



WILSON HEALTH
Foundation

PERSONAL ESTATE PLANNING GUIDE

915 West Michigan St ~ Sidney OH 45365

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www.foundation.wilsonhealth.org

NOTE: This document is prepared for use by Friends of Wilson Health and is not a legal document.
Please contact your attorney and/or financial advisor for guidance.

There are three sections within this document. Each section is designed to help you track your net worth and distribution of asset.

The three sections are:

- A) Your Information
- B) Spousal Information
- C) Joint Information

Many people do not believe they have sufficient assets to make a will. Nothing is further from the truth. You need an Estate Plan if you own a home, stock, have a bank or retirement account, or own a car.

Bequest Language

To leave a tax-deductible gift to the Wilson Health Foundation for the benefit of Wilson Health in your will, consider the following:

I leave and bequeath unto the Wilson Health Foundation, the sum of \$____, or ____percent of my estate (or specific securities or other property). Said Foundation is a nonprofit 501(c)(3) corporation (Federal ID number 52-1771615), organized under the laws of the state of Ohio, with administrative offices at 915 West Michigan Street, Sidney, Ohio 45365. This gift is unrestricted for general Foundation purposes.

When we are informed of your planned gift intentions, we recognize you as members of the ***Wilson Society***.

Your Personal Information

Your Name:

Date:

Address:

City:

State:

Zip Code:

Your Date of Birth:

Social Security Number:

Are you a Veteran? Yes No

List dates your served:

If yes, where are your discharge papers?

Which branch of service:

Air Force Army Coast Guard Marines Navy Reserves

Highest Rank Held:

Distinguished Service:

Name, address, phone, and number of years where you worked:

Do you have a will? Yes No

Name of 1st Executor:

Address and phone number of 1st Executor:

Name of 2nd Executor:

Address and phone number of 2nd Executor:

Name of attorney who prepared the will:

Address and phone number of attorney who prepared the will:

Location of will:

Do you have a Living Will? Yes No Location of papers:

Have you completed a Do Not Resuscitate Directive? Yes No

Location of papers:

Have you signed a power of attorney? Yes No

If so, is it a: limited durable (full) Springing (takes effect only if you become disabled)

Location of Power of Attorney Paper:

Name of Power of Attorney:

Address and phone number of Power of Attorney:

Are you an organ donor? Yes No

Is your family aware of this? Yes No

Is it in your will? Yes No

Are you donating your body to science? Yes No

Is it in your will? Yes No

Is your family aware of this? Yes No

Location of papers:

Place and address of where your body is being donated:

Do you have a safe deposit box? Yes (If yes, complete below) No

Name and address of Bank where the box is located:

Held Jointly with:

Location of the key:

Box Number:

Your Records and Certificates:

Location of birth and/or citizenship papers:

Location of titles, abstracts, leases, tax receipts:

Location of stock and bond certificates:

Location of life insurance policies:

Location of other important papers:

Marital Status: Single Married Divorced Widowed

Date of Marriage:

Location of marriage license:

Joint Property: Yes (If yes, provide details and keep with this document) No

Prenuptial Agreement: Yes No

Location of prenuptial agreement:

Name, address, and phone number of attorney who did prenuptial:

Previous Marriage: Yes No

Name of Ex-Spouse:

Date of Marriage:

Date of Divorce:

Location of marriage license and divorce decree:

Joint Property: Yes (If yes, provide details and keep with this document)

No

Your Trusts:

Are you the creator or beneficiary of any trusts? Yes No

Date (s) of Trust (s):

If so, name of attorney who prepared the documents:

Address and phone number of attorney:

Location of Trust Agreement:

Name of 1st Trustee:

Address and phone number of 1st Trustee:

Name of 2nd Trustee:

Address and phone number of 2nd Trustee:

Name, address, and phone number of Beneficiaries:

Notes:

Funeral and Obituary Planning

City and State where you were born:

Name of Mother: **Is she still living?** Yes No

Name of Father: **Is he still living?** Yes No

Name, address, and phone number of siblings:

Name, address, and phone number of your Church and how long have you been a member?

In lieu of flowers, memorial contributions may be made to (name, address, and phone number of organization):

List memberships in Fraternal, Religious, or other organizations:

In addition to the above what do you want the obituary to say?

Awards/Recognition Received?

Have you preplanned your funeral? Yes (If yes, complete below) No

Name, address, and phone number of funeral home:

Location of the papers for the preplanning:

Do you want to be cremated? Yes No

Burial Urn Vault Metal Urn Wooden Urn Stone Cremation Urn

Other – please describe

If so, what do you want done with your remains?

Do you have a cemetery plot or mausoleum space? Yes (If yes, complete below) No

Name and address of the location of the plot/space:

Location of the papers for the plot/space:

If you do not have a cemetery plot, please put the location, address, and phone number of where you would like to be buried:

Name, address, phone number, and contact at the location where you would like your funeral to be held:

Describe the casket you would like (color, type, lining, etc.)

Describe the grave marker you would like:

Funeral and Obituary Planning

Who do you want:

Name, address, and phone of presiding minister:

To give a eulogy (Name, address, and Phone):

Scripture and songs you would like during the service:

Do you want flowers? Yes (If yes, complete below) No

What kind?

Husband Wife Father Mother Sister Brother

For Pallbearers (Name, address, and Phone):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Your Assets:

Your Life Insurance

Name, address, and phone number of Agent/Carrier	Policy Number	Location of Policy	Beneficiary name, address, and phone number	Face Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Life Insurance				\$ 0.00

Money owed to you (loans you have made to others and have an outstanding balance)

Name, address, and phone number of debtor	Location of agreement or document	Date of Loan	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Money Owed to You			\$ 0.00

Your Liabilities:

Your Mortgages (include first and second mortgages)

Description, date it was built, and location of property	Name, address, and phone number of creditor	Date of Purchase	Price Paid	Last appraisal date and amount	Balance Due
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Mortgages					\$ 0.00

Your Loans, Installment debts (bank, auto, personal loans, insurance loans, etc.)

Description and location of property	Name, address, and phone number of creditor	Date of Purchase	Price Paid	Identification Number	Balance Due
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Loans					\$ 0.00

Your Liabilities:

Your Taxed Owed (estimated state and federal income tax, property tax, etc.)

Description of Taxes Owed	Name, address, and phone number of creditor	Balance Due
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Taxes Owed	\$ 0.00

Your Current Bills (department stores, other stores, credit cards, etc.)

Name, address, and phone number of creditor	Account Number	Balance Due
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Current Bills Owed	\$ 0.00

Your Net Worth:

Assets:

Total Cash		\$
Total Retirement Benefits		\$
Total Real Estate		\$
Total Annuities		\$
Total Stocks, Bonds, Mutual Funds		\$
Total Life Insurance		\$
Total Money Owed to You		\$
Total Business Interest		\$
Total Other Assets		\$
Total Personal Assets		\$
	Total Assets:	\$ 0.00

Liabilities:

Total Mortgages		\$
Total Loans		\$
Total Taxes Owed		\$
Total Current Bills Owed		\$
Total Other Liabilities		\$
	Total Liabilities:	\$ 0.00

Net Worth:

Total Assets		\$
Total Liabilities		\$
	Net Worth:	\$ 0

