# Legacy Deo

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# A Collection of Vital Personal Information Helpful in Emergencies



# **Table of Contents**

Introduction
Personal and Family Reference Information  Your Information
Person(s) Responsible For Funeral Arrangements
Legal and Financial InformationLast Will and Testament5Directive to Physicians5Power of Attorney5Trust Documents5List of Trusted Professionals and Advisors6Designated Beneficiaries7Safe Deposit Box Signees9Description of Financial Institution Accounts9Credit/Debit Bank Cards11
Documented List of Assets and Liabilities
Location of Practical Information  Certificates (Birth, Death, Marriage) 16 Cemetery Lot Document 16 Real Estate Deeds 16 Automobile Titles 16 Safe Deposit Box Key 17 Tax Returns 17 Passport 17 Insurance Policies 17 User Ids and Passwords 17
Other Important Information  Funeral or Memorial Service Details

#### Disclosure on Attorneys and Legacy Deo

This guide is offered to you as an educational service. While we attempt to provide helpful estate and financial background, we cannot offer specific legal advice on your personal situation. Because you may have special needs, we courage you to contact an attorney. He or she will be your independent advisor and will have an obligation of trust and confidence to you. With the advice of your attorney, you can have a customized estate plan that truly fulfills your unique family, healthcare, estate and planning needs.

# Introduction

At Legacy Deo, we are very interested in individual and family preparation for the various uncertainties that may impact our lives at a moment's notice, whether by illness, accident, or even death. For those reasons, we regularly encourage everyone to take the time to prepare legal, practical, and other personal information that your loved ones can know about and access if you should become incapacitated or should even be called home unexpectedly. We generally refer to this process as "creating your red book." What follows in the ensuing pages is a practical guide to identifying and documenting essential information that is vital not only to you but to your family and loved ones as well.

Please consider this process carefully. It is not easy to gather and document the information contained herein but paying careful attention to these details can be most beneficial for you and your family.

#### **Prayer**

Lord God, our Savior, we thank and praise you for your gifts lavished on us even though we daily fall short of the life you want us to live. Without you, we are weak, but with you, we are strong and can do all things. It is through your grace that we have the promise of eternal life, as we know that you gather the lambs of your flock into your arms of mercy and bring us home. Continue to give us peace and a heart of joy so that we can and will share your love with our family and all those with whom we come in contact. Comfort us with the certain hope of the resurrection of Jesus that guides us to everlasting life and a joyful reunion with those whom we love who have died in the faith. We ask this through Jesus Christ, your only Son our Lord, who lives and reigns with you and the Holy Spirit, one God, now and forever. Amen



# Personal and Family Reference Information

## **Your Information**

Legal Name		Birth Date		
Preferred Name				
	State			
Home Phone	Mobile Phone			
E-mail	Marital statu	S:		
Other information (e.g. cit	ies of residence with years)			
		<del></del>		
Your Immediate Family In	<b>nformation</b> (use additional page	e if needed)		
Include spouse, children, gran and communication purposes	dchildren, siblings, and other fam	ily members for contact		
Name	R	elationship		
Address				
	State			
Home Phone	Mobile Phone			
Email				
	•			
Name	R	elationship		
Address				
	State			
Home Phone	Mobile Phone			
Email				

Your Immediate Family In	nformation (continued)	
Name	Re	elationship
Address		
	State	
Home Phone	Mobile Phone	
Email		
Name	Ro	elationship
Address		
	State	
	Mobile Phone	
Email		
	Coordinating Your Funeral Ar	
Address		
City	State	Zip
Home Phone	Mobile Phone	
Email		
	•	
Name	Ro	elationship
Address		
	State	
	Mobile Phone	
F 21		

# Legal and Financial Information

Describe the exact <u>location</u> of your last will and testament and all supporting estate planning documents, e.g., powers of attorney, directive to physicians, DNR document, etc.

Will			
Medical power of attorney_			
Directive to physicians			
Contact Information for	r Your Estate Planning Attorne	<b>Y</b>	
Name			
Address			
	State		
Phone	E-mail:		
Contact Information for	Your Trust Attorney		
Name			
Address			
City	State	Zip	
Phone	E-mail		
Trust documents - revoca	able or irrevocable		
Location of trust document	(describe)		

## **List of Trusted Professionals and Advisors**

Many people have one or more trusted advisors upon whom they rely for advice and information. This may include bank, insurance, financial, legal, and accounting. List those advisors, using additional page(s) as appropriate:

Name	Profession	
E-mail	Phone	
Address		
	State	
Name	Profession	
E-mail	Phone	
Address		
	State	Zip
Name	Profession	
E-mail	Phone	
Address		
	State	
Name	Profession	
E-mail	Phone	
Address		
		Zip
	***	
Name	Profession	
E-mail	Phone	
Address		
City	State	Zip

### **Designated Beneficiaries**

The resources in your financial instruments with designated beneficiaries, such as life insurance policies, bank accounts, qualified plans (IRA, 401(k), 403(b)), Simplified Employee Pension (SEP) plans, and company retirement accounts, are distributed to the named beneficiaries associated with each account. That means these assets are <u>not</u> distributed through your last will and testament, but rather in accordance with the individual beneficiary statement associated with each account. It is <u>imperative</u>, therefore, to assure that all accounts with beneficiaries are updated and current in two ways:

- 1. Be certain that the beneficiaries named on the documentation for each account reflect the individuals, ministries, and/or other organizations you want to receive the account assets at the time of your passing.
- 2. Be certain that the form itself for each account/beneficiary statement is the current format and form number for the account. It is not unusual for one company to be acquired by or merge with another company. When that occurs, the acquiring company or the newly-merged company may change many personnel forms, including the beneficiary statement form for company-sponsored life insurance, retirement plans, medical plans, etc. Verification can easily be received by calling the company to ask if your beneficiary forms are up-to-date and reflect the current form available.

Next, record the <u>physical location</u> of each beneficiary statement and the contact information for the human resources personnel department, or appropriate representative of each company that your loved ones will need to contact to complete the beneficiary distribution process. Attach additional pages as needed.

Asset description		
	State	
Phone	E-mail:	 
Asset description		 
Firm name		 
City		
Phone	E-mail:	

# **Designated Beneficiaries** (continued)

Asset description			
	State	Zip	
	E-mail:		
Asset description			
	State	Zip	
	E-mail:		
Asset description	30000 3000		
Firm name			
Address			
City		Zip	
	E-mail:		
Asset description			
City		Zip	

## **Safe Deposit Box Authorized Representatives**

Another key component of a smooth transition is assurance that there is one or more authorized signer for any safe deposit box or similar safe storage box or locker. List contact information for bank-authorized individual(s) who can access your safe deposit box.

Bank name	Authorized signer	
Address		
	State	Zip
Phone	E-mail	
Bank name	Authorized signer	
Address		
City	State	Zip
Phone	E-mail	
Bank name	Authorized signer	
Address		
	State	Zip
Phone	E-mail	
Description of Other F	inancial Institution Accounts	
union checking/savings/m discount brokerages include	ution accounts and account number noney market and/or similar online a ding online accounts, and any other s. Also record financial information eeded.	accounts, full service and accounts that you use to
Institution	Account t	ype
Phone	Account #	
	***	
Institution	Account t	ype
Phone	Account #	
Institution	Account t	
Phone	Account #	

## **Description of Other Financial Institution Accounts** (continued)

Institution	Account type	
Phone	Account #	
	***	
Institution	Account type	
Phone	Account #	
	***	
Institution	Account type	
Phone	Account #	
	***	
Institution	Account type	
Phone	Account #	
	***	
Institution	Account type	
Phone	Account #	
	***	
Institution	Account type	
Phone	Account #	
	***	
Institution	Account type	
Phone	Account #	
	***	
Institution	Account type	
Phone	Account #	

## **Credit/Debit/Bank Cards**

List all credit/debit/bank cards including the financial card name, card type (VISA, Master Card, Discover), account number, security code (usually noted on the back or front of the card), expiration date, and institution contact number. Attach additional page(s) as needed:

Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
	110	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
	***	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
	411	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	

#### **Credit/Debit/Bank Cards** (continued)

Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
	***	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
	***	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
	***	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	
	•	
Institution	Account type	
Phone	Account #	
Expiration date	Contact number	

### **Documented List of Estate Finances**

Some of the most important information, and information that is often the most difficult for the surviving family to gather without detailed knowledge, is a list of all estate finances, i.e., a list of assets and liabilities. The three pages that follow are designed to help gather your estate financial information in one place. It is helpful to supplement this information with a current statement of each account to the extent such statements are relevant and available. Generally, a year-end statement is adequate. Statements can be included in an envelope that can be readily associated with this list. if you are computer savvy or have a grandchild who is, you may want to develop a spreadsheet similar to the pages that follow that contains this information, making it easier to update periodically.

YOUR ASSETS	\$ TOTAL VALUE OF ASSET	CHECK IF JOINT PROPERTY	CHECK IF YOUR PROPERTY	CHECK IF YOUR SPOUSE'S PROPERTY
Example Property	\$298,000		<b>✓</b>	
REAL ESTATE				
Main Residence Address				
Second Residence Address				
Vacation Home				
Other Real Estate				
CHECKING ACCOUNTS				
Bank Name and Account Number				
Bank Name and Account Number				
Bank Name and Account Number				
SAVINGS ACCOUNTS/CDs/MONEY MARKET	FUNDS/CR	EDIT UNI	ON ACCC	UNTS
Bank Name and Account Number				
Bank Name and Account Number				
Bank Name and Account Number				
Tax Sheltered Annuity (not in Retirement Plan) Total Balance				

YOUR ASSETS	\$ TOTAL VALUE OF ASSET	JOINT PROPERTY	CHECK IF YOUR PROPERTY	CHECK IF YOUR SPOUSE'S PROPERTY
INVESTMENTS				
Bonds or Bond Fund, Custodian, Account Number				
Stocks or Stock Fund, Custodian, Account Number				
Savings Bonds				
PERSONAL PROPERTY				
Furniture/Household Furnishings				
Tools and Equipment				
Antiques/Collections				
Jewelry				
Automobiles/Vehicles				
Business Interests				
Life Insurance—Face Amount/Death Benefits				
Retirement (IRA/401k/403b) Custodian, Account No.				
Other Retirement Plan				
Miscellaneous				
Total Assets: \$				

YOUR LIABILITIES (enter Balance Due as a negative number)	\$ BALANCE DUE	CHECK IF JOINT DEBT	CHECK IF YOUR DEBT	CHECK IF SPOUSE DEBT
Mortgage – Personal Residence and Lender				
Mortgage – Second Residence and Lender				
Mortgage – Vacation Residence and Lender				
Vehicle Debts and Lender				
Charge Accounts				
Installment Contracts				
Loans on Life Insurance				
Other Debts (describe)				
Other Debts (describe)				
Total Liabilities/Debts: \$				
Total Net Worth (assets minus liabilities)	\$			

OTHER NOTES AND INFORMATION ABOUT LIABILITIES AND ASSETS

# **Documents and Deeds Information**

List the physical location of the important documents described on the next two pages. There may be other information that is relevant to your personal situation, so feel free to use additional pages to capture the location of all important documents. Be as specific as possible, including address and specific place at that location such as master bedroom closet, safe deposit box, attorney's office, etc.

### Birth, Marriage, and Death Certificates as Appropriate

Certificate description	
	State
Hints regarding specific location	
Certificate description	
Address	
City	State
Hints regarding specific location	
Cemetery Lot Document(s)	
Address	
	State
Hints regarding specific document local	ation
Real Estate Deeds	
Address	
	State
Hints regarding specific document loca	ation
Automobile Titles	
Address	
City	
Hints regarding specific document loca	ation
Safe Deposit Key	
Address	
	State
Hints regarding specific document loca	ation 16

iax keturiis	
Address	
	State
Hints regarding specific	document location
<u>Passport</u>	
Address	
	State
Hints regarding specific	document location
Provide the location of a	e - health - property and casualty - long term care ny or all of the above-referenced policies to the extent they are
applicable to you.	
Policy type	Address
City	State
Hints regarding specific	document location
	***
Policy type	Address
Citv	State

#### **User IDs and Passwords**

Tax Daturas

This is very pertinent information that should be accurately provided and carefully protected. We suggest the following method of documenting your user IDs and passwords. This list should be kept in a place you can easily access as needed to update/ change information securely. This could even be a password-protected computer file as long as your spouse or trusted friend or advisor knows the password, not only for access to your computer but also for location of the specific file on your computer.

Hints regarding specific document location \_\_\_\_\_\_

Be sure to include the user ID and password to access your computer!

Name of Entity	<u>User ID</u>	<u>Password</u>	Website address	Notes
My Computer	user@yahoo. com	Myaccount1234	mail.yahoo.com	acc <del>ess m</del> y email

# Other Important Information

#### **Funeral or Memorial Service Details**

We strongly suggest you utilize the Legacy Deo funeral planning guide "*Celebrating Victory in Christ* - Planning for Your Celebration of Life Service." That guide is a wonderful tool to plan your funeral or other end of life service. However, if that is not practical, then we suggest you at least consider the following:

- a. Designation of the type of service desired such as traditional funeral, memorial service, etc.
- b. Location of service: church, funeral home, or other location
- c. Designation of pastor(s) to officiate the service
- d. Music and hymn selections
- e. Scripture readings
- f. Pall bearers with contact information
- g. Whether to include a time of spoken remembrance by family and friends
- Desired disposition of remains traditional preparation and burial or cremation
- i. Selection of coffin or urn, as appropriate
- j. List of those to be notified of your passing, along with contact information
- k. Designation of organization(s) to receive memorial gifts
- I. Significant dates, people, and events in your personal and spiritual life for the funeral and/or obituary
- m. Photographs and/or videos to be used in a presentation at your service
- n. Identification of cemetery, specific lot, columbarium, and/or prepaid funeral arrangements
- o. Desired cemetery or columbarium marker inscription
- p. Preparation or outline of desired obituary

#### **Special Property List**

A special property list is a good tool for listing your special personal possessions and the specific loved ones or other inividuals you want to receive each item. This list is usually referred to and kept with your will but is separate and apart from the will itself, thus allowing you to make changes to your list at any time before your passing without having to change your will itself. Your executor can then use the list to make distributions that he or she knows are in keeping with your desires. These distributions do not need to be delayed until the probate process is completed. That is not the case with items left to heirs through your will, which cannot be distributed until the probate process is completed.

### **Contact List**

A contact list is very important for identification of the people you would like to be notified at the time of your passing. This list will help assure that all people who are special to you are made aware that their relative, loved one, friend, or co-worker has passed, along with time and location of the funeral, memorial, or other service of celebration of your life. Attach a longer list to this document as appropriate.

## **Contact List** (use more sheets as needed)

Name			
	State		
Home Phone	Mobile Phone		
Email			
	***		
Name			
Address			
	State		
Home Phone	Mobile Phone		
Email			
	***		
Name			
Address			
City	State	Zip	
Home Phone	Mobile Phone		
Email			
Name			
Address			
	State		
Home Phone	Mobile Phone		
Email			
Name			
	State		
Home Phone	Mobile Phone		

# Conclusion

We hope this "red book" document is helpful as you prepare for the possibility of becoming incapacitated or in anticipation of the time of your passing, whether unexpectedly or after a long-term illness. This information will be vital to the person you are entrusting with the significant responsibilities of caring for you in your time of need and of distributing your property and possessions to the people and ministries you love at the time of your death. The person you entrust with either or both of these responsibilities needs to have access to the pertinent information required to assist you while you are still living and to administer your estate efficiently and effectively when you are called to be with the Lord.

May God grant you peace and comfort as you complete the information in this document.

To God be the Glory!

