

NOTES
for my
FAMILY & FRIENDS



Leave a Legacy of Faith
A Gift to Nurture the Diocese of Crookston

PROVIDED BY THE ST. PHILIP'S CATHOLIC COMMUNITY

Funeral Plan

When an individual dies, there are many details that are frequently overlooked in the initial days of grief and confusion. To assist those persons who survive you, this guide has been developed for you to complete now. In this way a rational and calm approach can be taken to the matter of what to do upon your death. **Please notify trusted individuals, such as your personal representative, of this plan location.**

From: _____

Date: _____

1. Church Information:

Name of Church: _____

Pastor: _____

Phone Number: _____

2. Funeral Instructions (i.e., cremation, donation of body, type of service, plot location):

The Church earnestly recommends that the pious custom of burying the body of the dead be observed; it does not, however, forbid cremation.

3. Burial is Desired From:

Church _____ Chapel _____ Funeral Home _____

4. Preference of Funeral Director:

In Lieu of Flowers

5. "In My Memory, Contributions May Be Made to the Following":

1 Estate Notes

Important Documents

It is important that your survivors be able to locate vital records and important documents. You should have a will to:

- Minimize the taxes your estate will have to pay
- Ensure who will receive your assets
- Witness with Christian preamble

8. Will/Living Trust:

A. Location: _____

B. Last Update: _____
(Because of Birth, Death, Marriage, Divorce, Move to another State, Change in Tax Laws)

C. Separate List of Personal Items to be Distributed Exists: **Yes** ___ **No** ___

Location: _____

Attorney: _____

9. Location of Important Documents:

Birth Certificate: _____

Marriage Certificate: _____

Children's Birth Certificates: _____

Divorce Decree: _____

10. Social Security Information:

Social Security Number: _____

Special S.S.I. Benefits: _____

11. Income Tax Records:

Location: _____

Accountant(s): _____

12. Veteran Benefits: Yes ___ No ___

VA Claim Number: _____

Location of Discharge Document: _____

Insurance Policies

13. Life Insurance Policies:

Agent Name: _____

Address: _____

Phone Number: _____

Location of Policies: _____

Company:	Policy #:	Owner:	Amount:
-----------------	------------------	---------------	----------------

A. _____

B. _____

C. _____

14. Real Estate Insurance:

Agent Name: _____

Address: _____

Phone Number: _____

Location of Policies: _____

Policy Numbers: _____

15. Automobile Insurance Policy:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Policy Number: _____

16. Personal Articles Insurance:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Policy Number: _____

Assets Owned

17. Real Estate (List or Attach):

A. List All Real Estate Owned:

B. List All Real Estate Mortgages:

C. Location of Deeds:

D. Location of Mortgages, Closing Statements, Title Abstracts, Title Insurance Policies, and Tax Receipts:

18. IRA/Keogh/401(k)/403(b)/Pension Plans:

A. Custodian:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Type: _____ Location: _____

B. Custodian:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Type: _____ Location: _____

C. Custodian:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Type: _____ Location: _____

19. Commercial Annuities:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contract Number: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contract Number: _____

20. Bank Accounts:

A. Checking:

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number(s): _____

B. Savings:

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number(s): _____

C. Certificates of Deposit:

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number(s): _____

D. Safe Deposit Box:

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Location of the Key: _____

21. Government Bonds (List or Attach):

22. Securities/Mutual Funds (List or Attach):

Name of Broker(s):

Address:

City:

State:

Zip:

Location of Stock Certificates:

Name of Broker(s):

Address:

City:

State:

Zip:

Location of Stock Certificates:

23. Business Assets (List or Attach):

24. Other Assets (List or Attach):

Charitable Life Income Agreements

25. Charitable Gift Annuities (List or Attach):

Name of Charity: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name of Charity: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name of Charity: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

26. Charitable Remainder Trust (List or Attach):

Name of Trustee: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

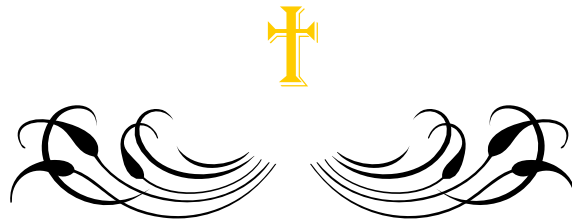
27. Pooled Income Fund (List or Attach):

Name of Trustee: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____



Notes for My Family & Friends is provided courtesy of the St. Philips Catholic Church. The Parish Administrator is available to assist you and your attorney to accomplish your charitable goals. Please feel free to contact the Parish for further assistance in including ministries of the Church in your estate plan. Please contact the parish office or your financial advisor for additional advice and/or resources.

St. Philips Catholic Community
702 Beltrami Ave N
Bemidji, MN 56601
Office: 218-444-4262 Fax: 218-444-1381
Email: rector@stphilipsbemidji.org