



INVENTORY AND PLANNING GUIDE

A GIFT FROM

**SOAR!**
Support Our Aging Religious



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 _____

Birth date _____

Today's date _____

For additional copies of this booklet, please contact Elizabeth Góral-Makowski at emakowski@soar-usa.org or call (202) 529-7627. You can also download a copy at www.soar-usa.org/guide.

Will

Do you have one? Yes No

Location of original document _____

Date created _____

Name of attorney who prepared the document _____

Phone _____

Email _____

Name of executor _____

Phone _____

Email _____

Top Five Reasons to Make a Will

- 1 Determine how your assets are distributed
- 2 Designate who will care for your dependents
- 3 Provide for the charities you love
- 4 Reduce the costs of probate
- 5 Select who will oversee your affairs

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 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 to do so, 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 given the power to act _____

Address _____

City/State/Zip _____

Phone _____

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; and 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

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 _____

Email _____

Life Insurance Policies

Company _____

Face amount \$ _____

Policy number _____

Type of policy _____

Location _____

Beneficiary/ies _____

Company _____

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 _____

Beneficiary/ies _____

Brief description _____

Location _____

Beneficiary/ies _____

Deferred Compensation Plan

Brief description _____

Location _____

Beneficiary/ies _____

Individual Retirement Accounts (IRAs)

IRA administrator _____

Phone _____

Email _____

Brief description _____

Location _____

Beneficiary/ies _____

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 _____

Phone _____

Type of account Checking Savings Other

In name of _____

Account number _____

Type of account Checking Savings Other

In name of _____

Account number _____

Location _____

Beneficiary/ies _____

Name of Bank _____

Address _____

City/State/Zip _____

Phone _____

Type of account Checking Savings Other

In name of _____

Account number _____

Type of account Checking Savings Other

In name of _____

Account number _____

Location _____

Beneficiary/ies _____

Stockbroker's Name _____

Address _____

City/State/Zip _____

In name of _____

Account number _____

Important Phone Numbers

Organ Bank or Hospital *(if organ donor)* _____

Are you an organ donor? Yes No

Organization _____

Phone _____

Family Members

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Clergy

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Employer/Business Associates

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

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.

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 SOAR! in your estate plan.

Passwords

Passwords for your computer log-in screen, email, and social media accounts, and other password-protected accounts

Pets

Pet type/name_____

Feeding instructions_____

Special instructions_____

Veterinarian business name_____

Veterinarian name_____

Address_____

City/State/Zip_____

Phone_____

Email_____

Person designated to continue pet care_____

Phone number of designee_____



PO Box 96409
Washington, DC 20090-6409
(202) 529-7627

www.soar-usa.org