The Franciscans of St. John the Baptist Province are pleased to offer this complimentary estate planning organizer.

We encourage you to consult with qualified legal counsel for advice regarding your estate plan.

If you have questions about the estate planning organizer, Friar Works, or St. John the Baptist Province, please contact:

Colleen Cushard
Co-Director of Friar Works
513-721-4700
ccushard@franciscan.org

The Franciscan Friars Province of St. John the Baptist
1615 Vine Street
Cincinnati, OH
45202-6492
StAnthony.org
Franciscan.org

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St. Anthony Legacy Circle Membership Form

By completing this booklet, you will be providing your attorney and family with much of the information needed for an estate plan.
Personal Legacy Planning

Use this space to make notes as you so choose.
Here are some questions to consider when planning your personal legacy.

How do you want to be remembered?

What values do you want to pass on to others?

What kind of legacy do you want to leave to friends, loved ones, your community?

If you have children, how do you want your children to use this legacy?

What causes do you support? Do you want to support them through your estate?

Are there other causes you would like to support?

What is your plan to achieve these goals?
# Family Information

## YOUR INFORMATION

Full Legal Name

Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone  (Home)

(Work)

(Mobile)

Email

Date of Birth           Place of Birth

Social Security Number

- □ Single
- □ Married
- □ Widowed
- □ Separated
- □ Divorced

## YOUR SPOUSE

Full Legal Name

Date of Birth           Place of Birth

Social Security Number

## CHILDREN

1. Full Legal Name           Date of Birth

Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

continued on next page
2. Full Legal Name  
Date of Birth  
Address  
City  
State  
Zip  

3. Full Legal Name  
Date of Birth  
Address  
City  
State  
Zip  

4. Full Legal Name  
Date of Birth  
Address  
City  
State  
Zip  

5. Full Legal Name  
Date of Birth  
Address  
City  
State  
Zip  

6. Full Legal Name  
Date of Birth  
Address  
City  
State  
Zip  

7. Full Legal Name  
Date of Birth  
Address  
City  
State  
Zip  

8. Full Legal Name  
Date of Birth  
Address  
City  
State  
Zip  

continued on next page
GRANDCHILDREN

<table>
<thead>
<tr>
<th></th>
<th>Full Legal Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
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<td>2.</td>
<td>Address</td>
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<td></td>
<td>City</td>
<td>State</td>
</tr>
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<td>3.</td>
<td>Address</td>
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<td></td>
<td>City</td>
<td>State</td>
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<td>4.</td>
<td>Address</td>
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<td></td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>5.</td>
<td>Address</td>
<td></td>
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<tr>
<td></td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>6.</td>
<td>Address</td>
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<tr>
<td></td>
<td>City</td>
<td>State</td>
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<tr>
<td>7.</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Family Information continued
8. Full Legal Name

Address

City        State        Zip

9. Full Legal Name

Address

City        State        Zip

10. Full Legal Name

Address

City        State        Zip

11. Full Legal Name

Address

City        State        Zip

12. Full Legal Name

Address

City        State        Zip

13. Full Legal Name

Address

City        State        Zip

14. Full Legal Name

Address

City        State        Zip
# Estate Inventory

This information will give you and your advisers an approximate value of your estate.

**REAL ESTATE INFORMATION** *(DESCRIPTION = HOME, VACATION, RENTAL, COMMERCIAL)*

<table>
<thead>
<tr>
<th>Description</th>
<th>Market value $</th>
<th>Debt $</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
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<td></td>
<td></td>
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<tr>
<td>E.</td>
<td></td>
<td></td>
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<tr>
<td>F.</td>
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</tr>
</tbody>
</table>

**TOTAL value $**

(Total value of real estate = market value less debt)

*continued on next page*
**PERSONAL PROPERTY** *(Please list approximate current value)*

**Automobile(s)**

1. [ ]  
2. [ ]  
3. [ ]  
4. [ ]

**Bank accounts**

1. Bank name [ ]  
   Account type [ ]  
   Account # [ ]

2. Bank name [ ]  
   Account type [ ]  
   Account # [ ]

3. Bank name [ ]  
   Account type [ ]  
   Account # [ ]

4. Bank name [ ]  
   Account type [ ]  
   Account # [ ]

*continued on next page*
Stocks/bonds

1. value $
2. value $
3. value $
4. value $

Household furnishings

1. value $
2. value $
3. value $
4. value $
5. value $
6. value $

Other personal assets

1. value $
2. value $
3. value $
4. value $

DEATH BENEFITS FROM INSURANCE

$

TOTAL VALUE OF ESTATE: $
(Add all of the above, including total real estate value)
EXECUTOR/TRUSTEE

Name

ALTERNATE EXECUTOR/TRUSTEE

Name

FUNERAL ARRANGEMENTS

BENEFICIARY INFORMATION (Names of persons or charitable organizations)

Individuals

1. Name
Address       Phone

2. Name
Address       Phone

3. Name
Address       Phone

4. Name
Address       Phone

5. Name
Address       Phone

6. Name
Address       Phone

continued on next page
Charitable Organizations You Support

1. Name ____________________________ Tax ID ____________________________
City ______________________________ State ____________________________ Phone ____________________________

2. Name ____________________________ Tax ID ____________________________
City ______________________________ State ____________________________ Phone ____________________________

3. Name ____________________________ Tax ID ____________________________
City ______________________________ State ____________________________ Phone ____________________________

4. Name ____________________________ Tax ID ____________________________
City ______________________________ State ____________________________ Phone ____________________________

5. Name ____________________________ Tax ID ____________________________
City ______________________________ State ____________________________ Phone ____________________________

6. Name ____________________________ Tax ID ____________________________
City ______________________________ State ____________________________ Phone ____________________________
Final Arrangements

The following reflects my wishes regarding my final arrangements. I record them here to guide those responsible for carrying out my wishes and to help ensure all arrangements reflect my life, loves, and values.

Signature _______________________________ Date _______________________________

(If you are associated with a religious group, it is suggested that you fill out the following in consultation with the group leaders, providing a copy of these instructions for their files.)

CIRCUMSTANCES PERMITTING, I WISH MY BURIAL SERVICE TO TAKE PLACE AT

Location __________________________________________________________

Address __________________________________________________________

City __ State __ Zip __

Celebrant/Minister/Officiator __________________________________________

(If you are a member of a religious congregation and wish for a traditional ceremony to be used, specify the nature of the ceremony.)

☐ Burial only

☐ Burial with additional ritual of

SUGGESTED PALLBEARERS

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

continued on next page
IF POSSIBLE, I WOULD LIKE TO HAVE THE FOLLOWING READINGS


I WOULD ESPECIALLY LIKE THE FOLLOWING MUSIC OR HYMNS


In lieu of flowers, many people prefer to encourage a more lasting memorial. Memorial gifts may be made to Friar Works, Franciscan Ministry & Mission, 1615 Vine Street, Cincinnati, OH 45202.

Please specify a contact person you would like to be informed of these gifts.

Name ____________________________ Phone ____________________________

I PREFER TO BE

❑ Buried ❑ Cremated ❑ Before the funeral -or- ❑ After the funeral

PREFERENCE REGARDING THE DISPOSAL OF MY ASHES

LOCATION OF CEMETERY LOT DEED, CRYPT DEED, COLUMBARIUM CONTRACT

I HAVE MADE ARRANGEMENTS TO HAVE CERTAIN PARTS OR ALL OF MY BODY DONATED TO

continued on next page
PREFERRED FUNERAL HOME

COFFIN SPECIFICATIONS

☐ Least expensive  ☐ Mid-range  ☐ Elaborate

☐ I prefer to have my coffin open at the funeral home.

☐ I prefer to have my coffin closed at the funeral home.

OTHER INFORMATION FOR MY SURVIVORS

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Obituary and Other Information

FINAL DIRECTIONS AND INSTRUCTIONS UPON THE DEATH OF:

Name ___________________________________________ Date __________________________

Besides keeping this information in this organizer, you should also file this with your local congregation, if any, or your attorney, and notify your heirs that the form has been completed for their information.

YOUR PERSONAL INFORMATION

Name ___________________________________________

Address _________________________________________

City ___________________________ State _______ Zip _________

Date of Birth ___________________ Place of Birth _________

YOUR SPOUSE

Name ___________________________________________

Address _________________________________________

City ___________________________ State _______ Zip _________

Date of Birth ___________________ Place of Birth _________

☐ Living ☐ Deceased

HOME CHURCH/RELIGIOUS AFFILIATION

Name ___________________________________________

Address _________________________________________

City ___________________________ State _______ Zip _________

Religious Affiliation ___________________________________________

continued on next page
YOUR FATHER

Name

Date of Birth          Place of Birth

☐ Living              ☐ Deceased

YOUR MOTHER

Name

Date of Birth          Place of Birth

☐ Living              ☐ Deceased

SIBLINGS

1. Name               ☐ Living              ☐ Deceased
   Address                Phone

2. Name               ☐ Living              ☐ Deceased
   Address                Phone

3. Name               ☐ Living              ☐ Deceased
   Address                Phone

4. Name               ☐ Living              ☐ Deceased
   Address                Phone

5. Name               ☐ Living              ☐ Deceased
   Address                Phone

6. Name               ☐ Living              ☐ Deceased
   Address                Phone

continued on next page
## Names, Addresses, and Phone Numbers of Other Persons to Notify Upon My Death Who Would Not Likely Be Reached Through the Published Obituary

1. **Name**

   Address

   Phone

2. **Name**

   Address

   Phone

3. **Name**

   Address

   Phone

4. **Name**

   Address

   Phone

5. **Name**

   Address

   Phone

## The Following Nearby Person Has Agreed to Care for My Family (Or Pets) Temporarily

Name

Address

Phone

## My Occupation


## Employer (Name and Address)

Name

Address

Phone

---

*continued on next page*
**ORGANIZATIONS/ASSOCIATIONS/SOCIETIES/UNIONS/LODGES/PROFESSIONAL ASSOCIATION, ETC.**

*(Include office or position you held, if past or present, and check if organization is to be notified).*

1. Name
   - Notify □ Yes □ No
   - Office or position you held □ Current □ Past

2. Name
   - Notify □ Yes □ No
   - Office or position you held □ Current □ Past

3. Name
   - Notify □ Yes □ No
   - Office or position you held □ Current □ Past

4. Name
   - Notify □ Yes □ No
   - Office or position you held □ Current □ Past

5. Name
   - Notify □ Yes □ No
   - Office or position you held □ Current □ Past

**CHARITY(IES) TO MENTION IN OBITUARY**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**MISCELLANEOUS NOTES, REFLECTIONS, OR INSTRUCTIONS**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
In Case of an Emergency

At the time of a person’s sudden illness or death, family members, friends, and advisers are often faced with the need for specific information. It is important—and extremely helpful—for them to have access to a record of your important papers and information. For couples, each partner should compile separate information and prepare separate documents, although many of the materials will be the same.

The following checklist will allow family members, friends, and advisers to locate crucial documents and information when needed most. Make sure a family member, close friend, or adviser knows where this list is located and share copies with the appropriate parties. Review this list periodically and keep it up to date.

What may be needed in an emergency

PEOPLE YOU MAY WANT TO CONTACT IN ANY EMERGENCY

1. Name ______________________ Phone ______________________
   Address ________________________________________________
   City ___________________ State _______ Zip ______________

2. Name ______________________ Phone ______________________
   Address ________________________________________________
   City ___________________ State _______ Zip ______________

3. Name ______________________ Phone ______________________
   Address ________________________________________________
   City ___________________ State _______ Zip ______________

4. Name ______________________ Phone ______________________
   Address ________________________________________________
   City ___________________ State _______ Zip ______________

5. Name ______________________ Phone ______________________
   Address ________________________________________________
   City ___________________ State _______ Zip ______________

continued on next page
### Where important documents are located

#### General Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passport, citizenship papers</td>
<td></td>
</tr>
<tr>
<td>Social Security card</td>
<td></td>
</tr>
<tr>
<td>Birth certificate</td>
<td></td>
</tr>
<tr>
<td>Driver’s license</td>
<td></td>
</tr>
<tr>
<td>Marriage certificate</td>
<td></td>
</tr>
<tr>
<td>Health insurance cards</td>
<td></td>
</tr>
<tr>
<td>Safe deposit box and keys</td>
<td></td>
</tr>
<tr>
<td>Safe and combination</td>
<td></td>
</tr>
<tr>
<td>Pre-nuptial agreement</td>
<td></td>
</tr>
<tr>
<td>Divorce papers</td>
<td></td>
</tr>
<tr>
<td>Adoption papers</td>
<td></td>
</tr>
</tbody>
</table>

#### Estate Planning Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will</td>
<td></td>
</tr>
<tr>
<td>Living trust</td>
<td></td>
</tr>
<tr>
<td>Advance health care directive</td>
<td></td>
</tr>
<tr>
<td>Power of attorney for property*</td>
<td></td>
</tr>
<tr>
<td>Notes regarding last ceremonies</td>
<td></td>
</tr>
<tr>
<td>Pre-paid burial plot or columbarium</td>
<td></td>
</tr>
<tr>
<td>Pre-paid cremation papers</td>
<td></td>
</tr>
<tr>
<td>County issuing death certificate</td>
<td></td>
</tr>
</tbody>
</table>

*A sufficient number of copies are needed to transfer ownership of accounts and titles to property.*
**Executor (will)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**Successor trustee(s) (Living Trust)**

1. | Name | Phone |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

2. | Name | Phone |
<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

**Preferred funeral home**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**Items needed in case of serious illness**

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance health care directive</td>
<td></td>
</tr>
<tr>
<td>Durable power of attorney for property</td>
<td>Location</td>
</tr>
<tr>
<td>Financial institutions, power of attorney forms (for institutions who will not accept the general power of attorney form)</td>
<td>Location</td>
</tr>
<tr>
<td>Health care insurance card</td>
<td>Location</td>
</tr>
<tr>
<td>Medicare cards</td>
<td>Location</td>
</tr>
</tbody>
</table>

continued on next page
## FINANCIAL AND INVESTMENT DOCUMENTS

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement plan(s) statements</td>
<td>Location</td>
</tr>
<tr>
<td>Retirement plan(s) beneficiary designations</td>
<td>Location</td>
</tr>
<tr>
<td>Company benefits such as deferred compensation</td>
<td>Location</td>
</tr>
<tr>
<td>Private investment accounts</td>
<td>Location</td>
</tr>
<tr>
<td>Stock certificates not held in an account</td>
<td>Location</td>
</tr>
<tr>
<td>Online securities transaction information</td>
<td>Location</td>
</tr>
<tr>
<td>Mutual fund account statements</td>
<td>Location</td>
</tr>
<tr>
<td>Documents showing basis of stock</td>
<td>Location</td>
</tr>
</tbody>
</table>

## FINANCIAL DOCUMENTS (PERSONAL)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past years’ tax returns</td>
<td>Location</td>
</tr>
<tr>
<td>Gift tax returns</td>
<td>Location</td>
</tr>
<tr>
<td>Active loans you’ve made to individuals</td>
<td>Location</td>
</tr>
<tr>
<td>Mortgage documents</td>
<td>Location</td>
</tr>
<tr>
<td>Property tax records</td>
<td>Location</td>
</tr>
<tr>
<td>Rental and lease agreements</td>
<td>Location</td>
</tr>
<tr>
<td>Real estate deeds</td>
<td>Location</td>
</tr>
<tr>
<td>Motor vehicle title papers</td>
<td>Location</td>
</tr>
<tr>
<td>Charitable pledges, outstanding</td>
<td>Location</td>
</tr>
<tr>
<td>Charitable donor-advised fund</td>
<td>Location</td>
</tr>
<tr>
<td>Charitable remainder trust or charitable pooled income fund</td>
<td>Location</td>
</tr>
<tr>
<td>Appraisal or inventory of valuable tangible personal property (art, jewelry, etc.)</td>
<td>Location</td>
</tr>
</tbody>
</table>

**FINANCIAL DOCUMENTS (BANK OR CREDIT)**

| Passbooks and statements | Location |
| Checkbooks and statements | Location |
| Credit cards and accounts statements | Location |
| Money market accounts and statements | Location |

**INSURANCE AND ANNUITIES**

<p>| Life insurance documents | Location |
| Group life insurance | Location |
| Health and auto insurance cards | Location |
| Home insurance | Location |
| Other property insurance (rental) | Location |
| Commercial annuities | Location |
| Charitable annuities | Location |
| Beneficiary forms for insurance polices | Location |
| Veterans insurance benefits | Location |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
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<tbody>
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<td></td>
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</table>
Leave a Legacy to the Franciscans

To make a gift in your will or living trust to the Franciscans, consider adding wording like this to your will or trust document:

“I give ______ percent of my estate, or description of asset, or $ ______ to the Franciscan Friars of St. John the Baptist Province, Inc. (Tax ID: 31-6064103), located in Cincinnati, Ohio, to further its mission of service to others in the spirit of St. Francis.”

*In lieu of flowers, many people prefer to encourage a more lasting memorial. Memorial gifts may be made to Friar Works, Franciscan Ministry & Mission, 1615 Vine Street, Cincinnati, OH 45202. Please notify Friar Works at 513-721-4700 or friarworks@franciscan.org.*

Checklist

Check off the box(es) as you complete and file the following documents:

- Will: Date filed: / / 
- Living Trust: Date filed: / / 
- Power of Attorney for Property Management: Date filed: / / 
- Advance Health Care Directive: Date filed: / / 
- Friar Works Estate Planning Organizer: Date filed: / / 

“For it is in giving that we receive.”

— St. Francis of Assisi
Over 800 years ago, St. Francis of Assisi founded the Franciscan Order. His ministry was very personal and human. Although he led a life of contemplation and prayer like many of his peers, he also spent time traveling and preaching the gospel to ordinary people, especially the poor.

Today, Franciscan priests and brothers live in fraternity and serve the poor with compassion, dignity, and peace. Since 1844, the Franciscan Friars of St. John the Baptist Province have been living with and for the poor and working to promote justice, peace, and care for creation.

St. Francis’s legacy and influence continue to inspire people all over the world today. Just the mention of his name evokes peace, simplicity, and service due to his steadfast devotion to God and his imitation of Christ.
St. Anthony Legacy Circle Membership Form

If you have included the Franciscan Friars of St. John the Baptist Province in your will or living trust, or in your estate plan in some other way, we would be honored to list you as a member of the St. Anthony Legacy Circle. Please complete this form and mail or email a copy to:

Colleen Cushard
Franciscan Friars of St. John the Baptist Province
1615 Vine Street
Cincinnati, OH 45202
ccushard@franciscan.org

Dear Ms. Cushard,

(check one)

☐ I/We have remembered the Franciscans through a gift in my/our will or trust or in some other way. Please enroll me in the St. Anthony Legacy Circle. You may publish my/our name(s) in the St. Anthony Legacy Circle membership list.

☐ I/We have remembered the Franciscans through a gift in my/our will or trust or in some other way. Please enroll me in the St. Anthony Legacy Circle. Do not, however, publish my/our name(s).

Name(s)

________________________________________

Address

________________________________________

City                      State       Zip

Signature(s)              Date

The Franciscan Friars of St. John the Baptist Province want to honor your wishes. If you are comfortable doing so, please note the type of gift you have made. Completing this section is not required for Legacy Circle membership, nor is this form a legally binding document.

continued on other side
We have provided for St. John the Baptist Province as follows:
(check all that apply)

☐ Bequest (Indicate type):  ☐ Specific amount
☐ Percentage
☐ Whatever's left over (residual)
☐ If all heirs deceased (contingent)

☐ Charitable remainder trust
☐ Charitable gift annuity
☐ Retirement plan beneficiary designation
☐ Insurance policy beneficiary designation
☐ Other

☐ Estimated gift value (optional)

$

NAME/CONTACT INFORMATION OF PERSON OR ENTITY RESPONSIBLE FOR TRANSFER

Name

Address

City  State  Zip

Phone

Email