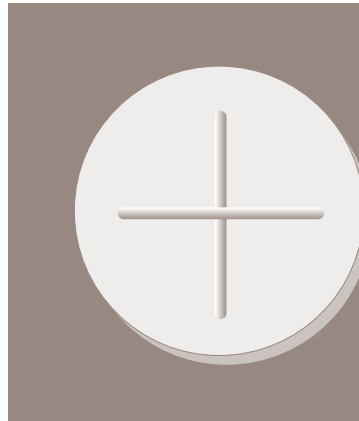
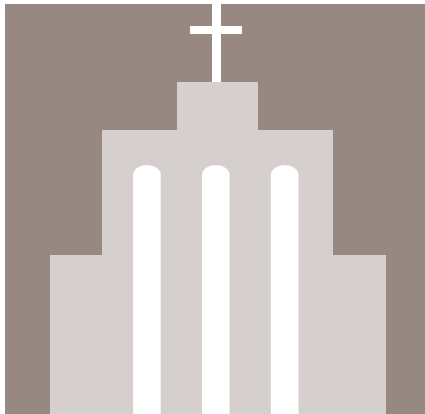


# Stewards of Thy Abundance



*"I came that they might have life, and have it Abundantly."*



JOHN 10:10

- **Advanced Health Care Directive** | 2
- **Planning Your Funeral Service** | 7
- **Preparing to Write Your Will or Living Trust** | 14
- **Family Financial Information** | 17

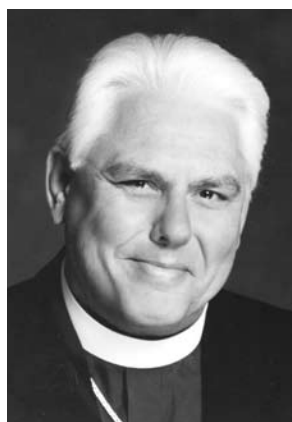


**Episcopal Diocese  
of Los Angeles**



## *Bishops'* Legacy Circle

# Greetings from Bishop Bruno



Dear Friends in Christ:

Today's gifts are important because they enable us to grow in our faith and reach out to others. Tomorrow's gifts are equally important because they allow for the future ministry of our Church. Through God's grace and your generosity, our churches and agencies in this diocese will be in a strong position to bring the message of hope in Jesus Christ to the people of Southern California, the United States and the world well into the 21st century.

Legacy stewardship is the key to funding future mission and ministry throughout our diocese. As you make or update your end-of-life plans, using this booklet as a guide, we urge you to also consider remembering your congregation or other Episcopal ministries in your will or estate plan.

To honor those who make such provisions for the future of our churches, institutions and other ministries, we have formed the Bishops' Legacy Circle.

In appreciation of your generosity, we will hold a gathering each year to recognize those who support the ministry of the Church in this diocese. Mary and I will personally thank you at an annual reception for members of the Bishops' Legacy Circle.

Yours in Christ,

J. Jon Bruno

Sixth Bishop of Los Angeles

# So, You Haven't Made a Will or Living Trust?

**Join the crowd!** In any given year, up to 70% of Americans die without a will or living trust. Nevertheless, you do have a will: the state wrote it for you years ago, but you may not like what it says or how it divides your possessions!

Writing a will or living trust is essential if you want to control what happens to your family and your possessions after death. Appointing trustees and executors, naming guardians for young children and deciding how you would like your worldly goods distributed will give you peace of mind and relieve your loved ones of the burden of those decisions.

In the Episcopal Church we believe that your estate plan should reflect your values. That is why we suggest you consider the following three sections in the order presented.

- "The Advance Health Care Directive" appoints your designated agent to make healthcare decisions, and gives instructions for how you would like to be treated if you are incapacitated.
- "Planning Your Funeral." We suggest you design your funeral service before making your will or living trust. The funeral can then be a reflection of your life, a message to loved ones about your values and what was important to you.
- "Writing Your Will or Living Trust" Once you have clarified your values through writing your funeral service, then write or amend your will or living trust so that it reflects those values.

Possessions and how we use them have a way of defining who we are. We hope this material will help you make important decisions to guide your friends and loved ones so they will know who you were and what was important to you.

*"The minister of the congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision 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."*

THE BOOK OF COMMON PRAYER PAGE 445

## Information collected in this booklet entered by:

## Spouse/Partner

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Street Address, PO Box, and/or Apartment #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This brochure is purely informational. The Episcopal Diocese of Los Angeles is not engaged in offering legal or medical advice. We urge you to consult your own financial planner, attorney and/or healthcare provider for those issues specific to your situation.

# Advance Health Care Directive

*(California Probate Code Section 4701)*

## **Explanation**

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

**Part 1 of this form** is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

**Part 2 of this form** lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

**Part 3 of this form** lets you express an intention to donate your bodily organs and tissues following your death.

**Part 4 of this form** lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

**PART 1: Power of Attorney for Health Care**

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Agent: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me. I designate as my first alternate agent:

First Alternate Agent: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box.

If I mark this box, my agent's authority to make health care decisions for me takes effect immediately.

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POST DEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

\_\_\_\_\_  
\_\_\_\_\_

(1.6) **NOMINATION OF CONSERVATOR:** If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agent or agents whom I have named, in the order designated.

(1.7) **AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION:** My agent named herein (including any alternate agent who is acting hereunder) has the authority to act on my behalf in making decisions related to my health care. Accordingly, any agent named herein shall be treated as my presently acting and currently authorized "personal representative" under the privacy rules of the Health Care Portability and Accountability Act of 1996 (HIPAA), 42 USC Section 1320(d), and implementing regulations at 45 CFR Section 164.502(g). As such, my agent shall be treated as I would be with respect to my rights regarding uses and disclosures of protected health information, as well as all other rights I may have as the individual receiving medical care. This includes but is not limited to all physicians, health care professionals, health plans, hospitals, clinics, laboratories, pharmacies, or other health care providers covered by HIPAA, any insurance company, and the Medical Information Bureau, Inc., or other health care clearing house. Such providers or other entities shall give, disclose and release to any agent nominated herein, without restriction, all of my protected health information, medical records and other medical information, past, present, or future. My agent (including any alternate agent who is acting hereunder) shall also be treated as my "legal representative" under California Civil Code section 56.11(c)(2) for purposes of authorizing disclosure of medical information, and as my health care agent for purposes of the California Probate Code, including but not limited to sections 4678, 4732, and 4733.

**PART 2: Instructions for Health Care**

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) **END-OF-LIFE DECISIONS:** I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

---

---

(a) Choice Not To Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

(b) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) **RELIEF FROM PAIN:** Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

---

---

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

---

---

**PART 3: Donation of Organs at Death (optional)**

(3.1) Upon my death (mark applicable box):

- (a) I give any needed organs, tissues, or parts, OR
  - (b) I give the following organs, tissues, or parts only:
- 
- 

(c) My gift is for the following purposes (strike any of the following you do not want):

- (1) Transplant
- (2) Therapy
- (3) Research
- (4) Education

**PART 4: Primary Physician (optional)**

(4.1) I designate the following physician as my primary physician:

Physician: \_\_\_\_\_ Not Applicable \_\_\_\_\_

**PART 5: Copies + Signature**

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: \_\_\_\_\_

Dated: \_\_\_\_\_ Printed Name: \_\_\_\_\_

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the

individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Residence Address

**ADDITIONAL STATEMENT OF WITNESSES:** At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
(signature of witness)

## **PART 6: SPECIAL WITNESS REQUIREMENT**

(6.1) The following statement is required only if you are a patient in a skilled nursing facility — a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

### STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residence Address



# Planning Your Funeral Service

## A WAY TO EXPRESS YOUR VALUES

The Christian faith calls us to witness, even in death, the new life that God gives in Christ through his death and resurrection.

We have prepared this booklet to help you and your family prepare in advance. It will enable your family and your parish or mission clergy to understand your wishes and preferences. The clergy will help plan the service and will stand ready to assist in any way.

Christian burial is marked by three characteristics. First and foremost, it is an act of worship wherein we glorify God for the gift of eternal life in Jesus Christ, our Lord. Second, it is a time when members of the Body of Christ gather to comfort one another and to offer mutual assurance of God's abiding love. Third, it is a liturgy of celebration whereby we give thanks for a deceased loved one and commend that person to the care of Almighty God.

The earliest records of Christian burial tell us that the following elements were included:

- Prayer in the home before the burial
- A gathering of the community for a burial service, consisting of thanksgivings, psalms, hymns, readings from Scripture, and prayers for the departed and those who mourn
- Celebration of the Holy Eucharist
- A procession of lights and torches to the place of burial
- The interment of the remains

As part of the preparation for Christian burial, it is suggested that you talk with your clergy. It is also of great benefit to read about the service in *The Book of Common Prayer* (BCP, 468–507). The rubrics on these pages are of particular interest. It is also recommended that people familiarize themselves with the prayers for "Ministration at the Time of Death" (BCP, 462–467).

*"I am the resurrection and the life, saith the Lord; he that believeth in me, though he were dead, yet shall he live, and whosoever liveth and believeth in me shall not die."*

JOHN 11:25

# My Funeral Instructions

Final directions and instructions upon the death of

---

(Full Name)

(Date)

*File this information where it will be found easily upon your death. It is suggested that you file this with your local church or your attorney and notify your heirs that this form has been completed for their information.*

---

(Full Name)

---

(Spouse's Full Name)

---

(Street Address, PO Box, and/or Apartment #)

---

(Street Address, PO Box, and/or Apartment #)

---

(City / State / Zip Code)

---

(City / State / Zip Code)

---

(Date of Birth)

---

(Date of Birth)

---

(Place of Birth)

---

(Place of Birth)

---

(Date of Baptism)

---

(Date of Baptism)

---

(Father's Full Name)

---

(Date/Place of Birth)

Living:  Yes;  No

---

(Mother's Full Name)

---

(Date/Place of Birth)

Living:  Yes;  No

---

(Occupation)

---

(Employer)

---

(Social Security Number)

---

(Date of last executed Will or Living Trust)

---

(Location of Will or Living Trust)

---

(Executor's name and address)

**Names, addresses, and telephone numbers of living brothers and sisters:**

(Full Name)      (Street Address, PO Box, and/or Apartment #)      (City/State/Zip Code)      (Phone Number)

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**Names, addresses, and telephone numbers of persons to notify upon my death:**

*Attach additional pages if necessary.*

(Full Name)      (Street Address, PO Box, and/or Apartment #)      (City/State/Zip Code)      (Phone Number)

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# My Burial Instructions

---

(Full Name – please print)

---

(Street Address, PO Box, and/or Apartment #) (City/State/Zip Code)

*The Episcopal tradition is that church members are normally buried by the church. The Prayer Book indicates the body is to be present, although a memorial service without the body may be held. The coffin is closed and is always covered by a pall, which the church will provide.*

**1. I request that my service be conducted at** \_\_\_\_\_  
(Name, City and State of Church)

or at \_\_\_\_\_.

The rector or clergy of said congregation shall be in charge of the services.

**2. The Burial of the Dead** (the funeral service) is a series of psalms, lessons, prayers. Holy Communion with special propers (i.e., Collect, Epistle, and Gospel) may be included.

I request (check one):

The Burial of the Dead with Holy Communion (body or urn present)

Rite I (BCP, page 469)

Rite I (BCP, page 323)

Rite II (BCP, page 491)

Rite II (BCP, page 355)

The Burial of the Dead (body or urn present)

Rite I (BCP, page 469)

Rite II (BCP, page 491)

A Memorial Service (body or urn not present)

**3. Other arrangements as follows:** (Contact church secretary)

---

(Altar flowers)

---

(Musicians)

---

(Ushers)

---

(Pall bearers)

---

(Speakers [if desired])

**4. I request that the following Scriptures be read:**

**Old Testament** (choose one)

- Isaiah 25:6–9 (He will swallow up death in victory)
- Isaiah 61:1–3 (To comfort all that mourn)
- Lamentations 3:22–26, 31–33 (The Lord is good unto them that wait for him)
- Wisdom 3:1–5, 9 (The souls of the righteous are in the hand of God)
- Job 19:21–27a (I know that my Redeemer liveth)

**Psalms:**  42;  46;  90;  121;  130;  139

**New Testament** (choose one)

- Romans 8:14–19, 34–35, 37–39 (The glory that shall be revealed)
- 1 Corinthians 15:20–26, 35–38, 42–44, 53–58 (Raised in incorruption)
- 2 Corinthians 4:16–5:9 (Things which are not seen are eternal)
- 1 John 3:1–2 (We shall be like him)
- Revelation 7:9–17 (God shall wipe away all tears)
- Revelation 21:2–7 (Behold, I make all things new)

**Psalms:**  23;  27;  106;  116

**Gospel** (must be included if Holy Communion is celebrated)

- John 5:24–27 (He that believeth hath everlasting life)
- John 6:37–40 (All that the Father giveth me shall come to me)
- John 10:11–16 (I am the good shepherd)
- John 11:21–27 (I am the resurrection and the life)
- John 14:1–6 (In my Father's house are many mansions)

**Other Scripture** \_\_\_\_\_

**5. I request that the following hymns be sung:** \_\_\_\_\_

---

Music should be confident and strong, expressing the hope and faith that Christians affirm in the presence of death. The congregation should participate fully by praying, singing the hymns, and joining the responses. Easter hymns are especially appropriate. The Easter hymns are (#174–213) in the 1982 Hymnal. Also suggested are the hymns for Holy Communion (#300–347), the burial (#354–358), and #287, 376, 410, 556, 613-625, 637, 671, 680, and 688.

**6. I prefer to be:**

Buried—location of cemetery plot deed, crypt deed, columbarium contract

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---

**Coffin specifications:**  Least expensive;  Mid-range;  Elaborate

Cremated:

Before Funeral;  After Funeral

Ashes may be placed in \_\_\_\_\_. (These niches may be purchased in advance.) Please contact your church secretary.

**Donate entire body or certain organs:** (See Donation of Organs at Death - page 5.)

Arrangements have been made

Please make appropriate arrangements

Comments \_\_\_\_\_

Place of interment \_\_\_\_\_

Full address \_\_\_\_\_

**7. I prefer the following funeral home:** \_\_\_\_\_;

however, my family or attorney may make this decision.

I do;  I do not wish to have my coffin open at the funeral home.

In lieu of flowers, I request that donations be made in my name to:

\_\_\_\_\_

or for [SPECIFY]:

\_\_\_\_\_

or to:

\_\_\_\_\_

(Name of Institution or Charity)

\_\_\_\_\_

(Full Address)

Please return to: Church Secretary

\_\_\_\_\_

(Name of church)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(Telephone)

**8. Other information for my survivors:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

*Be sure to keep a copy of your completed form for your own records.*

# Preparing to Write Your Will or Trust

## AN ESTATE PLAN THAT REFLECTS YOUR VALUES

*Writing a will or living trust is a loving and responsible act for the sake of your family. Here are a few helpful suggestions on how to prepare to write your will.*

### BEFORE SEEING AN ATTORNEY

- Make a list of everyone for whom you are responsible.
- List everyone that you would like to remember in your will or living trust.
- List all of your material assets.
- After subtracting your debts, match the names with the assets or consider giving a portion of your total estate to each individual. Take care of your family first. This is also the time to consider special friends and your church.
- Consider establishing a living trust if your estate is large enough. Your legal advisor can help you make this decision. Currently, estates that are valued over \$100,000 or include real estate will benefit from a living trust.
- Ask your chosen estate administrator/executor/executrix if they are willing to serve.
- Consult with the people you select as guardians of your children (where minor children are involved). Guardians are the people with whom your minor children will live.
- Talk with your priest to explore the ministries of the church that could best be funded with a gift from your will or living trust.

### BEQUESTS CAN TAKE SEVERAL FORMS

- An outright monetary bequest.
- A percentage of an estate.

*“Do not neglect to do good and to share what you have, for such sacrifices are pleasing to God.”*

HEBREWS 13:16

- A specific asset, such as personal or real property.
- A trust created in a will.
- A contingent beneficiary, i.e., the church receives the assets if there are no surviving beneficiaries.

*Note: A bequest to the church is deductible from the value of your estate for tax purposes.*

### AFTER MAKING YOUR WILL OR LIVING TRUST

- Make sure someone knows where your will or living trust is located.
- Do not place funeral instructions in a safe-deposit box. Generally, services will be over by the time your administrator checks your bank box. Instead, leave a copy of your funeral plans and wishes with your priest and a member of your family.
- Review your estate plan from time to time with your legal advisor. Laws, assets, and personal interests often change over time.

Preparing to write a will or living trust is an act of love for your family and friends, a way of easing the pain of loss that follows death. It is also your final legacy.

### INCLUDING A CHRISTIAN PREAMBLE

A Christian preamble to your will provides a significant opportunity to share your faith with family and friends. Through this personal



statement of your faith, an important message will be delivered to those who love and know you best. This message of faith comes at a time of grief and loss and serves as a reminder to them to place their trust in Jesus Christ as you have. Remember, this may be the last document they read about you, their loved one.

As you, together with your attorney, prepare your Will/Estate plan, give prayerful consideration to adding a Christian preamble such as:

I \_\_\_\_\_  
of the City of \_\_\_\_\_  
County of \_\_\_\_\_  
and State of \_\_\_\_\_  
being of sound mind and memory and being under no restraint, do make, declare and publish this my last will and testament, hereby revoking all wills and codicils heretofore made by me.

*In thanksgiving to God for the gifts of life given in baptism, and for the many blessings God has showered upon me, 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; I encourage them to place their faith and trust in our Lord and Savior.*

*I know, therefore ...*

[The particulars of the will would follow, leaving gifts to family and friends, but also an articulation of the gifts you might leave to the various ministries of the Church].

You may also want to use the following language for your gifts to support various ministries of the Church.

*I faithfully respond with a decision to establish the [insert the name of the fund, such as your own] Memorial Endowment Fund.*

*The fund is an expression of my thanksgiving and stewardship with the hope that the ministries of Jesus Christ will be strengthened and extended in the life of the Church.*

*The fund assets are to be invested and reinvested in perpetuity by the Endowment Fund of the Church according to the prevailing policies for endowment management. The periodic distribution of the fund is to be used to support ministry(ies) in the following manner.*

[Here you would stipulate which ministry(ies) would receive an annual gift from your Memorial Endowment Fund.]

Your attorney may also need the following official language for gifts.

## **SAMPLE FORMS OF BEQUEST**

### **Specific Amount:**

I, \_\_\_\_\_,  
hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Church, 123 Main Street, Anywhere, My State, Zip, the sum of \$XX,XXX to be used at their discretion to assist in the ministries of the Church.

### **Percentage Amount:**

I, \_\_\_\_\_,  
hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Church, 123 Main Street, Anywhere, My State, Zip, XX% of the rest, residue, and remainder of my estate, to be used at their discretion to assist in the ministries of the Church.

### **Contingency Bequest:**

In the event the beneficiaries of bequests and devises herein predecease me, or, in the case of institutions, cease to be organizations described in section 501(c)(3) of the Internal Revenue Code, I, \_\_\_\_\_  
\_\_\_\_\_, hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Church, 123 Main Street, Anywhere, My State, the rest, residue and remainder of my estate, to be used at their discretion to assist in the ministries of the Church.

# Information Needed for Making Your Will or Living Trust

## PERSONAL INFORMATION

\_\_\_\_\_  
(Full Legal Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Street Address, PO Box, and/or Apartment #)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
City) (State) (Zip Code)

\_\_\_\_\_  
(Armed Forces Date of Service)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Discharge Certificate Location)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Serial Number)

Marital Status:  Single;  Married;  Registered Domestic Partner;  Divorced;  Remarried;  
 Separated;  Widowed

**1. Do you have a Will or Living Trust?**  Yes;  No (If no, go to Family Information)

**2. Since making your last Will or Living Trust, have you:**

Moved to another state?  Yes;  No

Sold or bought property?  Yes;  No

Celebrated the birth of a child or grandchild?  Yes;  No

Changed your marital status?  Yes;  No

Changed your mind about your personal representative (executor), trustee?  Yes;  No

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

Done family financial and charitable gift planning?  Yes;  No

*If the answer is yes to any of the above, your Will or Living Trust may need to be updated. Complete the following questions, then consult with your attorney.*

**FAMILY INFORMATION**

\_\_\_\_\_  
(Full Legal Name of Spouse or Registered Domestic Partner)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Street Address, PO Box, and/or Apartment Number)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
City) (State) (Zip Code)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(County)

**1. Does your spouse or registered domestic partner have a Will or Living Trust?**  Yes;  No

**2. Children**

List your children, including those legally adopted.

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Street Address, PO Box, and/or Apartment #)

\_\_\_\_\_  
(City/State/Zip Code)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Other Dependents**

\_\_\_\_\_

**4. Other Loved Ones**

\_\_\_\_\_

**5. Person(s) to be the Guardian(s) of My Child(ren)**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Street Address, PO Box, and/or Apartment #)

\_\_\_\_\_  
(Street Address, PO Box, and/or Apartment #)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(City) (State) (Zip Code)

**6. Executor/Trustee** (Person and alternate to be the personal representative of my estate.)

_____	_____
(Name)	(Name)
_____	_____
(Telephone)	(Telephone)
_____	_____
(Street Address, PO Box, and/or Apartment #)	(Street Address, PO Box, and/or Apartment #)
_____	_____
(City) (State) (Zip Code)	(City) (State) (Zip Code)

**7. Location of My Records**

\_\_\_\_\_

(Will)

\_\_\_\_\_

(Living Trust)

\_\_\_\_\_

(Birth Certificate)

\_\_\_\_\_

(Social Security Card)

\_\_\_\_\_

(Tax Records)

\_\_\_\_\_

(Safe-Deposit Box and Key)

\_\_\_\_\_

(Insurance Policies)

\_\_\_\_\_

(Durable Power of Attorney)

\_\_\_\_\_

(Advanced Health Care Directive)

\_\_\_\_\_

(Funeral Directions)

**8. Beneficiary Information** (Persons, Parish/Mission, or charitable associations you wish to thank for being part of your life.)

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Name)

*(Residual Beneficiary—The final or residual beneficiary receives what is left over after all other bequests have been paid according to your Will or Living Trust. Please consider naming your Parish/Mission as a residual beneficiary.)*

**FINANCIAL INFORMATION**

**1. Present Annual Income**

Salary \$ \_\_\_\_\_  
Investment Income \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

**2. Property (Real Estate)**

(Description and Location) (Approximate Original Cost) (Estimated Present Market Value) (Approximate Amount of Mortgage)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**3. Notes and Mortgages**

(Name of Debtor) (Description) (Approx Amount) (Interest Rate-if known) (Payment amount)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**4. Leases**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**5. Bank Accounts/Savings Institution Accounts/Other Income-Producing Accounts**

(Name of Institution) (Type) (Account Number) (Aproximate Amount)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**6. Stocks** (Entire Brokerage accounts may be listed instead of individual accounts)

(Corporation) (# of Shares) (Original Cost) (Market Value)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**7. Insurance Policies**

(Company) (Policy #) (Face Value) (Cash Value – if known)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**8. Other Assets**

(Description) (Location) (Cost) (Present Value)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**9. Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLANNING FOR THE FUTURE**

**1. Monthly Expenses**

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

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Projected Retirement Income**

	Estimated Amount	Continues to spouse		
		Yes	No	Half
Social Security	\$ _____	_____	_____	_____
Pension Plans	\$ _____	_____	_____	_____
Stock Dividends	\$ _____	_____	_____	_____
Gift Annuities	\$ _____	_____	_____	_____
Pooled Income Fund	\$ _____	_____	_____	_____
Mortgages	\$ _____	_____	_____	_____
Royalties	\$ _____	_____	_____	_____
Other (describe below)	\$ _____	_____	_____	_____
Total	\$ _____	_____	_____	_____
Other _____				
_____				
_____				

**3. Advisors**

	(Name)	(Full Address)
Accountant	_____	_____
Attorney	_____	_____
Banker	_____	_____
Banker	_____	_____
Broker	_____	_____
Insurance Agent	_____	_____
Priest	_____	_____
Trust Officer	_____	_____

# Stewards of Thy Abundance



*"I came that they might have life,  
and have it Abundantly."*

JOHN 10:10



## Privacy Notice

The Episcopal Diocese of Los Angeles is committed to full legal compliance with respect to protecting the privacy of the information that you have entrusted to us. We collect nonpublic personal, financial and statistical information about you from the following sources:

- Application/other forms you complete and give to us
- Transactions you make with us, our agents and sub-agents
- Consumer reporting agencies

We do not disclose any non-public, personal, financial information about you to anyone, except as required by law. We restrict access to non-public, personal, financial information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your non-public personal information.

## Episcopal Diocese of Los Angeles

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