Your Legacy

A personal journal and master guidebook for recording your life and your legacy.
Dear Friend,

If you have an appreciation for all you value in life and a wish to leave a meaningful mark on the world, then planning your legacy is the right tool for you. Your legacy is all that you believe in and continue to work for throughout your life. It is a compilation of all that you have developed, received, and enhanced throughout your lifetime. Your legacy becomes your hope and your gift to the next generation to continue.

By consciously planning your legacy, you can help yourself, your loved ones and those organizations who have served your needs, such as St. Francis Community.

We invite you to use this book as a tool to articulate your thoughts and feelings as well as a place to track locations of all your important information. Those who serve through St. Francis Community are privileged to be a part of your life. We ask you to help us continue caring for others by keeping us in mind as your plan your legacy.

Sister Joanne Lammers
Director of Mission Advancement
Celebrating Your Legacy

Planning your legacy is an act of love. By gathering and recording your information and wishes, you leave a precious gift to your loved ones.

Your Name: __________________________________________________________

Date of Completion: _________________________________________________

Dates of Revision: __________________________ __________________________

________________________ __________________________

________________________ __________________________

________________________ __________________________

NOTE:

→ This book is designed for use by one person only.
→ If you need help preparing this book, ask your spouse, child, or trusted friend.
→ You should review this information at least every two years.
→ Ask your attorney for the best place to keep your legal and financial documents.
→ Use pencil to allow for future changes.
→ Insert blank pages provided behind the table of contents as needed.
→ Make the following people aware of this document’s existence and location: spouse, children, parents, attorney, accountant, clergy, and physician.
→ Ask your attorney if he / she would like a copy of this document.

The information presented in this notebook is not intended as legal or financial advice. Please consult your attorney or other advisors.

Provided to you by: The Sisters of St. Francis and its sponsored ministries, including: Franciscan Earth Literacy Center / St. Francis Spirituality Center

www.sfctiffin.org
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Your *Legacy*
PERSONAL AND FINANCIAL INFORMATION

Family – You and Your Spouse

Your Full Name________________________________________

Your Maiden Name (if applicable)________________________________________

Address________________________________________________________

Phone_________________________ Email________________________

Date & Place of Birth________________________________________

Social Security Number________________________________________

Are you a Veteran?___________Branch of Service________________________

Dates Served________________________________________

Occupation (or if retired, former occupation)________________________________________

Employer________________________________________

Spouse or Other Significant Other

Full Name________________________________________

Relationship________________________________________

Address________________________________________________________

Phone_________________________ Email________________________

Social Security Number________________________________________

Date & Place of Marriage________________________________________

Date & Place of Death (if applicable)________________________________________

Place of Burial (if applicable)________________________________________

NOTE: It is a good idea to list the name of a person who knows all members of your extended family and how to contact them.

Name________________________________________

Address________________________________________

Phone_________________________ Email________________________

Your Legacy________________________________________1
PERSONAL AND FINANCIAL INFORMATION
Family – Former Spouses

Former Spouse

Full Name___________________________
Address____________________________
Phone____________________ Email____________________
Date & Place of Birth____________________
Date & Place of Marriage____________________
Date of Dissolution or Divorce____________________
State & Court Where Proceedings Occurred____________________
Date & Place of Death (if applicable)____________________
Place of Burial (if applicable)____________________

Former Spouse

Full Name___________________________
Relationship____________________
Address____________________________
Phone____________________ Email____________________
Date & Place of Birth____________________
Date & Place of Marriage____________________
Date of Dissolution or Divorce____________________
State & Court Where Proceedings Occurred____________________
Date & Place of Death (if applicable)____________________
Place of Burial (if applicable)____________________
PERSONAL AND FINANCIAL INFORMATION
Family - Children

Child’s Full Name _____________________________ □ Deceased

Address _______________________________________

Phone __________________________ Email__________

Date & Place of Birth ___________________________

Date & Place of Death (if applicable) _______________

Social Security Number ___________________________

Name of Child’s Mother or Father if Different from You or Your Spouse:
____________________________________________________________________________________

Other Information About Child _______________________

Child’s Children (Your Grandchildren)

Full Name ___________________________

Date of Birth _________________________

Address _____________________________

Phone __________________________ Email________

Full Name ___________________________

Date of Birth _________________________

Address _____________________________

Phone __________________________ Email________

Full Name ___________________________

Date of Birth _________________________

Address _____________________________

Phone __________________________ Email________

Full Name ___________________________

Date of Birth _________________________

Address _____________________________

Phone __________________________ Email________

Your Legacy _________________________
PERSONAL AND FINANCIAL INFORMATION

Family - Children

Child’s Full Name__________________________________________  □ Deceased
Address___________________________________________________
Phone__________________________ Email______________________
Date & Place of Birth________________________________________
Date & Place of Death (if applicable)__________________________
Social Security Number______________________________________
Name of Child’s Mother or Father if Different from You or Your Spouse:
____________________________________________________________________________________
Other Information About Child__________________________________

Child’s Children (Your Grandchildren)

Full Name__________________________________________________
Date of Birth________________________________________________
Address____________________________________________________
Phone__________________________ Email______________________

Full Name__________________________________________________
Date of Birth________________________________________________
Address____________________________________________________
Phone__________________________ Email______________________

Full Name__________________________________________________
Date of Birth________________________________________________
Address____________________________________________________
Phone__________________________ Email______________________

Full Name__________________________________________________
Date of Birth________________________________________________
Address____________________________________________________
Phone__________________________ Email______________________

Your Legacy
PERSONAL AND FINANCIAL INFORMATION
Family - Children

Child’s Full Name ___________________________________________ □ Deceased

Address ___________________________________________________

Phone ___________________________ Email _______________________

Date & Place of Birth _________________________________________

Date & Place of Death (if applicable) ____________________________

Social Security Number _________________________________________

Name of Child’s Mother or Father if Different from You or Your Spouse:
________________________________________________________________

Other Information About Child ______________________________________

Child’s Children (Your Grandchildren)

Full Name ___________________________________________________

Date of Birth ________________________________________________

Address _____________________________________________________

Phone ___________________________ Email _______________________

Full Name ___________________________________________________

Date of Birth ________________________________________________

Address _____________________________________________________

Phone ___________________________ Email _______________________

Full Name ___________________________________________________

Date of Birth ________________________________________________

Address _____________________________________________________

Phone ___________________________ Email _______________________

Full Name ___________________________________________________

Date of Birth ________________________________________________

Address _____________________________________________________

Phone ___________________________ Email _______________________

Your Legacy ____________________________________________
PERSONAL AND FINANCIAL INFORMATION

Family - Children

Child’s Full Name ____________________________ □ Deceased

Address ____________________________________

Phone __________________ Email__________________

Date & Place of Birth __________________________

Date & Place of Death (if applicable) ___________

Social Security Number ________________________

Name of Child’s Mother or Father if Different from You or Your Spouse:
__________________________________________________________________________

Other Information About Child __________________

Child’s Children (Your Grandchildren)

Full Name ________________________________

Date of Birth _____________________________

Address __________________________________

Phone __________________ Email__________________

Full Name ________________________________

Date of Birth _____________________________

Address __________________________________

Phone __________________ Email__________________

Full Name ________________________________

Date of Birth _____________________________

Address __________________________________

Phone __________________ Email__________________

Full Name ________________________________

Date of Birth _____________________________

Address __________________________________

Phone __________________ Email__________________

Your Legacy ____________________________
PERSONAL AND FINANCIAL INFORMATION

Family – Brothers and Sisters

Your Sibling’s Full Name__________________________________________ ☐ Deceased

Date & Place of Birth_____________________________________________

Address_______________________________________________________

Phone_________________ Email_____________________

Sibling’s Children (Your Nieces & Nephews)

Full Name_______________________________________________________

Date of Birth___________________________________________________

Address_______________________________________________________

Phone_________________ Email_____________________

Full Name_______________________________________________________

Date of Birth___________________________________________________

Address_______________________________________________________

Phone_________________ Email_____________________

Full Name_______________________________________________________

Date of Birth___________________________________________________

Address_______________________________________________________

Phone_________________ Email_____________________

Full Name_______________________________________________________

Date of Birth___________________________________________________

Address_______________________________________________________

Phone_________________ Email_____________________

Your Legacy___________
PERSONAL AND FINANCIAL INFORMATION
Family – Brothers and Sisters

Your Sibling’s Full Name ____________________________ □ Deceased

Date & Place of Birth ______________________________________

Address ________________________________________________

Phone __________________________ Email ____________________

Sibling’s Children (Your Nieces & Nephews)

Full Name ________________________________________________

Date of Birth ____________________________________________

Address ________________________________________________

Phone __________________________ Email ____________________

Full Name ________________________________________________

Date of Birth ____________________________________________

Address ________________________________________________

Phone __________________________ Email ____________________

Full Name ________________________________________________

Date of Birth ____________________________________________

Address ________________________________________________

Phone __________________________ Email ____________________

Full Name ________________________________________________

Date of Birth ____________________________________________

Address ________________________________________________

Phone __________________________ Email ____________________

Your Legacy __________________________ 8
PERSONAL AND FINANCIAL INFORMATION

Family – Brothers and Sisters

Your Sibling’s Full Name______________________________  □ Deceased

Date & Place of Birth_____________________________________

Address_______________________________________________

Phone________________________ Email_____________________

Sibling’s Children (Your Nieces & Nephews)

Full Name_______________________________________________

Date of Birth____________________________________________

Address_______________________________________________

Phone________________________ Email_____________________

Full Name_______________________________________________

Date of Birth____________________________________________

Address_______________________________________________

Phone________________________ Email_____________________

Full Name_______________________________________________

Date of Birth____________________________________________

Address_______________________________________________

Phone________________________ Email_____________________

Full Name_______________________________________________

Date of Birth____________________________________________

Address_______________________________________________

Phone________________________ Email_____________________

Your Legacy________________________
PERSONAL AND FINANCIAL INFORMATION

Family – Parents

Your Father’s Full Name ___________________________ ☐ Deceased
  Date & Place of Birth ___________________________
  Address ______________________________________
  Phone __________________________ Email ______

Your Mother’s Full Name ___________________________
  Maiden Name __________________________________
  Date and Place of Birth _________________________
  Address ______________________________________
  Phone __________________________ Email ______

Other Family
  Full Name ________________________________
  Relationship _____________________________
  Address __________________________________
  Phone __________________________ Email ______

  Full Name ________________________________
  Date of Birth _____________________________
  Address __________________________________
  Phone __________________________ Email ______

  Full Name ________________________________
  Date of Birth _____________________________
  Address __________________________________
  Phone __________________________ Email ______
PERSONAL AND FINANCIAL INFORMATION
Family - Pets

Pet's Name __________________________
Type of Animal & Breed __________________________
Year of Birth ___________ Year Pet Joined Family ___________
Notes About Feeding & Care _______________________________________

Notes About Medical History & Special Needs _______________________________________

Pet's Name __________________________
Type of Animal & Breed __________________________
Year of Birth ___________ Year Pet Joined Family ___________
Notes About Feeding & Care _______________________________________

Notes About Medical History & Special Needs _______________________________________

Designated Person to Care for Pets in Your Absence
(make sure the person is willing and able)
Full Name __________________________
Address __________________________
Phone __________________________ Email __________________________

Veterinarian's Name __________________________
Address __________________________
Phone __________________________ Email __________________________

Your Legacy
PERSONAL AND FINANCIAL INFORMATION
Personal Support – Medical

Primary Physician

Name
Address
Phone Email

Specialist Physician (i.e., cardiologist, optometrist, etc.)

Name
Address
Phone Email

Specialist Physician

Name
Address
Phone Email

Specialist Physician

Name
Address
Phone Email

Pharmacy Where Prescriptions are Filled

Address
Phone

Your Legacy
PERSONAL AND FINANCIAL INFORMATION

Personal Support - Medical

Preferred Hospital for Treatment

Address__________________________________________
Phone__________________________________________

Durable Power of Attorney for Health Care

Primary Name_____________________________________
Address_________________________________________
Phone__________________________ Email____________

First Alternate Name______________________________
Address________________________________________
Phone__________________________ Email____________

Second Alternate Name____________________________
Address________________________________________
Phone__________________________ Email____________

Health Care Declaration / Living Will Advocate

Primary Name_____________________________________
Address_________________________________________
Phone__________________________ Email____________

First Alternate Name______________________________
Address________________________________________
Phone__________________________ Email____________
PERSONAL AND FINANCIAL INFORMATION
Personal Support – Legal

Power of Attorney

Primary Name__________________________
Address______________________________
Phone________________________ Email__________________________

First Alternate Name__________________________
Address______________________________
Phone________________________ Email__________________________

Executor (Of Your Will)

Primary Name__________________________
Address______________________________
Phone________________________ Email__________________________

First Alternate Name__________________________
Address______________________________
Phone________________________ Email__________________________

Trustee (Of Your Trusts)

Primary Name__________________________
Address______________________________
Phone________________________ Email__________________________

First Alternate Name__________________________
Address______________________________
Phone________________________ Email__________________________

Your Legacy
PERSONAL AND FINANCIAL INFORMATION
Personal Support - Legal

Attorney

Primary Name__________________________________________
Address______________________________________________
Phone_____________________ Email_______________________

First Alternate Name____________________________________
Address______________________________________________
Phone_____________________ Email_______________________

Insurance Agent

Name___________________________________________________
Address______________________________________________
Phone_____________________ Email_______________________

Your Legacy
PERSONAL AND FINANCIAL INFORMATION
Personal Support – Financial

Accountant or Tax Preparer

Name__________________________
Address__________________________
Phone__________________________ Email__________________________

Stockbroker

Name__________________________
Address__________________________
Phone__________________________ Email__________________________

Investment or Financial Advisor

Name__________________________
Address__________________________
Phone__________________________ Email__________________________

Private Banker

Name__________________________
Banking Office____________________
Phone__________________________ Email__________________________

Employee Benefit Administrator

Name of Employee/Former Employee__________________________
Name of Benefits Administrator__________________________
Address__________________________
Phone__________________________ Email__________________________

NOTE: Remember to list your pension and insurance benefits beginning on Page 21: Financial Statements – Assets.
PERSONAL AND FINANCIAL INFORMATION
Personal Support – Others

Church

Clergy__________________________________________
Church Name____________________________________
Address_________________________________________
Phone_________________________ Email____________

Others to Notify Upon Your Death

Name____________________________________________
Relationship_____________________________________
Address_________________________________________
Phone_________________________ Email____________

Name____________________________________________
Relationship_____________________________________
Address_________________________________________
Phone_________________________ Email____________

Name____________________________________________
Relationship_____________________________________
Address_________________________________________
Phone_________________________ Email____________

Note: Be sure to notify the Social Security Office (1-800-772-1213).
<table>
<thead>
<tr>
<th>Document</th>
<th>Location of Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will</td>
<td></td>
</tr>
<tr>
<td>Durable Power of Attorney</td>
<td></td>
</tr>
<tr>
<td>Advanced Health Care Directives</td>
<td></td>
</tr>
<tr>
<td>Trust Agreements</td>
<td></td>
</tr>
<tr>
<td>Birth Certificate</td>
<td></td>
</tr>
<tr>
<td>Marriage Certificate(s)</td>
<td></td>
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<tr>
<td>Prenuptial Agreement(s)</td>
<td></td>
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<tr>
<td>Divorce Papers</td>
<td></td>
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<tr>
<td>Adoption Papers</td>
<td></td>
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<tr>
<td>Passport</td>
<td></td>
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<tr>
<td>Naturalization Papers</td>
<td></td>
</tr>
<tr>
<td>Military Discharge Papers</td>
<td></td>
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<tr>
<td>Social Security Card</td>
<td></td>
</tr>
<tr>
<td>Medicare Card</td>
<td></td>
</tr>
<tr>
<td>Medicaid Card</td>
<td></td>
</tr>
<tr>
<td>Medical Records</td>
<td></td>
</tr>
<tr>
<td>Title to Real Estate / Mortgage Papers</td>
<td></td>
</tr>
<tr>
<td>Title(s) to Automobile(s)</td>
<td></td>
</tr>
<tr>
<td>Inventory of Household Goods, Personal Property (including appraisals, pictures, etc.)</td>
<td></td>
</tr>
<tr>
<td>Securities (stocks, bonds, U.S. Savings Bonds)</td>
<td></td>
</tr>
</tbody>
</table>
## PERSONAL AND FINANCIAL INFORMATION
### Location of Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Location of Document</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insurance Policies</strong></td>
<td></td>
</tr>
<tr>
<td>Life</td>
<td></td>
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<tr>
<td>Health</td>
<td></td>
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<tr>
<td>Dental / Vision</td>
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<tr>
<td>Automobile</td>
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<tr>
<td>Homeowners/Renters</td>
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<tr>
<td>Excess Liability</td>
<td></td>
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<tr>
<td>Long-Term Care</td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Current tax papers &amp; receipts for filing tax returns</td>
<td></td>
</tr>
<tr>
<td>Income tax returns &amp; papers for past three years</td>
<td></td>
</tr>
<tr>
<td>Address book</td>
<td></td>
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<tr>
<td>Checkbook</td>
<td></td>
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<tr>
<td><strong>Safe Deposit Box</strong></td>
<td></td>
</tr>
<tr>
<td>Bank &amp; Location</td>
<td></td>
</tr>
<tr>
<td>Location of Box Keys</td>
<td></td>
</tr>
<tr>
<td>Phone and email of any deputies</td>
<td></td>
</tr>
<tr>
<td>(others authorized on bank’s signature card to enter the box)</td>
<td></td>
</tr>
<tr>
<td>Other essential keys</td>
<td></td>
</tr>
<tr>
<td>Preplanned/prepaid funeral paperwork</td>
<td></td>
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</tbody>
</table>

*Your Legacy*
PERSONAL AND FINANCIAL INFORMATION
Location of Documents

Location of Other Important Property/Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Location of Document</th>
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<tr>
<td></td>
<td>(Write &quot;N/A&quot; if not applicable)</td>
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Your Legacy
PERSONAL AND FINANCIAL INFORMATION

Financial Statements - Assets

Financial Assets (i.e., mutual funds, bank and credit union accounts, money market funds, stocks, certificates of deposit, bonds, other financial accounts)

Account Type_____________________________________________________
Financial Institution_______________________________________________
Account #________________________________________Office_________
Name of Joint/Co-owner_____________________________________________
Name of TOD/POD* Beneficiary________________________________________

Account Type_____________________________________________________
Financial Institution_______________________________________________
Account #________________________________________Office_________
Name of Joint/Co-owner_____________________________________________
Name of TOD/POD* Beneficiary________________________________________

Account Type_____________________________________________________
Financial Institution_______________________________________________
Account #________________________________________Office_________
Name of Joint/Co-owner_____________________________________________
Name of TOD/POD* Beneficiary________________________________________

Account Type_____________________________________________________
Financial Institution_______________________________________________
Account #________________________________________Office_________
Name of Joint/Co-owner_____________________________________________
Name of TOD/POD* Beneficiary________________________________________

*TOD (Transfer on Death) / POD (Payable on Death)

Your Legacy
PERSONAL AND FINANCIAL INFORMATION
Financial Statements - Assets

Retirement, Trusts & Gift Agreements (i.e., pensions, veterans benefits, IRAs, other retirement plans, Social Security, trusts for which you are a beneficiary, etc.)

Account Type_____________________________________
Financial Institution________________________________
Account #____________________Office__________________
Name of Primary Beneficiary____________________________
Name of Contingent Beneficiary__________________________

Account Type_____________________________________
Financial Institution________________________________
Account #____________________Office__________________
Name of Primary Beneficiary____________________________
Name of Contingent Beneficiary__________________________

Account Type_____________________________________
Financial Institution________________________________
Account #____________________Office__________________
Name of Primary Beneficiary____________________________
Name of Contingent Beneficiary__________________________

Account Type_____________________________________
Financial Institution________________________________
Account #____________________Office__________________
Name of Primary Beneficiary____________________________
Name of Contingent Beneficiary__________________________
PERSONAL AND FINANCIAL INFORMATION

Financial Statements - Assets

Real Estate (i.e., primary residence, vacation property, rental property, timeshare property, commercial property, other real estate)

- Property Address
- Tax Parcel #
- Deed Recording Reference
- Registered Owners
- Ownership Form (i.e., individual, joint & survivor, tenant in common, individual with TOD beneficiary)

- Property Address
- Tax Parcel #
- Deed Recording Reference
- Registered Owners
- Ownership Form (i.e., individual, joint & survivor, tenant in common, individual with TOD beneficiary)

- Property Address
- Tax Parcel #
- Deed Recording Reference
- Registered Owners
- Ownership Form (i.e., individual, joint & survivor, tenant in common, individual with TOD beneficiary)
**PERSONAL AND FINANCIAL INFORMATION**

**Financial Statements - Assets**

**Other Personal Property** (i.e., automobiles, boats, recreational vehicles, etc.)

<table>
<thead>
<tr>
<th>Property Description</th>
<th>Certificate of Title #</th>
<th>Registered Owners</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Your Legacy**
PERSONAL AND FINANCIAL INFORMATION
Financial Statements - Assets

Amount Due From Others

Nature of Debt__________________________________________________
Name of Debtor__________________________________________________
Address of Debtor_______________________________________________
Phone of Debtor_________________________ Email____________________
Original Amount Due____________________________________________
Payment Schedule / Amount________________________________________
Final Maturity___________________________________________________
Security for the Debt____________________________________________

Other Assets/Sources of Income

Description of Asset/Source of Income________________________________
_________________________________________________________________
Account Number___________________________________________________
Name of Contact Person_____________________________________________
Address___________________________________________________________
Phone_________________________ Email______________________________

Other Assets/Sources of Income

Description of Asset/Source of Income________________________________
_________________________________________________________________
Account Number___________________________________________________
Name of Contact Person_____________________________________________
Address___________________________________________________________
Phone_________________________ Email______________________________

Your Legacy
PERSONAL AND FINANCIAL INFORMATION
Financial Statements - Liabilities / Debts

Loans (i.e., mortgage, second mortgage, home equity loan, auto loan, bank loan, etc.)

Type of Loan_________________________Acct. #__________________________________________
Lender__________________________________________________________
Lender's Address____________________________________________________
Lender's Phone________________________Email__________________________________
Payment Schedule / Amount______________________________________________
Final Maturity_________________________________________________________

Type of Loan_________________________Acct. #__________________________________________
Lender__________________________________________________________
Lender's Address____________________________________________________
Lender's Phone________________________Email__________________________________
Payment Schedule / Amount______________________________________________
Final Maturity_________________________________________________________

Type of Loan_________________________Acct. #__________________________________________
Lender__________________________________________________________
Lender's Address____________________________________________________
Lender's Phone________________________Email__________________________________
Payment Schedule / Amount______________________________________________
Final Maturity_________________________________________________________
PERSONAL AND FINANCIAL INFORMATION
Financial Statements – Liabilities / Debts

Credit & Debit Cards

Type of Card

Account Number

Lender / Card Issuer

Balance

Payment Schedule / Amount

Number to Call if Card is Lost or Stolen

Type of Card

Account Number

Lender / Card Issuer

Balance

Payment Schedule / Amount

Number to Call if Card is Lost or Stolen

Type of Card

Account Number

Lender / Card Issuer

Balance

Payment Schedule / Amount

Number to Call if Card is Lost or Stolen

NOTE: If credit or debit cards are lost or stolen, or you suspect other forms of identity theft, contact the fraud hotlines at these credit reporting companies:

♦ Equifax: 1-888-766-0008 www.equifax.com
♦ Experian: 1-888-397-3742 www.experian.com
♦ TransUnion: 1-800-680-7289 www.transunion.com

Your Legacy
PERSONAL AND FINANCIAL INFORMATION
Financial Statements – Liabilities / Debts

Support

Person Dependent on You for Support
Address
Type of Support
Identity of the Court
Court Order Date Case Number
Amount of Support Award

Person Dependent on You for Support
Address
Type of Support
Identity of the Court
Court Order Date Case Number
Amount of Support Award

Person Dependent on You for Support
Address
Type of Support
Identity of the Court
Court Order Date Case Number
Amount of Support Award

Your Legacy
PRACTICAL & SPIRITUAL PLANNING

Obituary

Your Full Name (as you want it listed in your obituary)

Birth Date

Address (Present and Previous)

Family and Friends

Employment History

Organizations and Affiliations

Special Achievements

Charitable Donations made in your memory to:

Other Information to be included in obituary:

Your Legacy
PRACTICAL & SPIRITUAL PLANNING
Arrangement Preferences

Friend or Relative I Wish to Oversee Arrangements at Time of My Death

Name______________________________________________________________
Address________________________________________________________________
Phone________________________________________________________________

Prepaid or Preplanned Funeral (location of document)__________________________
________________________________________________________________________

My Preferences Include (check and complete any that apply):

ANATOMICAL GIFTS:
  ____ I have completed and filed with the Ohio Donor Registry a designation of those parts of my body that I am donating to help others.
  ____ I have donated my body to ________________________________
       and the documents concerning this donation are located in _________________.
  ____ I have completed an Ohio Living Will and a Durable Power of Attorney for Health Care confirming my gift of body or parts of body.

CREMATION:
  ____ Direct cremation (cremation of the body with no viewing or other service at which the body is present)
  ____ Cremation after a ceremony – wishes for cremated remains________________________
       ___________________________________________________________________

BURIAL:
  ____ Ceremony___________________________________________________________
       Location_________________________Burial Plot________________________
  ____ I prefer immediate burial without public viewing
  ____ I prefer to have burial after a public viewing

Your Legacy
PRACTICAL & SPIRITUAL PLANNING

Wishes for Service

___ I wish to not have a service of any kind
___ I wish to have only a graveside committal service
___ I wish to have a memorial service
___ I wish to have a funeral with a viewing
    ___ Casket Open  ___ Casket Closed

Choice of location for service____________________________________________________

Choice of clothing, jewelry, and special mementos to be kept with me________________
    ____________________________________________________________
    ____________________________________________________________

Choice of flowers_______________________________________________________________

Choice of music_______________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

Choice of scripture or other readings____________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

Favorite pictures for display (and where pictures can be found)____________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

Other wishes and favorite stories to be shared about my life_______________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

Your Legacy
PRACTICAL & SPIRITUAL PLANNING

Wishes for Service

Name of Person to Officiate at Service

Funeral Home

Director

Address

Phone

Church

Clergy

Address

Phone

Pallbearers

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

NOTE: Keep the original of this document, and give a copy to the person you have chosen to make the arrangements and a copy to the person who will officiate the service.

NOTE: Request at least 5-10 copies of the death certificate (provided by the funeral director).
PRACTICAL & SPIRITUAL PLANNING

Closing Thoughts

This section gives you an opportunity to document personal values and thoughts in different areas of your life. Passing along reflections of your life to family and friends is part of your legacy. (Use additional pages as needed.)

My overall attitude toward life

__________________________________________________________________________

__________________________________________

My personal relationships

__________________________________________________________________________

__________________________________________

My thoughts about illness, marriage, friendship, and faith

__________________________________________________________________________

__________________________________________

My attitudes about death and dying

__________________________________________________________________________

__________________________________________

My spiritual legacy

__________________________________________________________________________

__________________________________________
# YOUR LEGACY

**Financial - Specific Gifts and Bequests**

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<th>To Whom</th>
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*Your Legacy*
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YOUR LEGACY
Your Philanthropic Legacy

All of us have a desire to leave a lasting imprint on the world; to make a difference for those we leave behind. An easy way to leave your legacy for future generations is through philanthropy.

There are a variety of options to choose from, each providing a varying degree of financial benefit to you and your family while supporting the work of a charitable cause close to your heart. These financial benefits can range from simple tax advantages to a lifetime payment stream to the donor. Talk with your financial advisors or representatives from your favorite charity to determine which gift options are most appropriate for you. Below are ideas for leaving your own personal legacy:

What to Give

**Gifts of Cash** – Cash gifts are the simplest and most direct way to support a charitable cause, either during or after your lifetime. Cash gifts can include Money Market funds, maturing CDs, and savings bonds.

**Gifts of Securities** – A stock portfolio is often among the most valuable assets you own, and one that carries substantial capital gain – appreciation in value. The downside to assets that have increased in value over the years is that the federal government is prepared to levy significant taxes on your capital gain. With careful planning, you can reduce or even avoid federal capital gains tax.

**Gifts of Real Estate and Other Tangible Personal Property** – Real estate, art objects, antiques, and prized collections are examples of tangible personal property that can be donated to enhance the mission of your favorite charitable organization. The government has devised special rules and benefits for gifts of “tangible personal property” to qualified charitable organizations.

**Gifts of Life Insurance** – Each individual’s need for life insurance changes with age and family circumstances. In later years, those needs may become less important. A gift of life insurance may result in significant income tax deductions. There are several options for making such a gift.
YOUR LEGACY
Your Philanthropic Legacy

How to Make a Gift

Charitable Will Bequest – Will bequests are perhaps the simplest way to support a charitable cause after your lifetime. You may have made charitable gifts to organizations throughout your lifetime. A charitable will bequest provides a means to continue your legacy well into the future. There are various types of bequests from which to choose.

Charitable Gift Annuity – This is an agreement between a donor and the charitable organization wherein the donor may transfer cash or securities to the charity. The charity then issues a gift annuity agreement providing the donor or another beneficiary a fixed stream of payments for life. Financial advantages include increased income, reduced current income taxes, lower capital gains taxes, and, ultimately, a reduction of the taxable estate. Following the donor’s death, the remaining principal of the annuity is then available for the purpose previously chosen by the donor.

Estate Note – This is a promissory note that makes an irrevocable commitment to provide a gift. The note is presented to the executor of the administrator of the estate, and is paid as a debt of the probated estate.

Retained Life Estate – The gift of your home to a charitable organization, even though you continue living in the property, is a retained life estate. You continue to have responsibility for maintenance, insurance, and property taxes; however, you receive a charitable deduction for the gift which is dependent upon the value of the property and the donor’s age (or the age of any person given life use).

Charitable Lead Trust – This is a type of trust that allows the donor to give the income from a portion of assets for a specified number of years. When the trust terminates, the principal asset, including accumulated appreciation, will be distributed to the donor’s family or others with very significant tax advantages. It allows you to make a sizeable gift, retain family ownership of the assets placed in trusts, reduce your current income tax liability, and avoid or greatly diminish gift or estate taxes.
YOUR LEGACY
Your Philanthropic Legacy

How to Make a Gift (continued)

**Annuity Trust** – This is a trust that pays a fixed amount to the donor and/or a beneficiary, which can either be a dollar amount or a percentage of the net fair market value initially placed in the trust. An annuity trust offers a fixed income for life, a sizable income tax charitable deduction, a way to increase income from a low-yield holding, and avoidance of capital gains tax on appreciated securities used to fund the trust.

**Unitrust** – This is a trust that provides annual income to the donor for life (or term of years) determined by multiplying the fair market value of the trust assets, as revalued each year, by a fixed percentage. An income tax charitable deduction is available for the value of the remainder interest, and the trust can change appreciated investments without incurring any taxes or capital gains. It offers a life income, a hedge against inflation, immediate tax savings, and avoidance of capital gains tax on appreciated securities used to fund the trust.

Please keep in mind that the above descriptions are generic; each donor’s unique situation may alter some details, and trust agreements must be drafted by an attorney.

Planned gifts such as these can be very useful tools for achieving financial goals while creating a personal legacy. Carefully and creatively conceived planned gifts may offer:

- Arrangement for professional management of assets
- Reduced gift and estate taxes
- Regular income from Life Income Trusts and annuities
- Current income tax savings
- Avoidance of Capital gains taxes
- Conversion of lower-income assets to higher-income assets

Each donor’s situation is unique, and requires careful consideration. If your charitable plans include the Sisters of St. Francis or any of its ministries, we will be glad to work with you and your advisors to help determine the most appropriate way for you to fulfill your charitable desires.
IMPORTANT DOCUMENTS

This Section may provide a convenient place to keep up-to-date copies of important documents for easy reference and review, if you so choose. Make sure to keep your original documents in a safe place. Please discuss with your attorney and your family the safest place for your original documents, which copies to keep in this book, and intervals at which to update these copies.

Samples of copies to place in this book may include:

♦ Wills
♦ Trusts
♦ Durable General Powers of Attorney
♦ Durable Powers of Attorney for Health Care and Living Wills
♦ Deeds
♦ Vehicle Titles
♦ Current Month's Statement for All Asset Accounts
♦ Current Month's Statement for All Debt Accounts (mortgage, credit card, auto loans, etc.)
♦ Vital Statistics Certificates (birth, death, marriage, divorce, adoption)
♦ Prenuptial Agreements
Mission

The Sisters of St. Francis of Tiffin, Ohio, and our associates, desire to live the Gospel in an intentional way. We are committed to Franciscan values of care for creation, a special love for those who are poor, peacemaking, and a deep contemplative life from which our ministry flows. These values drive our ministries: elder care, child care, environmental education and community supported agriculture, retreats and spiritual direction. Sisters in 32 missions serve over 20,000 people each year.

Founded in 1869 by Father Joseph Bihn and Mrs. Elizabeth Schaefer following the Civil War to meet a need for orphan and elder care, the Tiffin Franciscans continue to minister in response to the current needs of the Church and the world. Sisters serve thousands of people, not only on St. Francis Campus but in 32 locations in the United States and Mexico.

The St. Francis Spirituality Center is a harbor for prayer, rest and relaxation located on the beautiful St. Francis campus. The renewal center is open to people of all faiths, serving over 2000 people per year. It sponsors retreat programs and hosts groups that want to meet for activities such as staff retreats and training. This Franciscan retreat center provides a space of peace, where body, mind and spirit can be nourished with prayer, quiet and beauty. St. Francis Spirituality Center’s most recent programs include: 1) a collaborative effort with Mercy Hospital and Hospice to provide support for those living with cancer and 2) a collaborative effort with regional police and fire departments and military veterans to provide counseling and support for those suffering from post traumatic stress.

St. Francis Earth Literacy Center is an environmental education center and demonstration program designed to promote the appreciation of nature and encourage sustainable living practices for people of all ages, preschool through adult. The Center and St. Francis farm are a space for indoor and outdoor learning with “hands-on” activities. FELC serves over 4,000 each year with environmental education classes and camps, on this campus and in regional public, private, and home schools.

Thousands of donors and volunteers help continue the generous spirit created by Fr. Bihn and Mother Schaefer by creating and enhancing programs and services, making a valuable difference in the lives of those we serve. Our partners create the margin of excellence that makes the work of the Sisters of St. Francis possible. We are proud to steward our partners’ gifts, and also their dreams for a better future.