used. Would you consider including Source of Light?

Personal Information

Yourself

Your name (Please print above.)

Address

City, State ZIP

Home phone/cell phone

Email

Date of birth/birthplace

Location of birth certificate

Location of adoption documents

Social Security number

Driver's license number and state

Location of tax records

Location of titles, abstracts and leases

Location of stock and bond certificates

Continued on Page 5

Yourself *Continued*

Military service, branch, years of service

Location of military documents

First spouse's name (Please print above.)

Date of first marriage/location of certificate

Prenuptial agreement/location of document

Date of divorce, annulment, legal separation or death

Location of documents

Second spouse's name

Date of first marriage/location of certificate

Prenuptial agreement/location of document

Date of divorce, annulment, legal separation or death

Location of documents

Your Parents

Mother's name (Please print above.)

Address

City, State ZIP

Home phone/cell phone

Email

Date of birth/birthplace

Location of birth certificate

Date of death/resting place

Location of death certificate

Social Security number

Father's name

Address

City, State ZIP

Home phone/cell phone

Email

Continued on Page 7

Your Parents *Continued*

Date of birth/birthplace (Please print above.)

Location of birth certificate

Date of death/resting place

Location of death certificate

Social Security number

Your Spouse

Spouse's name

Maiden name

Date of birth/birthplace

Location of birth certificate

Social Security number

Driver's license number and state

Your Children

First child's name/phone number (Please print above.)

Date of birth/birthplace

Location of birth certificate

Location of adoption documents

Social Security number

Driver's license number and state

Second child's name/phone number

Date of birth/birthplace

Location of birth certificate

Location of adoption documents

Social Security number

Driver's license number and state

Third child's name/phone number

Date of birth/birthplace

Location of birth certificate

Continued on Page 9

Your Children *Continued*

Location of adoption documents (Please print above.)

Social Security number

Driver's license number and state

Fourth child's name/phone number

Date of birth/birthplace

Location of birth certificate

Location of adoption documents

Social Security number

Driver's license number and state

Fifth child's name/phone number

Date of birth/birthplace

Location of birth certificate

Location of adoption documents

Social Security number

Driver's license number and state

Current/Retired Employer(s)

Employer’s Contact Information

Are you retired? Yes No

Company name (Please print above.) Phone Supervisor

Current benefits and location of documents

Position Start date (and end date, if retired)

Ownership interest Yes No

Previous Employer(s)

Employer’s Contact Information

Company name Phone Supervisor

Current benefits and location of documents

Position Start date (and end date, if retired)

Ownership interest Yes No

Continued on Page 11

Previous Employer(s) *Continued*

Employer's Contact Information

Company name (Please print above.)	Phone	Supervisor
------------------------------------	-------	------------

Current benefits and location of documents

Position	Start date (and end date, if retired)
----------	---------------------------------------

Ownership interest Yes No

Employer's Contact Information

Company name	Phone	Supervisor
--------------	-------	------------

Current benefits and location of documents

Position	Start date (and end date, if retired)
----------	---------------------------------------

Ownership interest Yes No

Will and Trust

Do you have a will? Yes No

Are you the creator or beneficiary of any trusts? Yes No

Please record documents here:

Document title (Please print above.)

Date prepared

Prepared by (name, title, contact information)

Location of document

Location of copies

Executor or trustee

Alternate executor or trustee

Additional notes

Document title (Please print above.)

Date prepared

Prepared by (name, title, contact information)

Location of document

Continued on Page 13

Will and Trust *Continued*

Location of copies

Executor or trustee

Alternate executor or trustee

Additional notes

Power of Attorney

Have you signed a financial durable power of attorney? Yes No

Document title (Please print above.)

Date prepared

Prepared by (name, title, contact information)

Name of person appointed to act on your behalf

Names of alternates to act on your behalf

Effective date of power holder to act: Immediately Upon your incapacity Other

Location of original document

Location of copies

Additional notes

Health Care Directives

Do you have a living will? Yes No

Do you have a health care power of attorney? Yes No

Name of person appointed to act on your behalf

Names of alternates to act on your behalf

Please record documents here:

Document title (Please print above.)

Date prepared

Effective date of power holder to act: Immediately Upon your incapacity Other

Prepared by (name, title, contact information)

Location of original document

Locations of copies (We suggest attaching a copy to this record book.)

Document title

Date prepared

Effective date of power holder to act: Immediately Upon your incapacity Other

Prepared by (name, title, contact information)

Location of original document

Locations of copies (We suggest attaching a copy to this record book.)

Long-Term Care

Do you have a long-term care insurance policy? Yes No

Insurance agent's name (Please print above.)

Company name

Policy number

Body, Organ and Tissue Donations

Do you wish to donate your body, organs or tissues? Yes No

First donation (identify the particular organ or tissue, or indicate entire body)

Receiving organization's name and contact information

Location of documents

Location of documents continued

Second donation (identify the particular organ or tissue)

Receiving organization's name and contact information

Location of documents

Location of documents continued

Continued on Page 16

Body, Organ and Tissue Donations *Continued*

Third donation (identify the particular organ or tissue) (Please print above.)

Receiving organization's name and contact information

Location of documents

Location of documents continued

Please note: This is not intended as a legal form. Consult with your doctor and attorney today to create the appropriate documents.

Secured Place

Do you have a safe-deposit box? Yes No

Bank name, branch location and contact information

Bank name, branch location and contact information continued

People with authorized access

Box number and location of keys

Contents

Passwords

First product/service, account name, user name or account number/password (Please print above.)

Second product/service, account name, user name or account number/password

Third product/service, account name, user name or account number/password

Fourth product/service, account name, user name or account number/password

Funeral Instructions

You have a preference. That's why it is not unusual for you to plan your funeral arrangements now. When the day arrives, your family will lovingly appreciate your proactive nature and concern for them as well.

Funeral home preference

Type of preparation Cremation Burial Donation of body

Location of memorial service

Cemetery preference

Casket and vault preference

Pastor preference

Continued on Page 18

Funeral Instructions *Continued*

Casket bearer 1 (Please print above.)

Casket bearer 2

Casket bearer 3

Casket bearer 4

Casket bearer 5

Casket bearer 6

Music Preferences

Song/Hymn 1

Song/Hymn 2

Song/Hymn 3

Song/Hymn 4

Soloist name

Soloist name

Organist name

Continued on Page 19

Funeral Instructions *Continued*

Favorite Scriptures

Reading 1 (Please print above.)

Reading 2

Reading 3

Reading 4

Favorite flowers

Memorial ideas

Memorial ideas continued

Type of service (Open or closed casket, religious or secular, and any other preferences)

Type of service continued

Headstone preference

Burial clothing preference

Obituary (Things you want included and newspapers where you want it published)

Obituary continued

Obituary continued

Other Matters That Need Family Attention

Here's a checklist of actions that need completion in the period of time between your death and up to a year after. Check the boxes that apply to you, so your family members can take care of them later.

Contact the attorney to have the will read and to see what has to be done in regard to estate settlement.

Contact the Social Security Administration. Social Security pays a lump sum death benefit of \$255. A surviving spouse can get survivor's benefits as early as age 60—earlier if a surviving spouse is disabled. Children under age 18 may also be entitled to survivor's benefits when a parent dies.

Call the Veterans Administration (VA). Surviving spouse and dependent children may be entitled to a small pension if the deceased served in the Armed Forces. The VA will pay partial burial expenses and provide a headstone or marker as well as an American flag to drape over the casket, without charge. If burial is in a national cemetery, the VA will provide a grave site and pay burial costs.

Notify organizations where the deceased held memberships. Some offer memorial services. They may have life insurance and may return part of dues paid.

Organizations to notify: _____

Contact former employers for benefits resulting from that employment. Refer to the list in the employment history section (see Page 8).

Collect life insurance policies and call the companies and ask for death claim forms. The beneficiary can choose to take proceeds in a lump sum or spread them out as payments over the years.

Contact companies holding retirement plans. There may be money left in them to be paid out to survivors. Like life insurance, proceeds can be paid out in a lump sum or in installments. Tax advisors should be consulted before beneficiaries make that decision.

Consult with the health insurance company. It may pay some expenses of your last illness. Future premiums may also be less if the policy has covered two or more people and now there will be one less person covered. Some health insurance policies are also combination policies that provide some death benefits.

Calculating The Worth of Your Estate

What is my estate really worth?

Generally, your “taxable estate” is the amount that remains after you have deducted all debt, charitable bequests, and other interests that pass on to your surviving spouse.

The next few pages will delineate and estimate the difference between the value of your estate and your net worth.

In order to do this, you will inventory your assets and liabilities so that you can estimate what you will leave for your heirs, minimize and calculate your estate taxes, and plan how your assets will be distributed. State, federal, and foreign taxes may also factor into your estate, but a tentative tax can be determined from your initial taxable estate.

Points to help understand the worksheets:

Sole ownership is what it sounds like: You hold the title in your name alone, even if you own the property with other people.

Joint tenancy means that you and I own the property together, and if one of us dies, the other gets it without the property passing through probate. The survivor files an affidavit saying the other titleholder is dead, attaches the death certificate and gets the property.

Tenancy in common: With tenancy in common, you and I own the property together, but upon my death, my interest is distributed according to my will or if I don’t have a will, according to state law.

Note: Joint bank accounts and joint property ownership are not substitutes for a will.

List Your Assets

1 Cash (savings, money market and checking accounts, CDs)

Type of account	Institution	Owned by you alone	Owned by your spouse	Owned jointly or community
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

2 Real Estate

Description and location of property	Date of purchase	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

3 Stocks, bonds, mutual funds

Description	Date of purchase	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

4 Obligations due me (mortgages held, notes receivable, accounts receivable)

Name of debtor	Address	Owned by you alone	Owned by your spouse	Owned jointly or community
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

5 Personal assets (automobiles, jewelry, furniture, boats, paintings, collections, etc.)

Description	Date of purchase	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

6 Life insurance

Name of company Insured	Beneficiary	Owned by you alone	Owned by your spouse	Owned jointly or community
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

7 Annuities

Description	Annuitant	Beneficiary	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

8 Retirement benefits (pension, profit-sharing, IRAs, Keogh plans, etc., including face amounts of life insurance owned in the retirement plan)

Description	Beneficiary	Owned by you alone	Owned by your spouse
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

9 Business interests owned (proprietorship, partnership, corporation)

Business name and address	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

10 Other assets potentially includable in estate because of your interest in them (interest in a trust or estate, royalties, patents, copyrights, trademarks, etc.)

Description	Cost basis	Owned by you alone	Owned by your spouse	Owned jointly or community
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

	Owned by you alone	Owned by your spouse	Owned jointly or community
TOTAL OF ALL ASSETS	\$ _____	\$ _____	\$ _____

List Your Liabilities

1 Mortgages

Description of property	Name of creditor	Owned by you alone	Owned by your spouse	Owned jointly
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

2 Loans, installment debts (bank, auto and personal loans, insurance loans, etc.)

Description	Name of creditor	Owned by you alone	Owned by your spouse	Owned jointly
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

3 Current bills (department store and other charges, credit cards, etc.)

Description	Name of creditor	Owned by you alone	Owned by your spouse	Owned jointly
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

4 Taxes owed (estimated state and federal income tax, property tax, etc.)

Description	Owned by you alone	Owned by your spouse	Owned jointly
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

5 All other liabilities

Description	Owned by you alone	Owned by your spouse	Owned jointly
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

	Owned by you alone	Owned by your spouse	Owned jointly
TOTAL OF ALL LIABILITIES	\$ _____	\$ _____	\$ _____

	Owned by you alone	Owned by your spouse	Owned jointly
Total of all assets	\$ _____	\$ _____	\$ _____
Minus total of all liabilities	\$ _____	\$ _____	\$ _____
NET ESTATE (estimated)	\$ _____	\$ _____	\$ _____

Disposition of Estate

1 Bequests to spouse (indicate a contingent beneficiary in case your spouse does not survive you)

Description of asset or percentage of estate	Name/Relationship/Address

2 To other beneficiaries

Description of asset or percentage of estate	Name of Beneficiary/Relationship/Address

3 To charitable organizations

Name and address of charitable organization	Percentage of net estate	Dollar amount
_____	_____ % OR \$ _____	
_____	_____ % OR \$ _____	
_____	_____ % OR \$ _____	
_____	_____ % OR \$ _____	

Name and address of charitable organization	Description of specific asset bequeathed
_____	_____
_____	_____
_____	_____
_____	_____

4 Residue of estate

Name and address of charitable organization	Percent of residuary estate
_____	_____ %
_____	_____ %
_____	_____ %

Name and address of other beneficiaries	Percent of residuary estate
_____	_____ %
_____	_____ %
_____	_____ %



CONTACT US

ADDRESS: PO BOX 810 GRANDVILLE, MI 49468-0810

PHONE: (616) 531-1840 WEBSITE: IFCA.ORG

EMAIL: OFFICE@IFCA.ORG