

Personal Planning Toolkit



MISSISSIPPI
BAPTIST
FOUNDATION

and _____

_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

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Personal & Family Information

This section of your planning guide is designed to help you and your loved ones as you organize information about your family. By recording necessary specifics now, you will have essential details about you and your children, grandchildren and great-grandchildren whenever the need arises.

Personal Information

Person 1

Name: | Mr. | Mrs. | Miss | Dr. | Rev. | _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Blood Type: ____ SSN: _____

Phone: Cell: (____) _____ Business: (____) _____

Date of Birth: _____ Birthplace: _____

Father's Name: _____ DOB _____ DOD _____

Mother's Maiden: _____ DOB _____ DOD _____

☐ Single ☐ Married - Date _____ ☐ Widow(er) - Date _____

☐ Divorced - Date _____ ☐ Separated - Date _____

Former Spouse: _____ DOB _____

Children by that Marriage: _____

Person 2

Name: | Mr. | Mrs. | Miss | Dr. | Rev. | _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Blood Type: ____ SSN: _____

Phone: Cell: (____) _____ Business: (____) _____

Date of Birth: _____ Birthplace: _____

Father's Name: _____ DOB _____ DOD _____

Mother's Maiden: _____ DOB _____ DOD _____

☐ Single ☐ Married - Date _____ ☐ Widow(er) - Date _____

☐ Divorced - Date _____ ☐ Separated - Date _____

Former Spouse: _____ DOB _____

Children by that Marriage: _____

Family Information

Basic

Children: _____ Grandchildren: _____ Great-Grandchildren: _____

Numbers

Deceased Children: _____

Child 1

Name: _____

Address: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Child 2

Name: _____

Address: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Child 3

Name: _____

Address: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Child 4

Name: _____

Address: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Child 5

Name: _____

Address: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____

Grandchild: _____ DOB _____ SSN _____

Great-Grandchildren: _____



Documents & Digital Records

We often take the basics of household business as being common knowledge. However, it is usually common knowledge only to those who live in your home. You assist your loved ones immeasurably if your personal documents are in order and the location of this information is readily available.

Document	Exists?	Location
Current Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Living Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Powers of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trust Documents	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insurance Policies:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Life Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Homeowners Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage License	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Military Records/VA Info	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tax Returns (3 Prior Years)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lease Agreements	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Deeds to Property	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Car Titles & Extra Keys	Yes <input type="checkbox"/> No <input type="checkbox"/>	
List of Assets / Liabilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Valuables - Jewelry	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Valuables - Coins	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stock Certificates	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bond Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
IRA & Retirement Info	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Info on Paying Bills	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loan Documents	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bank Account Numbers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Credit Card Statements	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Warranty Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Burial Instructions	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Funeral Home Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Organ Donor Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cemetery Plot Deed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safe Deposit Box (Bank)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safe Deposit Box Key(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
House Safe	Yes <input type="checkbox"/> No <input type="checkbox"/>	
House Safe Key(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	



Financial Affairs Records

Your business arrangements can remain confidential until you no longer wish to manage your own affairs, but recording your property, assets, investments, etc., will provide your family with essential information when the need presents itself. Those who care for your estate will be grateful for your commendable organization. We have provided additional space for periodic updates.

Accounts

Checking, Savings, & CDs

Checking Accounts

ACCOUNT No.	NAME ON ACCOUNT	FINANCIAL INSTITUTION	ADDRESS	PHONE NUMBER

Savings Accounts

ACCOUNT No.	NAME ON ACCOUNT	FINANCIAL INSTITUTION	ADDRESS	PHONE NUMBER

CDs Certificates of Deposit

CERTIFICATE No./ MATURITY DATE	NAME ON ACCOUNT	FINANCIAL INSTITUTION	ADDRESS	PHONE NUMBER

Dates of Review

____/____/____ ____/____/____ ____/____/____

Investments

Securities | Bonds | Mutual Funds | IRAs | Keoghs

[illegible]

I keep information on Investments in _____

Dates of Review

Cards

& Other Information

Cards	TYPE OF		ISSUED	NAME ON CARD	ACCOUNT No.	CREDIT	CUSTOMER SERVICE		REPORT STOLEN
	CARD	BY					PHONE No.	CARD PHONE No.	

Other Info

I keep information on Loans in _____

I keep information on Debts I owe in _____

I keep information on Debt owed to me in _____

Dates of Review _____ / _____ / _____ _____ / _____ / _____



Personal Property Inventory

This section of your planning guide is designed to help you & your loved ones as you organize information about your personal property & assets. By recording necessary specifics now, you will have essential details about you & your personal property whenever the need arises.

Valuables

Furniture | Jewelry | Artwork | Collections | Etc.

Item 1

Description: _____

Serial No. or Anti-Theft No.: _____

Location: _____

Original Cost: \$ _____ Current Value: \$ _____

I have named _____ in my will to receive this item.

Item 2

Description: _____

Serial No. or Anti-Theft No.: _____

Location: _____

Original Cost: \$ _____ Current Value: \$ _____

I have named _____ in my will to receive this item.

Item 3

Description: _____

Serial No. or Anti-Theft No.: _____

Location: _____

Original Cost: \$ _____ Current Value: \$ _____

I have named _____ in my will to receive this item.

Item 4

Description: _____

Serial No. or Anti-Theft No.: _____

Location: _____

Original Cost: \$ _____ Current Value: \$ _____

I have named _____ in my will to receive this item.

Valuables

Furniture | Jewelry | Artwork | Collections | Etc.

Item 5

Description: _____

Serial No. or Anti-Theft No.: _____

Location: _____

Original Cost: \$ _____ Current Value: \$ _____

I have named _____ in my will to receive this item.

Item 6

Description: _____

Serial No. or Anti-Theft No.: _____

Location: _____

Original Cost: \$ _____ Current Value: \$ _____

I have named _____ in my will to receive this item.

Item 7

Description: _____

Serial No. or Anti-Theft No.: _____

Location: _____

Original Cost: \$ _____ Current Value: \$ _____

I have named _____ in my will to receive this item.

Item 8

Description: _____

Serial No. or Anti-Theft No.: _____

Location: _____

Original Cost: \$ _____ Current Value: \$ _____

I have named _____ in my will to receive this item.

Real Estate

Residential | Commercial | Industrial | Special Use

Property 1 Address and/or Description: _____

City: _____ State: _____ County: _____

Original Cost: \$ _____ On this date: _____

The property was assessed at a value of: \$ _____ On this date: _____

Capital Improvements made costing: \$ _____ On this date: _____

Description of Capital Improvements: _____

Names on Deed/Title: _____

Location of Deed/Title: _____

Location of Insurance Information: _____

Location of Tax Information: (Due Dates & Amounts) _____

Mortgage Holder: _____

Address: _____

Phone No.: _____ Mortgage Account No.: _____

Mortgage Balance: \$ _____ On this date: _____

Rate: _____ Other Liens/Loans on this property: _____

Association Dues: \$ _____ Maintenance Fees: \$ _____

This property generates this much income: \$ _____ weekly/monthly/yearly

Other Comments _____

Real Estate

Residential | Commercial | Industrial | Special Use

Property 2 Address and/or Description: _____

City: _____ State: _____ County: _____

Original Cost: \$ _____ On this date: _____

The property was assessed at a value of: \$ _____ On this date: _____

Capital Improvements made costing: \$ _____ On this date: _____

Description of Capital Improvements: _____

Names on Deed/Title: _____

Location of Deed/Title: _____

Location of Insurance Information: _____

Location of Tax Information: (Due Dates & Amounts) _____

Mortgage Holder: _____

Address: _____

Phone No.: _____ Mortgage Account No.: _____

Mortgage Balance: \$ _____ On this date: _____

Rate: _____ Other Liens/Loans on this property: _____

Association Dues: \$ _____ Maintenance Fees: \$ _____

This property generates this much income: \$ _____ weekly/monthly/yearly

Other Comments _____

Vehicles

Cars/Trucks | Motorcycles | ATVs | Boats | Planes | Etc.

Vehicle 1 Make: _____ Model: _____ Year: _____ Color: _____
Vehicle ID: _____ License No.: _____
Registration No: _____
Insurance Carrier: _____
Agent: _____ Phone: _____
Address: _____
Account Number: _____ Deductible: _____
Warranties/Recalls: _____
Location of Extra Keys: _____
Location of Title: _____
Location of Owner's Manual: _____
Comments: _____

Vehicle 2 Make: _____ Model: _____ Year: _____ Color: _____
Vehicle ID: _____ License No.: _____
Registration No: _____
Insurance Carrier: _____
Agent: _____ Phone: _____
Address: _____
Account Number: _____ Deductible: _____
Warranties/Recalls: _____
Location of Extra Keys: _____
Location of Title: _____
Location of Owner's Manual: _____
Comments: _____

Vehicles

Cars/Trucks | Motorcycles | ATVs | Boats | Planes | Etc.

Vehicle 3 Make: _____ Model: _____ Year: _____ Color: _____
Vehicle ID: _____ License No.: _____
Registration No: _____
Insurance Carrier: _____
Agent: _____ Phone: _____
Address: _____
Account Number: _____ Deductible: _____
Warranties/Recalls: _____
Location of Extra Keys: _____
Location of Title: _____
Location of Owner's Manual: _____
Comments: _____

Vehicle 4 Make: _____ Model: _____ Year: _____ Color: _____
Vehicle ID: _____ License No.: _____
Registration No: _____
Insurance Carrier: _____
Agent: _____ Phone: _____
Address: _____
Account Number: _____ Deductible: _____
Warranties/Recalls: _____
Location of Extra Keys: _____
Location of Title: _____
Location of Owner's Manual: _____
Comments: _____



Professional Contacts

This directory will provide needed names and contact information for you and your family as you organize your business affairs and keep the data up to date.

Medical Advisors

Physicians | Dentists | Etc.

Physician Name: _____ Phone: _____
Address: _____

Physician Name: _____ Phone: _____
Address: _____

Physician Name: _____ Phone: _____
Address: _____

Physician Name: _____ Phone: _____
Address: _____

Dentist Name: _____ Phone: _____
Address: _____

Dentist Name: _____ Phone: _____
Address: _____

Other Name: _____ Phone: _____
Address: _____

Other Name: _____ Phone: _____
Address: _____

Other Name: _____ Phone: _____
Address: _____

Financial & Legal

Accountants | Investments | Financial Planners | Etc.

Accountant Name: _____ Phone: _____
Address: _____

Accountant Name: _____ Phone: _____
Address: _____

**Investment
Counselor** Name: _____ Phone: _____
Address: _____

**Financial
Planner** Name: _____ Phone: _____
Address: _____

**Insurance
Agent** Name: _____ Phone: _____
Address: _____

**Insurance
Agent** Name: _____ Phone: _____
Address: _____

Attorney Name: _____ Phone: _____
Address: _____

**Real Estate
Agent** Name: _____ Phone: _____
Address: _____

Other Name: _____ Phone: _____
Address: _____

Home & Other

Trades | Maintenance | Etc.

Mechanic Name: _____ Phone: _____
Address: _____

**HVAC
Tech** Name: _____ Phone: _____
Address: _____

Electrician Name: _____ Phone: _____
Address: _____

Handyman Name: _____ Phone: _____
Address: _____

**Pest
Control** Name: _____ Phone: _____
Address: _____

**Lawn
Care** Name: _____ Phone: _____
Address: _____

**Pool
Care** Name: _____ Phone: _____
Address: _____

Other Name: _____ Phone: _____
Address: _____

Other Name: _____ Phone: _____
Address: _____



Employment Record

If a question should arise regarding your employment or the status of your retirement, this record will supply the necessary dates and status of your work history.

Employment

For _____
(Name)

Employer Name: _____ Phone: _____
Address: _____
Employment Dates: From _____ To _____
Insurance: _____
Other Benefits: _____

Contact for Benefits: _____
Location of Proof of Benefits: _____

Employer Name: _____ Phone: _____
Address: _____
Employment Dates: From _____ To _____
Insurance: _____
Other Benefits: _____

Contact for Benefits: _____
Location of Proof of Benefits: _____

Employer Name: _____ Phone: _____
Address: _____
Employment Dates: From _____ To _____
Insurance: _____
Other Benefits: _____

Contact for Benefits: _____
Location of Proof of Benefits: _____

Employment

For _____
(Name)

Employer Name: _____ Phone: _____
Address: _____
Employment Dates: From _____ To _____
Insurance: _____
Other Benefits: _____

Contact for Benefits: _____
Location of Proof of Benefits: _____

Employer Name: _____ Phone: _____
Address: _____
Employment Dates: From _____ To _____
Insurance: _____
Other Benefits: _____

Contact for Benefits: _____
Location of Proof of Benefits: _____

Employer Name: _____ Phone: _____
Address: _____
Employment Dates: From _____ To _____
Insurance: _____
Other Benefits: _____

Contact for Benefits: _____
Location of Proof of Benefits: _____

Military Records

Military Records

Name: _____ Rank: _____

Branch: _____

Enlistment/Appointment: _____

Military Job Specialty: _____

Military Education: _____

Last Duty Assignment: _____

Separation/Discharge/Retirement: _____

Total Creditable Service: _____

Foreign Service Credited: _____

Combat Service: _____

Awards/Medals: _____

Records can be found in: _____

Military Records

Name: _____ Rank: _____

Branch: _____

Enlistment/Appointment: _____

Military Job Specialty: _____

Military Education: _____

Last Duty Assignment: _____

Separation/Discharge/Retirement: _____

Total Creditable Service: _____

Foreign Service Credited: _____

Combat Service: _____

Awards/Medals: _____

Records can be found in: _____

A person wearing a dark suit is shown from the side, holding a yellow flower. The background is a soft-focus bokeh of warm, golden lights, suggesting an indoor setting with many small light sources. The bottom of the image features a solid yellow band containing text.

Final Arrangements

By completing this section of your Personal Planning Toolkit, you are alleviating a great deal of stress for your loved ones during a sad time in the life of your family. You are also making your specific wishes known so they may be carried out in a timely fashion.

Funeral

For _____
(Name)

Pre-Funeral Arrangements: ☐ Yes ☐ No

Funeral Home and/or Church & Cemetery (Name & Address)

If Cremation Is Desired: ☐ No Ashes to Remain ☐ Instructions for Ashes

Grave Site Location: _____

Organ Donor: ☐ Yes ☐ No

If yes, list any special wishes or instructions: _____

Type of Service: ☐ Christian ☐ Military ☐ Memorial Service with no Casket

Funeral Instructions: ☐ Closed Casket ☐ Open Casket

Ministers: _____

Musicians/Soloists: _____

Testimonials/Eulogies By: _____

Selections

Favorites | Contributions | Pallbearers

Favorites

Scriptures

Quotes

Poems

Hymns

Songs

Flowers

Other

Contributions

Given To

(in lieu of flowers)

Pallbearers

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Honorary

Name: _____ Phone: _____

Pallbearers

Name: _____ Phone: _____

Guests

People to Contact for the Funeral

Person 1 Name: _____ Phone: _____
Address: _____

Person 2 Name: _____ Phone: _____
Address: _____

Person 3 Name: _____ Phone: _____
Address: _____

Person 4 Name: _____ Phone: _____
Address: _____

Person 5 Name: _____ Phone: _____
Address: _____

Person 6 Name: _____ Phone: _____
Address: _____

Person 7 Name: _____ Phone: _____
Address: _____

Person 8 Name: _____ Phone: _____
Address: _____

Person 9 Name: _____ Phone: _____
Address: _____

Guests

People to Contact for the Funeral

Person 10 Name: _____ Phone: _____
Address: _____

Person 11 Name: _____ Phone: _____
Address: _____

Person 12 Name: _____ Phone: _____
Address: _____

Person 13 Name: _____ Phone: _____
Address: _____

Person 14 Name: _____ Phone: _____
Address: _____

Person 15 Name: _____ Phone: _____
Address: _____

Person 16 Name: _____ Phone: _____
Address: _____

Person 17 Name: _____ Phone: _____
Address: _____

Person 18 Name: _____ Phone: _____
Address: _____

Of _____
(Name)

Testimony: _____

[illegible][illegible]

Funeral

For _____
(Name)

Pre-Funeral Arrangements: ☐ Yes ☐ No

Funeral Home and/or Church & Cemetery (Name & Address)

If Cremation Is Desired: ☐ No Ashes to Remain ☐ Instructions for Ashes

Grave Site Location: _____

Organ Donor: ☐ Yes ☐ No

If yes, list any special wishes or instructions: _____

Type of Service: ☐ Christian ☐ Military ☐ Memorial Service with no Casket

Funeral Instructions: ☐ Closed Casket ☐ Open Casket

Ministers: _____

Musicians/Soloists: _____

Testimonials/Eulogies By: _____

Selections

Favorites | Contributions | Pallbearers

Favorites

Scriptures

Quotes

Poems

Hymns

Songs

Flowers

Other

Contributions

Given To

(in lieu of flowers)

Pallbearers

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Honorary

Name: _____ Phone: _____

Pallbearers

Name: _____ Phone: _____

Guests

People to Contact for the Funeral

Person 1 Name: _____ Phone: _____
Address: _____

Person 2 Name: _____ Phone: _____
Address: _____

Person 3 Name: _____ Phone: _____
Address: _____

Person 4 Name: _____ Phone: _____
Address: _____

Person 5 Name: _____ Phone: _____
Address: _____

Person 6 Name: _____ Phone: _____
Address: _____

Person 7 Name: _____ Phone: _____
Address: _____

Person 8 Name: _____ Phone: _____
Address: _____

Person 9 Name: _____ Phone: _____
Address: _____

Guests

People to Contact for the Funeral

Person 10 Name: _____ Phone: _____
Address: _____

Person 11 Name: _____ Phone: _____
Address: _____

Person 12 Name: _____ Phone: _____
Address: _____

Person 13 Name: _____ Phone: _____
Address: _____

Person 14 Name: _____ Phone: _____
Address: _____

Person 15 Name: _____ Phone: _____
Address: _____

Person 16 Name: _____ Phone: _____
Address: _____

Person 17 Name: _____ Phone: _____
Address: _____

Person 18 Name: _____ Phone: _____
Address: _____

Of _____
(Name)

Testimony: _____

Special Information for Obituary: _____

Information For Funeral Home

Vital	<ul style="list-style-type: none">• Full name	<ul style="list-style-type: none">• Workplace telephone number
Basics	<ul style="list-style-type: none">• Telephone number• Most recent address• Duration of most recent address• Most recent occupation• Workplace address	<ul style="list-style-type: none">• Social Security Number• Armed Services Number• Place & Date of Birth• Father's name & birthplace• Mother's maiden name & birthplace
Important	<ul style="list-style-type: none">• Current Will	<ul style="list-style-type: none">• Burial Policy & Information
Documents	<ul style="list-style-type: none">• Birth Certificate• Marriage License• Military Discharge Papers• Insurance Policies	<ul style="list-style-type: none">• Burial Property Certificate• Prearranged Funeral Documentation• Sample Obituary for the Newspaper• Photograph for the Newspaper
Who to	<ul style="list-style-type: none">• Family Members	<ul style="list-style-type: none">• Insurance Agents
Notify	<ul style="list-style-type: none">• Funeral Home & Cemetery• Pastor/Church/Deacons• Close Friends• Employer(s)• Pallbearers	<ul style="list-style-type: none">• Attorney/Executor of Estate• Accountant• Social Security Office• Organizations/Clubs (religious, fraternal, civic, etc.)

*Some items may not be applicable or desired.

Information For Funeral Home

Immediate Decisions	<ul style="list-style-type: none">• Clergy/funeral director• Burial site location & space to use• Tombstone type & inscription• Type of casket, vault, or crypt• Clothing for the deceased• Venue & time of memorial service• Type of service (religious, fraternal or military)• Elements for service (Scripture/Music/etc.)• Persons involved in service (clergy, eulogy, speakers, family, musicians, pallbearers, etc)	<ul style="list-style-type: none">• Funeral home visitation times• Type of flowers and/or donation designations• Method of transportation to service• Choose outlets & content for obituary• Order copies of Death Certificate (Funeral Home, Social Security, Life Insurance companies, Financial Institutions, etc.)• Arrangements for out-of-town attendees (transportation, lodging)• Caring for minor children
Bills To Pay	<ul style="list-style-type: none">• Family burial space• Funeral/semorial service• Interment Services• Limousines & Hearse	<ul style="list-style-type: none">• Clergy/Musicians/Florist• Clothing for the deceased• Hospital & Ambulance• Doctors & Pharmacy
Social Security Documents	<ul style="list-style-type: none">• Social Security Card• Birth Certificate• Death Certificate• Surviving Spouse's Social Security Card & Birth Certificate	<ul style="list-style-type: none">• Marriage Certificate• Social Security Card & Birth Certificate for every child under 18 (under 22 if attending college)



Legacy Planning

This section is designed to inform you about various documents you may wish to consider as part of your estate plan. Information is provided about wills, trusts, durable powers of attorney and advance health care directives. The Mississippi Baptist Foundation strongly advises you not to attempt to draft these documents on your own, but to engage the services of a competent attorney.

Basic Will Questionnaire

Name: Executor (person to finalize your affairs): _____

Alternate Executor: _____

What happens if you die & spouse is living (generally all to spouse):

What happens if you die & spouse has already died (generally to family & charity):

What percent to child(ren) (complete name of child(ren) & the percentage):

What percent to charity (complete name of charity such as a church, ministry, etc.):

Does/Do your child(ren) need a Trust & Guardian?

Full legal name of person(s) to be child(ren)'s Guardian:

Full legal name of person(s) to manage the Trust:

At what point will the Trust end and pay out all the money to the child(ren)?

What happens if you, spouse, and child(ren) are all deceased?

Household items can generally be handled by writing a memorandum to the child(ren). Generally, children do what mom and dad say in a memorandum. If you have an item you want to make legally sure goes to a particular person, it needs to be specifically identified in the Will. If you have any questions, please call (601.292.3210).

This document is only designed to gain basic information in which to prepare a simple Will.

This is not a legal document.

Definitions

Wills

Intestate	A person is said to die intestate when he leaves no valid Will to control the disposition of his property.
Will	The legal expression or declaration of a person's mind or wishes as to the disposition of his property, to be performed or take effect after his death. (Black's Law Dictionary)
Decedent	A deceased person. The term refers either to one who dies leaving a Will or to one who dies without a Will.
Testator	One who has made a Will; one who dies leaving a Will. The feminine of testator is testatrix.
Devise	(noun) A gift of real estate which is made by the Will of a deceased person; (verb) to give real estate by means of a Will.
Devisee	One who receives a real estate under the terms of a Will.
Specific	The gift of a specific item of personal property to a designated person through a will.
Bequest Beneficiary	One who receives a gift from the decedent under a will.
Contingent Beneficiary	One who receives a gift through a will when the original beneficiary predeceases the decedent.
Residual Beneficiary	Once all specific bequests (gifts) and devises have been satisfied, the residual beneficiary receives all that remains.
Executor	One who is appointed in the Will of a decedent to manage the estate and to carry out the directions in the Will for disposition of the estate property. The feminine of executor is Executrix.
Probate	The procedure for proving to the satisfaction of the probate court that an instrument is the Last Will and Testament of the decedent.
Letters Testamentary	A document of authority issued to an executor by the probate court showing his authority to serve as executor.
Codicil	A supplement or an addition to a Will. It may explain, modify, add to, subtract from, qualify, alter, restrain or revoke provisions in a Will.

Ministering Through Your Will

Christian Preamble

When planning your Will, it is easy to overlook the one asset that provides true wealth: the Good News of eternal life through faith and trust in Jesus Christ.

A Christian Preamble to your Will can provide an opportunity for you to minister to your family and friends, providing them comfort, assurance, and encouragement during a time of loss. It also provides a strong witness to those who may not have accepted Christ as their personal savior.

Please prayerfully consider adding the sample preamble below to your Will or use it as a guide for adding your own personal statement of faith to your Will.

Sample Text

I, [NAME], a citizen and resident of [CITY], Mississippi, being of sound mind and wishing to dispose of my property in case of my death, do hereby make and ordain this my last Will and Testament, revoking all wills and codicils heretofore made by me.

First, secure in the fact that my eternal salvation was purchased for me through the suffering, death, and shed blood of Jesus Christ my Savior, and that through His resurrection death was conquered, I commit myself to the loving care of the Heavenly Father. I leave those who survive me with the comfort of knowing that I have died in this faith and have joined my Lord in eternal glory.

Second, I commend my loved ones to rely on God for their guidance and protection, confident that He will continue to provide for them despite my absence from this earth. I encourage them not to rely on the material things and riches of this world, which can provide satisfaction only for a season. Instead, I urge them to place their faith and trust in Jesus Christ alone, who provides both eternal life in Heaven and abundant life on earth.

[BODY OF THE WILL]

Basic Trust Questionnaire

Name: Name of the donor(s): _____

The purpose of the agreement: _____

What charity will benefit: _____

Name of charity/Baptist cause: _____

Amount/percentage to charity: _____

The name of the trust fund: _____

The amount of the gift: _____

The recipient of the earned income: _____

Frequency of distribution of income: _____

Definitions

Trusts

Trust	Generally described as a legal arrangement whereby property is transferred to one person for the benefit of another person. A trust can be created for any purpose which is not illegal or against public policy.
Grantor	The person who makes or creates the trust. Also called a Settlor.
Trustee	The person, bank, foundation or other institution, given the legal title, possession, and management of the trust assets.
Beneficiary	The person or institution who benefits from the trust.
Testamentary Trust	A trust which is created by your Will and takes effect upon your death.
Revocable/ Living Trust	A type of trust which allows the maker to change or cancel the trust at anytime. Also called a Grantor-type Trust.
Irrevocable Trust	A type of trust which does not allow for any changes and cannot be canceled by the maker.
Charitable Remainder Trust	An irrevocable trust established with a charity as the ultimate beneficiary. In many cases a current charitable deduction is allowed for a portion of the assets placed in a charitable trust.
Endowments	A trust that can be established through your will or with an outright gift. An endowment can be named in memory or in honor of a person.
Inter Vivos Gifts	Latin for “between living persons”, thus it is referred to as a “living” or “lifetime” gift and should be well thought-out beforehand.
Charitable Lead Trusts	Basic concept...an immediate income interest in property is donated to a charitable organization for a period of years or for life or lives of an individual or individuals with property reverting to donor or other family member.
Charitable Gift Annuity	A contract between a public charity and a donor which is designed to pay one or two individuals an annuity amount for life with the remainder of the gift going to charity.
Pooled Income Fund	(PIF) an irrevocable trust established by a charity that accepts gifts from various donors. It is designed to pay individuals a net income amount for life. Pooled Income Fund interest can be created during life or as part of an estate plan. Funds are commingled.

Leaving A Gift

Baptist Ministries Your Gifts May Benefit

Your Local Church and/or activities of your church

Mississippi Baptist Foundation, Jackson

Mississippi Baptist Associations

Mississippi Baptist Convention

- Cooperative Program
- Baptist Student Unions
- Baptist Children's Village
- Blue Mountain Christian University
- Mississippi College
- William Carey University

Southern Baptist Convention

- Guidestone Financial Resources | Dallas, Texas
- Ethics & Religious Liberty Commission | Nashville, Tennessee
- North American Mission Board | Atlanta, Georgia
- International Mission Board | Richmond, Virginia
- Southern Baptist Foundation | Nashville, Tennessee
- Lifeway Christian Resources | Nashville, Tennessee
- Woman's Missionary Union | Birmingham, Alabama
- Gateway Baptist Theological Seminary | Ontario, California
- Midwestern Baptist Theological Seminary | Kansas City, Missouri
- New Orleans Baptist Theological Seminary | New Orleans, Louisiana
- Southeastern Baptist Theological Seminary | Wake Forest, N. Carolina
- Southern Baptist Theological Seminary | Louisville, Kentucky
- Southwestern Baptist Theological Seminary | Fort Worth, Texas

Note: This partial list represents causes that are directly related to Mississippi Baptist life.

Endowments

Through The Mississippi Baptist Foundation

- Information** The Foundation works with individuals who desire to make a gift, generally an endowment or a life income gift, to any Mississippi Baptist or Southern Baptist cause or mission. The Foundation provides information to prospective donors and their advisors and often serves as Trustee of the resulting gift. Life income gifts include the Gift Annuity, Charitable Remainder Trust, Charitable Lead Trust, and the Pooled Income Fund.
- Gift Annuity** A Gift Annuity is a contract in which you irrevocably exchange a gift of cash or securities for a guaranteed, fixed income each year for the rest of your life. At your death the funds remaining in the account go to the Baptist cause you specified. Each charitable organization sets its own gift annuity rates, however, the rates are generally based on rates published by the American Council of Gift Annuities.
- Charitable Remainder Trusts** A Charitable Remainder Trust is a trust in which you irrevocably place cash, securities or other property, but keep a specified income for life or for a term of years. When the trust ends, the assets remaining in the account go to the Baptist cause or causes you specified. There are two types of Charitable Remainder Trust: the Annuity Trust and the Unitrust.
- Charitable Lead Trusts** A Charitable Lead Trust is an arrangement through which the donor provides an immediate income interest in an asset to a charitable organization for a period of years or for the life/lives of an individual(s) with the asset reverting to the donor or other family members at the conclusion of the defined period.
- Pooled Income Fund** The Pooled Income Fund accepts gifts from many donors, “pools” those funds together for investment purposes, and distributes quarterly the Fund’s earned income on a proportional basis to all participants. When the last named income beneficiary of a gift dies, that portion of the Fund principal associated with the gift is distributed to the Baptist cause you specified.

Investments

Through The Mississippi Baptist Foundation

- Information** The Mississippi Baptist Foundation provides money management services for Mississippi Baptist churches, institutions, and agencies, as well as for its own accounts. The Foundation investment services are described more fully below.
- Equity Fund** The MBF Equity Fund, a growth stock fund, is designed for capital appreciation with little emphasis on income. The Fund is invested in stock offerings of U.S. and international corporations by outside professional money managers.
- Fixed Income Fund** The MBF Fixed Income Fund, a bond fund, is designed to provide income, with little attention given to capital appreciation. The Fund is invested in U.S. government securities and corporate bonds by outside professional money managers.
- Short Term Cash Fund** The MBF Short Term Cash Fund, a money market type fund, is designed to out-perform the current yields from six and twelve month certificate of deposits, as well as the 91-day Treasury bill rate. The Short-Term Cash Fund matches a competitive rate of return with full liquidity.
- General Endowment Fund** The MBF General Endowment Fund is designed to meet the long term investment objectives of perpetual endowment accounts. The Endowment Fund seeks to provide income while guarding against the effects of inflation. The Endowment Fund is invested in a preset allocation between stocks and bonds, which is determined by the MBF Investment Committee.

Endowment Total Return Fund?

If the Mississippi Baptist Foundation can assist you in any way with the items listed above, please give us a call.

Other Documents

Advance Health Care Directive | Durable Power of Attorney

Advance Health Care Directive This document informs medical care providers your wishes as to your medical care, including end-of-life decisions. Such a document is provided for you with this book. You may complete the information and (1) sign it before a Notary Public or, alternatively (2) sign it in front of two witnesses but neither of such witnesses may be either a medical care provider or a relative of yours. Should you have questions about completing the document, you should consult your attorney. When completed, give a copy to your family physician. Keep copies at home in the event that you are admitted to the hospital, as you will need one on such an occasion. The original should be kept in your safe deposit box.

Durable Power Of Attorney The Durable Power of Attorney is designed to allow someone to act for you in financial matters when you are unable to do so yourself. The primary examples of when such a document is needed is when an individual becomes physically or mentally incapacitated, or in the case of an extended absence. This document gives broad powers over your financial affairs to the person designated to act for you, and thus should only be given to one in whom you have great trust.

Information the attorney will need to draft the document:

- Your legal name.
- Your city and county of residence.
- The legal name of the person to whom the durable power of attorney is needed.

Notes

[illegible]

