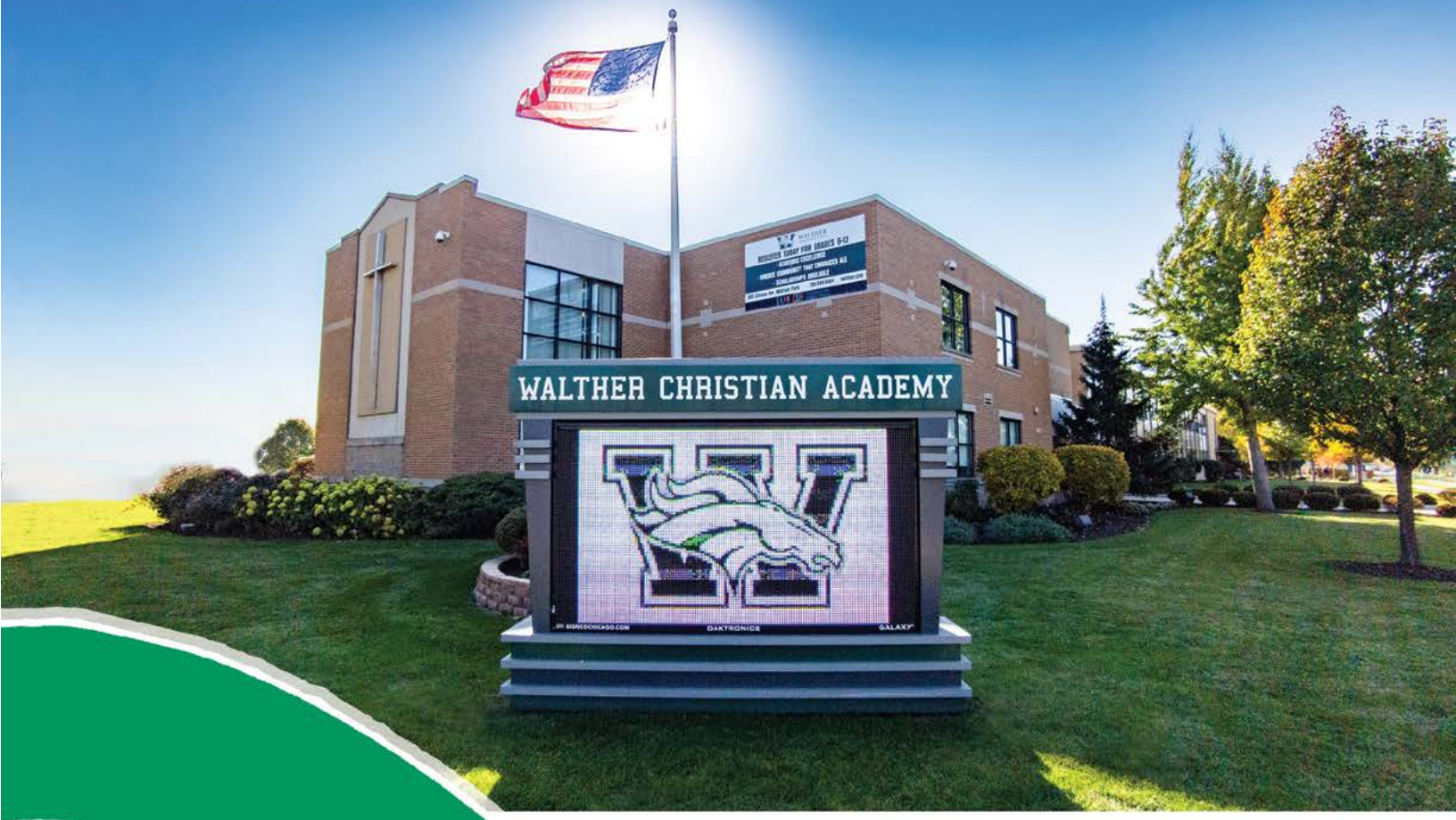
INVENTORY & PLANNING GUIDE



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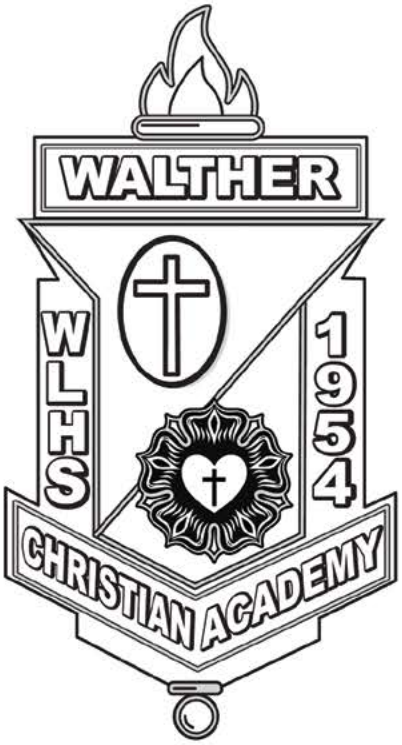
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AN INVENTORY BOOKLET

For Your Important Estate Planning Information

Provide your family and loved ones with a one-stop guide that can help identify and locate all your important documents when it comes time to settle your affairs. Once you have completed this guide, give a copy to your executor and attorney, keep the original with your other important papers, and update it at least every two to three years. If you are married, have your spouse complete his or her own separate guide.

Your legal name _____

Legal name of spouse_____

Maiden name _____

Address _____

City/State/Zip _____

Phone_____

Email_____

Social Security Number _____

Birthdate _____

Today's Date _____

For additional copies of this booklet or an editable electronic version, please contact the Advancement Office at 708.344.0404 Ext. 230 or advancement@waltheracademy.org

Will

Do you have one? ❑ Yes ❑ No

Location of original document _____

_____

Date created _____

Name of lawyer who prepared the document _____

_____

Phone _____

Name of executor _____

_____

Phone _____

Top Five Reasons to Make a Will

- To make sure family and loved ones will be financially secure
- To specify the executor of person(s) who will oversee your affairs
- To ensure that your assets are distributed according to your wishes
- To minimize or eliminate the share of your estate that will go to taxes
- To bequeath a gift to a charitable organization that has touched your life

Funeral and Burial Preferences

Funeral home _____

_____

Name of funeral director _____

Address _____

City/State/Zip _____

Phone _____

❑ Military funeral requested _____

❑ Cemetery plot or vault was prearranged _____

Cemetery name and location _____

_____

Section number _____

Plot number _____

Location of deed to plot _____

_____

Cremation? ❑ Yes ❑ No

If yes, instructions for your remains _____

_____

Other specific instructions _____

_____

_____

Memorial gifts should be made to _____

_____

_____

Power of Attorney

With a power of attorney, you allow someone to act on your behalf in the event that you are unable to do so. For example, you could be on an extended vacation or affected by a temporary medical condition. The power of attorney allows the holder of the power to transact business, including buying, selling, and gathering assets; discharging debts; and handling real estate.

Do you have one? ❑ Yes ❑ No

Location of original document _____

Name of person(s) given the power to act _____

Address _____

City/State/Zip _____

Phone _____

Health Care Power of Attorney/Living Will

A power of attorney for health care designates a person to make health care decisions if you are unable, and sets down guidelines for levels of treatment and life sustaining devices. It may also encompass or be accompanied by a living will, directing whether life sustaining procedures should be used to prolong life when it's medically determined that no hope of recovery remains.

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

Do you have a living will? ❑ Yes ❑ No

Location of original document(s) _____

_____

Name of person(s) given the power to act _____

_____

Address _____

City/State/Zip _____

Phone _____

Important Phone Numbers

Organ Bank (if organ donor) or Hospital

Organization _____

_____

_____

Phone _____

Family Members

Name_____ Phone _____

Name_____ Phone _____

Name_____ Phone _____

Name_____ Phone _____

Name_____ Phone _____

Friends

Name_____ Phone _____

Name_____ Phone _____

Name_____ Phone _____

Name_____ Phone _____

Name_____ Phone _____

Clergy

Name_____ Phone _____

Name_____ Phone _____

Employer/Business Associates

Name_____ Phone _____

Name_____ Phone _____

Important Documents

Property Deeds

Do you own any real property? ❑ Yes ❑ No

Location of deed(s) _____

_____

Address(es) of real estate you own _____

_____

_____

_____

Trusts

Type of trust _____

Location of trust _____

Attorney who drafted the trust _____

_____

Phone _____

Life Insurance Policies

Company Name _____

Face amount $ _____

Policy number _____

Type of policy _____

Location _____

Beneficiary/ies _____

_____

_____

Life Insurance Policies *(continued)*

Company Name _____

Face amount $ _____

Policy number _____

Type of policy _____

Location _____

Beneficiary/ies _____

_____

Company Name _____

Face amount $ _____

Policy number _____

Type of policy _____

Location _____

Beneficiary/ies _____

_____

Employee Benefits and Business Interests

Pensions/Profit Sharing/401(k)/403(b) Plans

Brief description _____

Location _____

Death benefits payable to _____

Deferred Compensation Plan

Brief description _____

Location _____

Death benefits payable to _____

Individual Retirement Accounts (IRA)

Brief description _____

Location _____

Death benefits payable to _____

_____

Group Life Insurance

Face amount $ _____

Payable to _____

Other Employee Benefits

_____

_____

Buy-Sell Agreement for Business Interests

General description _____

_____

_____

_____

_____

Location of professional and business arrangements _____

_____

_____

_____

_____

Financial Accounts

(CDs, Stocks, Bonds, Mutual Funds & Money Market Accounts)

Name of Bank _____

Address _____

City/State/Zip _____

Type of account ❑ Checking ❑ Savings ❑ Other

In name of _____

Account number _____

Type of account ❑ Checking ❑ Savings ❑ Other

In name of _____

Account number _____

Death benefits payable to _____

Name of Bank _____

Address _____

City/State/Zip _____

Type of account ❑ Checking ❑ Savings ❑ Other

In name of _____

Account number _____

Type of account ❑ Checking ❑ Savings ❑ Other

In name of _____

Account number _____

Death benefits payable to _____

Stockbroker's Name _____

Address _____

City/State/Zip _____

In name of _____

Account number _____

Safe Deposit Box

Bank Name _____

Address _____

City/State/Zip _____

Box number _____

Key location _____

Keep in a Safe Deposit Box:

- Originals of birth, marriage, and death certificates; adoption papers; divorce decrees
- Deeds, titles, mortgage papers, and lease contracts
- Military records and citizenship papers
- Stock and bond certificates
- Insurance photos of the contents of your home
- Valuable collectibles

Don't Keep in a Safe Deposit Box:

- Your will
- A living will
- Originals of power of attorney authorization
- An inventory of the contents in your safe deposit box

Passwords

Passwords for your computer login screen, email accounts, and other password protected accounts

_____

_____

_____

_____

_____

Consider a Memorial Gift

The passing of someone close to you is rightfully a time for remembrance, reflection, and recognition. Many people search for ways to commemorate the life of a husband, wife, dear friend, or family member—to make a lasting statement about what that person meant to them.

You can make a gift that will stand as a memorial to a loved one and at the same time, advance our mission in a meaningful way. It is hard to imagine a more thoughtful, satisfying plan. How you decide to honor this special person is up to you. Possibilities include immediate gifts, bequests from wills or living trusts, and gifts from which you or family members keep lifetime benefits.

Friends who include Walther Christian Academy in their estate plans continue the mission of the school for future generations.

Please consider:

- Naming us in your will or living trusts
- Naming us as a full or partial beneficiary of your life insurance
- Naming us as a full or partial beneficiary of a retirement account, IRA, CD, or bank account

Your financial advisor or estate planner can assist you with the many tax benefits you may also be able to take advantage of with a planned gift. We would be pleased to discuss with you the many ways you can remember Walther Christian Academy in your estate plan.

Notes

Pets

Pet type/name _____

Feeding instructions _____

_____

Special instructions _____

_____

_____

Pet type/name _____

Feeding instructions _____

_____

Special instructions _____

_____

_____

Veterinarian business name _____

Veterinarian name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Person(s) designated to continue pet care _____

_____

Phone number of designee(s) _____

Notes

Walther Christian Academy
900 Chicago Avenue
Melrose Park, Illinois 60160

Advancement Office
708.344.0404 Ext. 230
advancement@waltheracademy.org