



Estate Planning Organizer



FRIARWORKS

**FRANCISCAN
MINISTRY & MISSION**

The Franciscan Friars • Province of St. John the Baptist
1615 Vine Street • Cincinnati, OH 45202-6492
513-721-4700
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.



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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 _____

City _____ State _____ Zip _____

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 _____

City _____ State _____ Zip _____

continued on next page



Family Information continued

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

Family Information continued

1. Full Legal Name _____ **Date of Birth** _____

Address _____

City _____ State _____ Zip _____

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 _____

continued on next page

Family Information continued

8. Full Legal Name _____ **Date of Birth** _____

Address _____

City _____ State _____ Zip _____

9. Full Legal Name _____ **Date of Birth** _____

Address _____

City _____ State _____ Zip _____

10. Full Legal Name _____ **Date of Birth** _____

Address _____

City _____ State _____ Zip _____

11. Full Legal Name _____ **Date of Birth** _____

Address _____

City _____ State _____ Zip _____

12. Full Legal Name _____ **Date of Birth** _____

Address _____

City _____ State _____ Zip _____

13. Full Legal Name _____ **Date of Birth** _____

Address _____

City _____ State _____ Zip _____

14. Full Legal Name _____ **Date of Birth** _____

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)

A. Description

Market value \$	Debt \$
-----------------	---------

Location	
----------	--

B. Description

Market value \$	Debt \$
-----------------	---------

Location	
----------	--

C. Description

Market value \$	Debt \$
-----------------	---------

Location	
----------	--

D. Description

Market value \$	Debt \$
-----------------	---------

Location	
----------	--

E. Description

Market value \$	Debt \$
-----------------	---------

Location	
----------	--

F. Description

Market value \$	Debt \$
-----------------	---------

Location	
----------	--

TOTAL value \$ _____

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

continued on next page



PERSONAL PROPERTY *(Please list approximate current value)*

Estate Inventory continued

Automobile(s)

1.	_____	value \$ _____
2.	_____	value \$ _____
3.	_____	value \$ _____
4.	_____	value \$ _____

Bank accounts

1. Bank name	_____	value \$ _____
Account type	Account #	_____
2. Bank name	_____	value \$ _____
Account type	Account #	_____
3. Bank name	_____	value \$ _____
Account type	Account #	_____
4. Bank name	_____	value \$ _____
Account type	Account #	_____

continued on next page



Stocks/bonds

Estate Inventory continued

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)

continued on next page



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

Obituary and Other Information continued

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



Obituary and Other Information continued

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



Obituary and Other Information continued

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

In Case of an Emergency continued

General Documents

Passport, citizenship papers	Location
Social Security card	Location
Birth certificate	Location
Driver's license	Location
Marriage certificate	Location
Health insurance cards	Location
Safe deposit box and keys	Location
Safe and combination	Location
Pre-nuptial agreement	Location
Divorce papers	Location
Adoption papers	Location

Estate Planning Documents

Will	Location
Living trust	Location
Advance health care directive	Location
Power of attorney for property*	Location
Notes regarding last ceremonies	Location
Pre-paid burial plot or columbarium	Location
Pre-paid cremation papers	Location

County issuing death certificate

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

continued on next page



Executor (will)

In Case of an Emergency continued

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Successor trustee(s) (Living Trust)

1. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Preferred funeral home

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Items needed in case of serious illness

Advance health care directive	Location _____
-------------------------------	----------------

Durable power of attorney for property	Location _____
--	----------------

Financial institutions, power of attorney forms (for institutions who will not accept the general power of attorney form)	Location _____
---	----------------

Health care insurance card	Location _____
----------------------------	----------------

Medicare cards	Location _____
----------------	----------------

continued on next page

FINANCIAL AND INVESTMENT DOCUMENTS

In Case of an Emergency continued

Retirement plan(s) statements	Location
Retirement plan(s) beneficiary designations	Location
Company benefits such as deferred compensation	Location
Private investment accounts	Location
Stock certificates not held in an account	Location
Online securities transaction information	Location
Mutual fund account statements	Location
Documents showing basis of stock	Location

FINANCIAL DOCUMENTS (PERSONAL)

Past years' tax returns	Location
Gift tax returns	Location
Active loans you've made to individuals	Location
Mortgage documents	Location
Property tax records	Location
Rental and lease agreements	Location
Real estate deeds	Location
Motor vehicle title papers	Location
Charitable pledges, outstanding	Location

continued on next page



In Case of an Emergency continued

Charitable donor-advised fund	Location
Charitable remainder trust or charitable pooled income fund	Location
Appraisal or inventory of valuable tangible personal property (art, jewelry, etc.)	Location

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

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 policies	Location
Veterans insurance benefits	Location

continued on next page



MISCELLANEOUS ITEMS

In Case of an Emergency continued

Item:	Location
Item:	Location
Item:	Location
Item:	Location
Item:	Location
Item:	Location
Item:	Location
Item:	Location



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



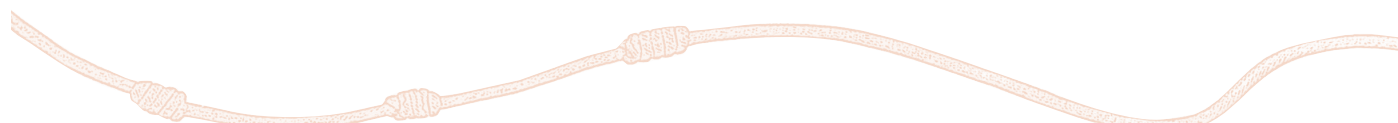
Over 800 years ago, St. Francis of Assisi founded the Franciscan Order. His ministry was very personal and human. Although he led a life of contemplation and prayer like many of his peers, he also spent time traveling and preaching the gospel to ordinary people, especially the poor.

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.

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StAnthony.org • Franciscan.org





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 _____

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