

# Creating a Legacy through Gift Planning

## *Your Will – Your Legacy*

*Jesus said, "I am the resurrection **and the life**. Those who believe in me, even though they die, will live, and everyone who lives and believes in me will never die."* –John 11:25

*"The Minister of the Congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provisions for the well-being of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses." (Book of Common Prayer, page 445)*

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*The information in this work booklet is intended solely as a planning tool. None of the information is intended to be a legal document or to take the place of legal or other estate planning advice. Saint Boniface is not engaged in providing legal advice.*

*Once you have completed this work booklet we urge you use the information in meeting with your legal and planning professionals; and advise your loved ones accordingly.*

*Review this work booklet frequently, updating it as needed. Store it in a secure place where you or your designates can access it if necessary.*

## *Your Will as Christian Legacy*

Our Christian faith calls us to witness, even at our physical death, the new and everlasting life that God gives in Christ through his death and resurrection. A Christian preamble to your will provides a significant opportunity to share with family and friends, with those who love and know you best. Coming at a time of grief and loss, this message reminds them of your faith and values.

Creating a will can be a time of reflection, as you remember loved ones, your church and favorite organizations, and consider caring for them when you are gone. It can also be a caring act, sparing your family the heartache and headache of having to second guess your wishes.

As you prepare your will and estate plans with your attorney, give prayerful consideration to including a Christian preamble such as the following.

*In thanksgiving to God for the gifts of life given in baptism, and for the many blessings God has bestowed; and in thanksgiving to God for the gifts of faith and hope through Jesus Christ; and in thanksgiving to God for the gifts of nurture and love through the Church where we have shared faith and fellowship; I now commend my loved ones to grow in this same faith, being true to their own baptisms, knowing that God will continue to provide for them in their lifetimes.*

*A Christian will is valuable.  
Does yours reflect your values?*

## General Information for Making a Will

Following are a series of questions to help you gather the information necessary in establishing a will, trust or other planned gift, while also considering your current and future financial needs. They are intended as guidelines, and are in no way intended to be all inclusive. As with all legal and financial matters, we urge you to consult with your attorney and other planning professionals.

1) Full Legal Name

Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Armed Forces: Date of Service \_\_\_\_\_ Serial Number \_\_\_\_\_

Marital Status:

Single  Married  Divorced  Remarried  Separated  Widowed

2) Do you have a Will/Trust?  Yes  No

*Make sure your will is stored where it can be accessed if necessary. In many states safety deposit boxes are sealed at the time of death and not accessible until the estate has gone through probate.*

3) Since making your last Will/Trust have you:

Moved to another state?  Yes  No

Sold or bought property?  Yes  No

Celebrated the birth/adoption of a child or grandchild?  Yes  No

Changed your marital status?  Yes  No

Changed your mind about your personal representative/executor?  Yes  No

Changed your mind about the guardian for your child?  Yes  No

Done family financial and charitable gift planning?  Yes  No

If your answer to any of the above is "yes," your Will/Trust may need to be updated!

*More than half the people in the United States of America die without a will.*

**FAMILY INFORMATION**

1) **Spouse**

Full Legal Name of Spouse \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Does your spouse have a Will?  Yes  No

2) **Children**

List your children, including those legally adopted.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

3) **Other dependents for whom I am responsible**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

4) **Others I would like to remember in my will**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

5) **Person(s) to be the guardian(s) of my child(ren)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

6) **Personal Representative**

Person(s) to be the Personal Representative of my estate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

7) **Person(s) who have agreed to care for my pet(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*A will allows you to determine who will raise your children, should you die while they are still minors.*

8) **Location of my records**

- Adoption Papers \_\_\_\_\_
- Automobile Titles \_\_\_\_\_
- Bank Books/Statements \_\_\_\_\_
- Birth Certificate \_\_\_\_\_
- Divorce Papers \_\_\_\_\_
- Durable Power of Attorney \_\_\_\_\_
- Durable Power of Attorney for Health Care \_\_\_\_\_
- Funeral Directions \_\_\_\_\_
- Insurance Policies: \_\_\_\_\_
  - Automobile \_\_\_\_\_
  - Excess Liability \_\_\_\_\_
  - Health \_\_\_\_\_
  - Homeowners/Renters/Flood/Hurricane \_\_\_\_\_
  - Life \_\_\_\_\_
  - Long-term Care \_\_\_\_\_
- Keys (auto, property, etc.) \_\_\_\_\_
- Living Will \_\_\_\_\_
- Marriage License \_\_\_\_\_
- Medicare/Medicaid Information \_\_\_\_\_
- Medical Power of Attorney \_\_\_\_\_
- Military Discharge Papers \_\_\_\_\_
- Mortgage Papers \_\_\_\_\_
- Passport (Citizenship Papers) \_\_\_\_\_
- Pension/Retirement Plan Information \_\_\_\_\_
- Real Estate Deeds/Titles \_\_\_\_\_
- Safe Deposit Box and Key \_\_\_\_\_
- Social Security Card \_\_\_\_\_
- Stock Certificates \_\_\_\_\_
- Tax Records \_\_\_\_\_
- Trust Agreements \_\_\_\_\_
- Will \_\_\_\_\_
- Other \_\_\_\_\_

*The faintest ink is more powerful than the strongest memory.*  
— Chinese Proverb

9) **Beneficiary information**

(Person/s, church/es, or charitable association/s important in your life that you wish to include in your will or other estate plans.)

Name/Contact \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Contact \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Contact \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

You may also want to name a **residual beneficiary**. The residual, or final, beneficiary receives what remains of your estate after all other bequests have been paid according to your Will or Trust. Or you may want to make a **contingency bequest** that allows you to name a person, church or charity to receive your bequest in the event that others named predecease you.

If you have obligations to children/family to take into account in drawing up your will, consider naming Saint Boniface Church as a *residual beneficiary* or *contingency bequest*. This allows you to be faithful to your responsibilities while also providing for the church's ministries.

Following is sample language to support the ministries of Saint Boniface through your will.

I hereby give, devise and bequeath to the Endowment Fund of Saint Boniface Church, 5615 Midnight Pass Road, Sarasota, Florida \_\_\_\_% of my estate [or the sum of \$\_\_\_\_\_; or \_\_\_\_\_ asset] to assist in the ministries of the church.

OR

In the event the beneficiaries of bequests and devises herein predecease me, I hereby give, devise and bequeath to the Endowment Fund of Saint Boniface Church, 5615 Midnight Pass Road, Sarasota, FL, rest, residue and remainder of my estate, to assist in the ministries of the church.

Your will is an opportunity to express your appreciation to the people, churches and organizations that have been important in your life.

**FINANCIAL INFORMATION**

**Assets**

1) *Present Annual Income*

Salary \$ \_\_\_\_\_  
Investment Income \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Pension, etc. \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

2) *Property*

Description and Location	Original Cost	Present Market Value	Amount of Mortgage
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

*Bank Accounts/Savings Institution Accounts/Other Income Producing Accounts*

Institution: \_\_\_\_\_ Acct. Type: \_\_\_\_\_

Address: \_\_\_\_\_ Acct. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Recipients receiving automatic payments from account:*

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Acct. Type: \_\_\_\_\_

Address: \_\_\_\_\_ Acct. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Recipients receiving automatic payments from account:*

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Acct. Type: \_\_\_\_\_

Address: \_\_\_\_\_ Acct. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Recipients receiving automatic payments from account:*

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_





3) *Stocks/Bonds/Mutual Funds*

Corporation	# of Shares	Original Cost	Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4) *Insurance Policies*

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Face Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Face Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Face Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

5) *Other Assets*

Description	Location	Cost	Present Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Liabilities**

1) *Mortgages, Loans, Leases*

Name: \_\_\_\_\_ Phone: \_\_  
Address: \_\_\_\_\_ Loan Number: \_\_  
City, State, Zip: \_\_\_\_\_  
Amount: \$\_\_\_\_\_ Interest Rate: \_\_\_\_\_% Payment Rate: \$\_\_\_\_\_ per \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_  
Address: \_\_\_\_\_ Loan Number: \_\_  
City, State, Zip: \_\_\_\_\_  
Amount: \$\_\_\_\_\_ Interest Rate: \_\_\_\_\_% Payment Rate: \$\_\_\_\_\_ per \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_  
Address: \_\_\_\_\_ Loan Number: \_\_  
City, State, Zip: \_\_\_\_\_  
Amount: \$\_\_\_\_\_ Interest Rate: \_\_\_\_\_% Payment Rate: \$\_\_\_\_\_ per \_\_\_\_\_

2) *Credit Cards*

Institution: \_\_\_\_\_ Acct #: \_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Recipients receiving automatic payments from account:*

Name: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Date:  
Name: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Date:

Institution: \_\_\_\_\_ Acct #: \_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Recipients receiving automatic payments from account:*

Name: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Date:  
Name: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Date:

Institution: \_\_\_\_\_ Acct #: \_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Recipients receiving automatic payments from account:*

Name: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Date:  
Name: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Date:

**PLANNING FOR THE FUTURE**

**1) Monthly Expenses**

Mortgage/Rental	\$ _____
Insurance	\$ _____
Utilities	\$ _____
Taxes	\$ _____
House expenses and repairs	\$ _____
Auto expenses	\$ _____
Pledge and charitable gifts	\$ _____
Medical and Dental	\$ _____
Clothing and personal care	\$ _____
Education	\$ _____
Birthdays/Holidays/Allowances	\$ _____
Vacation and Recreation	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**2) Projected Retirement Income**

	Estimated Amount	Continues to spouse?		
		Yes	No	Half
Social Security	\$ _____	_____	_____	_____
Pension Plans	\$ _____	_____	_____	_____
Charitable Trusts	\$ _____	_____	_____	_____
Stock Dividends	\$ _____	_____	_____	_____
Gift Annuities	\$ _____	_____	_____	_____
Pooled Income Fund	\$ _____	_____	_____	_____
Mortgages	\$ _____	_____	_____	_____
Royalties	\$ _____	_____	_____	_____
Other:	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
<b>TOTAL</b>	<b>\$ _____</b>	_____	_____	_____

**ADVISORS**

	Name	Full Address
Accountant	_____	_____
		_____
Attorney	_____	_____
		_____
Banker	_____	_____
		_____
Banker	_____	_____
		_____
Executor	_____	_____
		_____
Financial Planner	_____	_____
		_____
Insurance Agent	_____	_____
		_____
Priest	_____	_____
		_____
Trust Officer	_____	_____
		_____
Other	_____	_____
		_____

**Notes**

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