

CATHOLIC Personal Estate Planning RECORDBOOK



CATHOLIC COMMUNITY
FOUNDATION

Enriching Lives In Northeast Ohio



STEWARDSHIP PRAYER

*O gracious God,
who so generously lavishes our lives with goodness,
create in our hearts a deep center of gratitude,
a center that grows so strong in its thanksgiving
that sharing freely of our treasures
becomes the norm and the pattern of our existence.*

*Remind us often of how much you cherish us,
of how abundantly you have offered gifts to us,
especially in the hours of our greatest need.*

*May we always be grateful for your reaching into
our lives with surprises of joy, growth,
and unearned love.*

Amen.



from our executive director

Dear Friend,

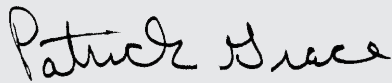
Thoughtful planning on your part can be one of the best gifts you can give your family, reducing the administrative time, expense and inconvenience your loved ones will have to bear later. This *Catholic Personal Estate Planning Recordbook* is our gift to help you begin the estate planning process.

Creating a plan to care for your future and the future of your loved ones is easier than you think. In taking the time to write down information about your family, your assets, your values and your goals, you are taking an important first step. Once you have gathered your thoughts and completed what you can, we strongly recommend that you contact your attorney and financial advisor to help you take the next steps. If you do not have an attorney, please contact us for a list of members of the Catholic Lawyers Guild.

Our staff at the Catholic Community Foundation is a resource for you as you begin the planning process. We can also talk to you about how you can make a gift from your will or estate to benefit your parish, Catholic Charities, Catholic Education or Priestly Formation in our Diocese. For more information, contact Jean Ann Montagna, Planned Giving Relationship Manager, at 216-696-6525 x8070 or jmontagna@catholiccommunity.org.

May God bless you abundantly for your stewardship of the gifts entrusted to you.

Sincerely,



Patrick Grace
Executive Director
Catholic Community Foundation

*Gratitude flows from the
recognition that who we are
and what we have are gifts
to be received and shared.*

- Henri J. M. Nouwen

Note: While it does contain critical information, this Recordbook is not a legal document and should not substitute for a will or an estate plan.



Stewardship is a holy exchange of gifts. We know from faith, and we read in Sacred Scriptures, that everything we have in life is a gift from God. Our very lives are a gift.

“God created man in his own image, in the image of God he created him; male and female he created them” (Gn 1:27).

These gifts are given to us so that we can serve as coworkers with God and with each other – collaborating to build the Kingdom of God here and now. This means that just as we receive these gifts from God, we share them in love and justice with others – especially with those in most need. Our gifts include our talents and skills that can be used in a way of benefit to those around us, using our financial resources to help repair the inequities of the world, and devoting our lives in worship and praise to the God who made us.

Receive God’s Gifts Gratefully

We express these gifts when we do things as simple as writing a letter to the imprisoned, visiting the homebound, or singing in the choir; as well as engaging in the more complex activities of building a home for the homeless, caring for the disabled, or teaching the illiterate. Our financial resources are also a gift from God, acquired through the use of our skills with which we’ve been blessed. These gifts too we are called to share with those in the world less fortunate than us, and with our church in need of funds for evangelization and acts of charity. All of our gifts we give to our families, parish communities, civic communities, and the greater world – all in hope of cultivating and caring for this creation entrusted to us by God.

Cherish and Tend our Gifts

The United States Conference of Catholic Bishops instructs us in their pastoral letter, *Stewardship: A Disciple’s Response*, that “a Christian steward is one who receives God’s gifts gratefully, cherishes and tends them in a responsible and accountable manner, shares them in justice and love with others, and returns them with increase to the Lord.” This is a call for us to live out the possibilities of the holy exchange of gifts in our lives. Through Baptism we share in the nature of God, striving to live as “God’s chosen ones, holy and beloved, [with] heartfelt compassion, kindness, humility, gentleness and patience” (Col 3:12). God invites us to live in God’s image, embracing this opportunity to serve in the work of redemption. As the Bishops state in their letter, “Genesis tells us that God placed the first human being in a garden to practice stewardship there – ‘to cultivate and care for it’ (Gn 2:15). The world remains a kind of garden (or workshop, as some would prefer to say) entrusted to the care of men and women for God’s glory and the service of humankind.”

Share Gifts in Love and Justice



for your consideration

CONTINUING the CHURCH'S MISSION

Many Catholics decide to plan for a gift to the Church when they are creating or updating their will and estate plan. Perhaps you, too, are looking for a way to express your gratitude to God for the blessings you have received. Or, you have a desire to pass on to the next generation the Catholic values that have shaped your life. Maybe you haven't been able to make sizeable gifts from your income during your lifetime, but you want to plan a larger gift from your assets at your death.

No matter your circumstance or stage of life, there is a way to make a meaningful gift that reflects the Catholic faith you hold dear. Whether you are thinking about a gift to help your parish, Catholic Charities, Catholic Education, Priestly Formation or another ministry of the Diocese of Cleveland, consider these popular options:

Bequest – a gift that can be made simply in your will. You specify a set dollar amount or a percentage of your estate to be donated to charity.

Retirement Plans – you can name a charity, such as your parish, Catholic Charities or another diocesan ministry as a beneficiary of a retirement plan.

Life Insurance – you can designate the Church as beneficiary of a life insurance policy that is no longer needed.

It is surprisingly easy to plan for a legacy gift. We recommend that you work with your financial advisor to determine which gift type is most appropriate for you. Professionals from the Catholic Community Foundation are also available to discuss these and other options, including:

Charitable Gift Annuity – you can make a gift now that increases income, gives you an income tax deduction, and potentially benefits the Church at your death.

Permanent Named Fund – you create a fund in your name either now or at your death to benefit your parish or a diocesan ministry for many years in the future.

Donor Advised Fund – establishing a DAF with us gives a current tax deduction, the ability to recommend grants to Catholic and other entities now, engage family in Catholic philanthropy and invest in accordance with Catholic teachings.

We thank you for your consideration and invite you to contact us for more information.

**Please print:**

Your name: _____

Maiden Name (if applicable): _____

Address: _____

City, State & Zip: _____

Home phone/cell phone: _____

E-mail: _____

Date of birth/birthplace: _____

Location of birth certificate/adoption documents: _____

Social security number/location of card: _____

Driver's license number and state: _____

Spouse's name: _____

Date of marriage/location of certificate: _____

Maiden Name (if applicable): _____

Address: _____

City, State & Zip: _____

Home phone/cell phone: _____

E-mail: _____

Date of birth/birthplace: _____

Location of birth certificate/adoption documents: _____

Social security number/location of card: _____

Driver's license number and state: _____



First child's name

Home phone/cell phone/e-mail

Date of birth/birthplace/location of birth certificate or adoption documents

Social security number/driver's license number and state

Second child's name

Home phone/cell phone/e-mail

Date of birth/birthplace/location of birth certificate or adoption documents

Social security number/driver's license number and state

Third child's name

Home phone/cell phone/e-mail

Date of birth/birthplace/location of birth certificate or adoption documents

Social security number/driver's license number and state

Fourth child's name

Home phone/cell phone/e-mail

Date of birth/birthplace/location of birth certificate or adoption documents

Social security number/driver's license number and state

If you have more than four children, please attach additional information here.



Primary doctor

Address

Phone

Attorney

Address

Phone

Accountant

Address

Phone

Investment planner

Address

Phone

Life insurance agent

Address

Phone



location of documents

This form should remain in this booklet. Your survivors should know the location of this booklet which should be other than a safe deposit box. Some of the documents listed may not be applicable to you.

Your legal name in full

Will

Durable power of attorney

Living will

Safe deposit box number/location of safe deposit box key

Loans and other liabilities

Marriage certificate

Family birth certificates

Investment/bank account info

Health insurance policy

Disability insurance policy

Deed for cemetery property

Mortgages and notes

Valuables and other assets

Military discharge

Deeds and titles

Homeowner's insurance policy

Auto insurance policy

Income tax records



recorddocumentinfo

will & trusts

Do you have a will? ☐ Yes ☐ No

RECORD DOCUMENT HERE:

Document title: _____

Date prepared: _____

Prepared by (name, title, contact information): _____

Location of original document: _____

Location of copies (we suggest you attach a copy to this recordbook): _____

Executor or personal representative: _____

Alternate executor or personal representative: _____

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

If you checked yes above: ☐ Creator ☐ Beneficiary

Type of trust: ☐ Revocable ☐ Irrevocable

RECORD DOCUMENT HERE:

Document title: _____

Date prepared: _____

Prepared by (name, title, contact information): _____

Location of original document: _____

Location of copies (we suggest you attach a copy to this recordbook): _____

Trustee: _____

Alternate trustee: _____



recorddocumentinfo

financial power of attorney

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

Date prepared: _____

Prepared by (name, title, contact information): _____

Location of original document: _____

Location of copies (we suggest you attach a copy to this recordbook): _____

Agent's Name: _____

Effective date for power holder to act:

☐ Immediately ☐ Upon your incapacity ☐ Other

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

If you checked yes above: ☐ Creator ☐ Beneficiary

Type of trust: ☐ Revocable ☐ Irrevocable

RECORD DOCUMENT HERE:

Document title: _____

Date prepared: _____

Prepared by (name, title, contact information): _____

Location of original document: _____

Location of copies (we suggest you attach a copy to this recordbook): _____

Trustee: _____

Alternate trustee: _____



A LIVING WILL or ADVANCE MEDICAL DIRECTIVES (A.M.D.)

As Catholics, we recognize our lives are gifts from God. We also believe we should never do anything to cause our death. It is recognized that we have a right to make decisions about our health care. A Living Will or A.M.D. allows you to offer direction concerning your future medical care if a time comes when you are unable to express your own thoughts.

HEALTH CARE POWER OF ATTORNEY

A Health Care Power of Attorney is a document that allows you to name an adult person to act as your agent to make health care decisions for you if you become unable to do so.

Q: Aren't Living Wills or Health Care Powers of Attorney just for older people?

A: It is important for anyone over age 18 to think about filling out one or both of these documents. Serious illness or injury can strike at any stage of life. A Living Will or Health Care Power of Attorney will help to ensure that your wishes regarding life-sustaining treatment are followed regardless of your age, and that, when you are no longer able to voice your own wishes, your prior decisions are followed or made for you by the person you choose.

Q: Which is better to have, a Living Will or a Health Care Power of Attorney?

A: Actually, it is a good idea to fill out both documents because they address different aspects of your medical care. A Living Will applies only when you are terminally ill and unable to communicate your wishes or if you are permanently unconscious. A Health Care Power of Attorney becomes effective even if you are only temporarily unconscious and medical decisions need to be made. For example, if you were to become temporarily unconscious due to an accident or surgery, the person you name in your Health Care Power of Attorney could make medical decisions on your behalf. If you have both documents and become terminally ill and unable to communicate or become permanently unconscious, the Living Will would be followed since it identifies your wishes in these situations.



recorddocumentinfo

living will & health care power of attorney

Do you have a living will? ☐ Yes ☐ No

Date prepared: _____

Prepared by (name, title, contact information): _____

Location of original document: _____

Location of copies (we suggest you attach a copy to this recordbook): _____

Name of Contact Person(s) in Living Will: _____

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

Date prepared: _____

Prepared by (name, title, contact information): _____

Location of original document: _____

Location of copies (we suggest you attach a copy to this recordbook): _____

Name of Health Care Agents in Health Care Power of Attorney: _____



recordemploymentinfo

Are you retired? ☐ **Yes** ☐ **No**

Employer contact information:

Company name: _____

Phone: _____ Supervisor: _____

Current Benefits and Location of Documents: _____

Position: _____ Start Date (and end date, if retired) _____

Ownership interest? ☐ **Yes** ☐ **No**

Employer contact information:

Company name: _____

Phone: _____ Supervisor: _____

Current Benefits and Location of Documents: _____

Position: _____ Start Date (and end date, if retired) _____

Ownership interest? ☐ **Yes** ☐ **No**

Employer contact information:

Company name: _____

Phone: _____ Supervisor: _____

Current Benefits and Location of Documents: _____

Position: _____ Start Date (and end date, if retired) _____

Ownership interest? ☐ **Yes** ☐ **No**

Employer contact information:

Company name: _____

Phone: _____ Supervisor: _____

Current Benefits and Location of Documents: _____

Position: _____ Start Date (and end date, if retired) _____

Ownership interest? ☐ **Yes** ☐ **No**



1. I do not have long term care insurance, which would provide financial assistance for my personal care at home or in a nursing home. _____ (initial here)

2. I have long term care insurance. The policy is located:

(fireproof box or other location)

3. The policy is with the following insurance company:

(name of company)

4. My insurance agent is: _____

The office is located at: _____

☐ I have attached their business card to this page.

5. It is my desire to stay in my present living situation as long as possible at:

If I need assistance in my present living situation, I would prefer to have assisted care professionals help me so that I can stay in my present residence as long as possible. I recognize that my financial situation and ability to care for myself may place limits on this option.

6. If I were no longer able to live at my present residence due to financial and/or medical reasons, I would prefer to live at the following places. I ask that they be considered in the following order:

My family member(s) listed below with whom I have discussed this option:

Name: _____ Address: _____

Name: _____ Address: _____

The following personal care or assisted living residence (s):

Name: _____ Address: _____

Name: _____ Address: _____

I know the following people living there currently:

Name: _____ Name: _____

While not binding, please make every attempt to honor these, my final requests.

Signature: _____ **Date:** _____



This page is to document my thoughts in the preparation of the funeral services.

Funeral Services: (Please check one or more of the following)

- ☐ I desire to have a **Funeral Mass and Rite of Committal** offered at my grave.
- ☐ I desire a **Funeral Liturgy (not a Mass)** at the funeral home with **Rite of Committal** offered at my grave.
- ☐ I desire to have a **Vigil Prayer Service** at the funeral home.

Church name: _____ Phone number: _____

Address: _____

I would like to see the following persons involved in my funeral services if possible:

Priest: _____

Lectors (two are recommended): _____

Offertory gifts (optional): _____

Fraternal, military or parish organizations: _____

Pall bearer 1 (optional): _____

Pall bearer 2 (optional): _____

Pall bearer 3 (optional): _____

Pall bearer 4 (optional): _____

Pall bearer 5 (optional): _____

Pall bearer 6 (optional): _____

Other Funeral Service Considerations:

Songs to include: _____

Readings to include: _____

Other requests: _____



Donation to Church/Priest:

I suggest a donation be made to the Church for my funeral service. Amount \$ _____

I suggest a stipend for the priest assisting with the Mass or services. Amount \$ _____

Memorial Gifts: (please check one)

- ☐ **I request that no memorial gift options be offered.**
- ☐ **In lieu of flowers, I request that memorial gifts be suggested to:**

Name of charity #1: _____

Address of charity #1: _____

Name of charity #2: _____

Address of charity #2: _____

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

Donation (identify particular organ or tissue, or indicate *entire body*): _____

Receiving organization's name and contact information: _____

**Please note: This is not a legal form. Please consult your doctor and attorney today to create the appropriate documents.*

While not binding, please make every attempt to honor these, my final requests.

Signature: _____ **Date:** _____



burialconsiderations

Funeral Home (please check one of the below)

- ☐ I have not made preliminary arrangements with a funeral home for my funeral, but please use the funeral home listed below.
- ☐ I have PRE-PAID and made arrangements with the funeral home listed below.
- ☐ I have made arrangements with the funeral home listed below but have made no payments.

Funeral home: _____

Address: _____

Phone #: _____

Staff person: _____

Cemetery (please check one of the below)

- ☐ I have not made preliminary arrangements with a cemetery for my burial, but please use the cemetery listed below.
- ☐ I have PRE-PAID and made arrangements with the cemetery listed below.
- ☐ I have made arrangements with the cemetery listed below but have made no payments.

Cemetery: _____

Address: _____

Phone #: _____

Staff person: _____

Burial/Grave Instructions

Type of disposition (please check)

- ☐ Ground burial ☐ Ground plot ☐ Cremation ☐ Mausoleum ☐ Custom Burial Chamber
- ☐ Other (explain): _____

Type of service (please check)

- ☐ Church ☐ Graveside ☐ Funeral Chapel
- ☐ Other (explain): _____

To the best of your ability, please offer guidance in the following areas:

Type of casket: _____

Type of vault: _____

Type of grave memorial marker: _____

Memorial markers include name, dates of birth and death. Memorial marker special inscription or thoughts may include: emblems/symbols of faith, hobbies or interests.

While not binding, please make every attempt to honor these, my final requests.

Signature: _____ **Date:** _____

Please consult your attorney if you wish to create legally binding instructions regarding your funeral and burial wishes.



survivorchecklist

These pages highlight decisions that must be made by survivors after death. By making these important decisions now, you can minimize the emotional strain that will be placed on your survivors.

1. Secure information required for death certificate or burial permit:

- ☐ *Name, home address and telephone #
- ☐ *How long in the state
- ☐ *Name of business, address and telephone #
- ☐ *Occupation and title
- ☐ *Social Security number
- ☐ *War veteran serial number
- ☐ *Birth date
- ☐ *Birth place
- ☐ *U.S. citizen
- ☐ *Father's name
- ☐ *Father's date and place of birth
- ☐ *Mother's maiden name
- ☐ *Mother's date and place of birth
- ☐ *Religious name (if any)
- ☐ *Check will regarding special wishes
- ☐ *Memorial park certificate of ownership

2. Items to decide and arrange within a few hours:

- ☐ Review this booklet for instructions
- ☐ Contact Church
- ☐ Identify clergy to assist with funeral services
- ☐ Arrange time for funeral/other religious services
- ☐ Contact close family and friends
- ☐ Contact funeral director after plans are established with Church
- ☐ Establish plans with funeral director (times, locations, etc.)
- ☐ *Choose casket
- ☐ *Choose vault or crypt
- ☐ Prepare/provide information for newspaper if not listed in this booklet
- ☐ Order death certificates (8 suggested) with funeral director
- ☐ *Agree on charitable organization(s) for donations to be made if not listed in this booklet
- ☐ *Contact cemetery to plan details for burial
- ☐ Confirm or obtain burial location at cemetery
- ☐ *Confirm or choose memorial marker for grave
- ☐ Answer sympathetic phone calls and messages
- ☐ Greet all friends and family who call
- ☐ Make list of callers and flowers received for sending Thank You cards

****Indicates details that can be prepared in this book or elsewhere ahead of time.***



survivor checklist

3. Notify the following once details for funeral are completed:

- ☐ Identify and get hotel information prior to calling out-of-town guests
- ☐ All relatives
- ☐ All friends
- ☐ Employer and co-workers of deceased
- ☐ Employers of relatives not going to work
- ☐ Religious, fraternal, civic, veterans organizations, unions
- ☐ Attorney, accountant, or executor of estate
- ☐ Insurance agents (life, health and accident)

4. Things to be decided during the next 24 hours:

- ☐ Identify and contact pallbearers if not listed in this booklet
- ☐ Arrange for flowers from family
- ☐ *Provide information for eulogy if not listed in this booklet
- ☐ *Help choose music for funeral if not listed in this booklet
- ☐ *Choose and drop off clothing for deceased
- ☐ Determine transportation for family and guests
- ☐ Contact funeral director with family transportation needs

5. Reception/Home preparation:

- ☐ Identify clothing for yourself and children
- ☐ Plan food for reception and/or out-of-town guests
- ☐ Determine need for household items (cups, plates, extra chairs, etc.)
- ☐ Prepare child care for younger children if necessary
- ☐ Arrange for meeting out of town guests at airport or any other location

6. Collect documents to establish rights for insurance, pensions, social security, ownership, relationship, etc.

- ☐ *Will
- ☐ *Legal proof of age or birth certificate
- ☐ *Social security card or number
- ☐ *Marriage license
- ☐ *Citizenship papers
- ☐ *Insurance policies (life, health, accidental and property)
- ☐ *Bank accounts
- ☐ *Deed to property
- ☐ *Income tax returns, receipts, or cancelled checks
- ☐ *Veterans discharge certificate
- ☐ *Disability claims

****Indicates details that can be prepared in this book or elsewhere ahead of time.***



Sole and Joint Property:

Sole property is anything that belongs to you alone. **Joint property** are items that are shared. To determine whether or not you can pass all or part of an asset by your will, you should know the form of title. There are four ways property can be owned jointly.

1. **Joint tenancy with right of survivorship.** When one of you dies, the surviving joint owner owns the entire asset.
2. **Tenancy in common.** You and others have an undivided interest in an asset. You can pass your interest by will. The surviving joint tenant doesn't automatically take title to your interest.
3. **Tenancy by the entirety.** This form of ownership is recognized by many states. It is limited to married couples and generally to real property.
4. **Community property.** This is a form of property ownership between spouses in select states. Generally, all property acquired during marriage is community property, regardless of which spouse holds the title. You can will only half the property; the other half belongs to the surviving spouse.

What is your estate worth?

What is your estate really worth? Its value from an estate planning viewpoint is different from your net worth, which is a snapshot of what you own and what you owe. For estate planning purposes, you need an inventory of your assets and liabilities that will enable you to accomplish these objectives:

1. To determine what you can leave to your heirs after your lifetime.
2. To calculate your potential estate taxes.
3. To provide for the distribution of your estate and the minimization of estate taxes.

Your estate and taxes:

The federal estate tax rules define the way you look at your assets. (*State death tax rules may vary.*)

Your **gross estate** is the total fair market value of your assets at your death. In addition to property owned by you, this includes certain transfers by you during your life, such as assets in a revocable trust, and also any general power to "appoint" property—that is, to take or dispose of property held under someone else's will or trust.

Generally, one-half of the value of **joint property** is includable in the estate of the first spouse to die and the full value is included in the survivor's estate unless

- a. part originally belonged to the survivor and was not acquired from you for less than full monetary consideration, or
- b. the survivor acquired the property by gift, legacy or inheritance. If you are married and hold property between you as joint tenants with right of survivorship or tenants by the entirety, an unlimited marital deduction will exclude all of it from your taxable estate.

Generally, your **taxable estate** is the net amount remaining after deducting funeral and administration expenses, debts, charitable bequests, and bequests and other qualifying interests passing to your surviving spouse.

After a tentative tax is calculated, your estate tax may be reduced by certain credits, subject to various limits: the unified estate and gift tax credit, gift taxes you have paid, state and foreign death taxes, and a credit for the federal estate tax on inherited property. (In a rare instance, the tax may be increased by a generation-skipping transfer tax.)

The worksheets on the following pages will help you determine the approximate size of your gross estate and net estate. Fill in the estimated current market value of each asset. For life insurance, insert the face amount, not the cash surrender value.

I. Cash (savings, money market and checking accounts, CDs)

[illegible][illegible][illegible][illegible]



List Your Assets

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

DESCRIPTION	DATE OF PURCHASE	COST BASIS	OWNED BY YOU ALONE	OWNED BY YOUR SPOUSE	OWNED JOINTLY OR COMMUNITY
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

6. Life Insurance

***Face Amount**

NAME OF COMPANY	INSURED	BENEFICIARY	OWNED BY YOU ALONE	OWNED BY YOUR SPOUSE	OWNED JOINTLY OR COMMUNITY
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

7. Annuities

***Present Value**

DESCRIPTION	ANNUITANT	BENEFICIARY	COST BASIS	OWNED BY YOU ALONE	OWNED BY YOUR SPOUSE	OWNED JOINTLY OR COMMUNITY
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

*Note any policy loans

I. Mortgages

2. Loans / Installment Debts (bank, auto & personal loans, insurance loans, etc.)

3. Current Bills (department store & other charges, credit cards, etc.)

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

[illegible]



estateLiabilities

List Your Liabilities (approximate balances owed)

5. All Other Liabilities

DESCRIPTION OF PROPERTY

	OWNED BY YOU ALONE	OWNED BY YOUR SPOUSE	OWNED JOINTLY OR COMMUNITY
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
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	\$	\$	\$
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	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Total of All Liabilities

OWNED BY YOU ALONE	OWNED BY YOUR SPOUSE	OWNED JOINTLY OR COMMUNITY
\$	\$	\$

Total of All Assets

OWNED BY YOU ALONE	OWNED BY YOUR SPOUSE	OWNED JOINTLY OR COMMUNITY
\$	\$	\$

Minus total of all Liabilities

()	()	()
-----	-----	-----

Net Estate (estimated)

\$	\$	\$
----	----	----

[illegible]



3. To Charitable Organizations

Name and Address of Charitable Organization	% of Net Estate	Dollar Amount
_____	_____ % OR \$ _____	_____
_____	_____ % OR \$ _____	_____
_____	_____ % OR \$ _____	_____
_____	_____ % OR \$ _____	_____

Name and Address of Charitable Organization	Name and Address of Charitable Organization
_____	_____
_____	_____
_____	_____
_____	_____

4. Residue of Estate

Name and Address of Charitable Organization	% of Residuary Estate
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Name and Address of Charitable Organization	% of Residuary Estate
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Note: The dispositions set forth in these pages are not legally binding. Please contact your attorney to ensure you have provided for all intended bequests in a legally binding manner.



disposition of estate

Personal Possession Instructions:

I offer the following plan for distributing the personal items that were important to me, are not included in my Will, and which I still own at the time of my death. These instructions should be followed upon my death or permanent disability if my spouse is not surviving.

Personal Possessions / Location of Item	Person to Receive Item or Plan of Distribution
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____
11. _____	11. _____
12. _____	12. _____
13. _____	13. _____
14. _____	14. _____
15. _____	15. _____
16. _____	16. _____
17. _____	17. _____
18. _____	18. _____

While not legally binding, please make every effort to honor these, my final requests.

Signature: _____ **Date:** _____

**Catholic Cemeteries Association**

10000 Miles Avenue
Cleveland, Ohio 44105
(216) 641-7575
www.clecem.org

Catholic Community Foundation

1404 East Ninth Street, 8th Floor
Cleveland, Ohio 44114
(216) 696-6525 or (800) 869-6525 ext. 8070
www.catholiccommunity.org

Catholic Diocese of Cleveland

1404 East Ninth Street
Cleveland, Ohio 44114
(216) 696-6525 or (800) 869-6525
www.dioceseofcleveland.org

Catholic Lawyers Guild

1404 East Ninth Street
Cleveland, Ohio 44114
(216) 696-6525 or (800) 869-6525
www.catholiccommunity.org/lawyers

Office for Human Life

Catholic Diocese of Cleveland
1404 East Ninth Street
Cleveland, OH 44114
(216) 696-6525 or (800) 869-6525
www.dioceseofcleveland.org/offices/parish-life/office-for-human-life

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*“Even a seemingly small
act of generosity
can grow into something
far beyond
what we could ever ask
or imagine.”*

HENRI J. NOUWEN

INTERNATIONALLY RENOWNED CATHOLIC PRIEST & AUTHOR

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216.696.6525 EXT. 8070

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