

# CATHOLIC Personal Estate Planning RECORDBOOK



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CATHOLIC COMMUNITY  
FOUNDATION

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*Enriching Lives In Northeast Ohio*



## **STEWARDSHIP PRAYER**

*O gracious God,  
who so generously lavishes our lives with goodness,  
create in our hearts a deep center of gratitude,  
a center that grows so strong in its thanksgiving  
that sharing freely of our treasures  
becomes the norm and the pattern of our existence.*

*Remind us often of how much you cherish us,  
of how abundantly you have offered gifts to us,  
especially in the hours of our greatest need.*

*May we always be grateful for your reaching into  
our lives with surprises of joy, growth,  
and unearned love.*

*Amen.*



# for personal reflection

## STEWARDSHIP

**W**elcome and thank you for your interest to prayerfully consider your estate planning. As Catholics, each of us is called to be a good steward of the gifts that God has entrusted to our care. We are not the owners of our material gifts, but rather stewards--caretakers or custodians--of what belongs exclusively and entirely to God. For people of faith, estate and financial planning is a key component of stewardship. Our estate plan can often be considered our ultimate final act of stewardship. We should pray for God's guidance on the appropriate distribution of our estate property. By making a will and executing other estate planning documents, we ensure that our family is taken care of after we are gone.

**T**his workbook is intended to serve as a tool as you gather essential personal information for your estate planning, as well as an invaluable resource for family and friends upon your death. May your estate plans reflect to your loved ones your lifetime of love for them, your Catholic faith, and generosity to others.

*Gratitude flows from the recognition  
that who we are and what we have  
are gifts to be received and shared.*

- Henri J. M. Nouwen

*Note: While it does contain critical information, this Recordbook is not a legal document and should not substitute for a will or an estate plan. You are strongly advised to consult your lawyer or financial advisor during the estate planning process. If you do not have an attorney, please contact us for a list of members in the Catholic Lawyers Guild of the Diocese of Cleveland.*



# for personal reflection

**S**tewardship is a holy exchange of gifts. We know from faith, and we read in Sacred Scriptures, that everything we have in life is a gift from God. Our very lives are a gift.

*“God created man in his own image, in the image of God he created him; male and female he created them” (Gn 1:27).*

**T**hese gifts are given to us so that we can serve as coworkers with God and with each other – collaborating to build the Kingdom of God here and now. This means that just as we receive these gifts from God, we share them in love and justice with others – especially with those in most need. Our gifts include our talents and skills that can be used in a way of benefit to those around us, using our financial resources to help repair the inequities of the world, and devoting our lives in worship and praise to the God who made us.

## Receive God’s Gifts Gratefully

**W**e express these gifts when we do things as simple as writing a letter to the imprisoned, visiting the homebound, or singing in the choir; as well as engaging in the more complex activities of building a home for the homeless, caring for the disabled, or teaching the illiterate. Our financial resources are also a gift from God, acquired through the use of our skills with which we’ve been blessed. These gifts too we are called to share with those in the world less fortunate than us, and with our church in need of funds for evangelization and acts of charity. All of our gifts we give to our families, parish communities, civic communities, and the greater world – all in hope of cultivating and caring for this creation entrusted to us by God.

## Cherish and Tend our Gifts

**T**he United States Conference of Catholic Bishops instructs us in their pastoral letter, *Stewardship: A Disciple’s Response*, that “a Christian steward is one who receives God’s gifts gratefully, cherishes and tends them in a responsible and accountable manner, shares them in justice and love with others, and returns them with increase to the Lord.” This is a call for us to live out the possibilities of the holy exchange of gifts in our lives. Through Baptism we share in the nature of God, striving to live as “God’s chosen ones, holy and beloved, [with] heartfelt compassion, kindness, humility, gentleness and patience” (Col 3:12). God invites us to live in God’s image, embracing this opportunity to serve in the work of redemption. As the Bishops state in their letter, “Genesis tells us that God placed the first human being in a garden to practice stewardship there – ‘to cultivate and care for it’ (Gn 2:15). The world remains a kind of garden (or workshop, as some would prefer to say) entrusted to the care of men and women for God’s glory and the service of humankind.”

## Share Gifts in Love and Justice



# forpersonalreflection

## THE MISSION of OUR CHURCH

Ideally, Christian stewardship impacts all phases of our life, including our plans for the use of our worldly goods and resources even after our death. As the Diocese of Cleveland, including each parish community, actively seeks to carry out the mission of Jesus Christ, we ask for your prayerful consideration of a planned gift to further build Christ's kingdom in your legacy.

Planned gifts are typically larger and more sophisticated than normal Sunday contributions, and can take the form of cash, securities, life insurance, real estate or other personal property. A planned gift not only gives you a tax advantage, but it also can fit with your concerns for heirs and estate plans, complement your lifestyle goals and leave a legacy to a cause important to you. For example, you may wish to include Catholic Charities, Catholic education, the seminaries, or your parish in your estate plan. These type gifts may be attractive for a number of reasons:

- ✦ It is a further demonstration of your response to our Lord in thanksgiving for His many blessings during your lifetime.
- ✦ It can provide you with the satisfaction of knowing that your gift will have a major impact on the benefiting charity.
- ✦ Your estate will be entitled to a charitable income tax deduction.
- ✦ It can provide for favorable capital gain tax results.
- ✦ It can assist in minimizing estate taxes.
- ✦ It can generate an income stream for you or your family.

There are many different ways to make a planned gift. Listed below are several options:

- ✦ Bequest
- ✦ Charitable Gift Annuities
- ✦ Charitable Remainder Trusts
- ✦ Life Insurance Policy
- ✦ Retirement Plans

*Note: It is surprisingly easy to arrange a planned gift. We recommend you consult with your legal and financial advisors as a first step. Planned giving professionals from the Catholic Community Foundation are also available to provide assistance in your efforts to finalize your estate plans.*

**Please print:**

Your name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State &amp; Zip: \_\_\_\_\_

Home phone/cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth/birthplace: \_\_\_\_\_

Location of birth certificate/adoption documents: \_\_\_\_\_

Social security number/location of card: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Date of marriage/location of certificate: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State &amp; Zip: \_\_\_\_\_

Home phone/cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth/birthplace: \_\_\_\_\_

Location of birth certificate/adoption documents: \_\_\_\_\_

Social security number/location of card: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_



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**First child's name**

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Home phone/cell phone/e-mail

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Date of birth/birthplace/location of birth certificate or adoption documents

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Social security number/driver's license number and state

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**Second child's name**

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Home phone/cell phone/e-mail

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Date of birth/birthplace/location of birth certificate or adoption documents

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Social security number/driver's license number and state

---

**Third child's name**

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Home phone/cell phone/e-mail

---

Date of birth/birthplace/location of birth certificate or adoption documents

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Social security number/driver's license number and state

---

**Fourth child's name**

---

Home phone/cell phone/e-mail

---

Date of birth/birthplace/location of birth certificate or adoption documents

---

Social security number/driver's license number and state

**If you have more than four children, please attach additional information here.**



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**Primary doctor**

---

Address

---

Phone

---

**Attorney**

---

Address

---

Phone

---

**Accountant**

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Address

---

Phone

---

**Investment planner**

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Address

---

Phone

---

**Life insurance agent**

---

Address

---

Phone





# location of documents

**This form should remain in this booklet. Your survivors should know the location of this booklet which should be other than a safe deposit box. Some of the documents listed may not be applicable to you.**

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Your legal name in full

---

Will

---

Durable power of attorney

---

Living will

---

Safe deposit box number/location of safe deposit box key

---

Loans and other liabilities

---

Marriage certificate

---

Family birth certificates

---

Investment/bank account info

---

Health insurance policy

---

Disability insurance policy

---

Deed for cemetery property

---

Mortgages and notes

---

Valuables and other assets

---

Military discharge

---

Deeds and titles

---

Homeowner's insurance policy

---

Auto insurance policy

---

Income tax records



# recorddocumentinfo

## will & trusts

Do you have a will?  Yes  No

**RECORD DOCUMENT HERE:**

Document title: \_\_\_\_\_

Date prepared: \_\_\_\_\_

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

Location of copies (we suggest you attach a copy to this recordbook): \_\_\_\_\_

Executor or personal representative: \_\_\_\_\_

Alternate executor or personal representative: \_\_\_\_\_

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

If you checked yes above:  Creator  Beneficiary

Type of trust:  Revocable  Irrevocable

**RECORD DOCUMENT HERE:**

Document title: \_\_\_\_\_

Date prepared: \_\_\_\_\_

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

Location of copies (we suggest you attach a copy to this recordbook): \_\_\_\_\_

Trustee: \_\_\_\_\_

Alternate trustee: \_\_\_\_\_



# record document info

## financial power of attorney

Have you signed a financial durable power of attorney?  Yes  No

Date prepared: \_\_\_\_\_

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

Location of copies (we suggest you attach a copy to this recordbook): \_\_\_\_\_

Agent's Name: \_\_\_\_\_

**Effective date for power holder to act:**

Immediately  Upon your incapacity  Other

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

If you checked yes above:  Creator  Beneficiary

Type of trust:  Revocable  Irrevocable

### RECORD DOCUMENT HERE:

**Document title:** \_\_\_\_\_

Date prepared: \_\_\_\_\_

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

Location of copies (we suggest you attach a copy to this recordbook): \_\_\_\_\_

Trustee: \_\_\_\_\_

Alternate trustee: \_\_\_\_\_

**A LIVING WILL or ADVANCE MEDICAL DIRECTIVES (A.M.D.)**

As Catholics, we recognize our lives are gifts from God. We also believe we should never do anything to cause our death. It is recognized that we have a right to make decisions about our health care. A Living Will or A.M.D. allows you to offer direction concerning your future medical care if a time comes when you are unable to express your own thoughts.

**HEALTH CARE POWER OF ATTORNEY**

A Health Care Power of Attorney is a document that allows you to name an adult person to act as your agent to make health care decisions for you if you become unable to do so.

**Q: Aren't Living Wills or Health Care Powers of Attorney just for older people?**

A: It is important for anyone over age 18 to think about filling out one or both of these documents. Serious illness or injury can strike at any stage of life. A Living Will or Health Care Power of Attorney will help to ensure that your wishes regarding life-sustaining treatment are followed regardless of your age, and that, when you are no longer able to voice your own wishes, your prior decisions are followed or made for you by the person you choose.

**Q: Which is better to have, a Living Will or a Health Care Power of Attorney?**

A: Actually, it is a good idea to fill out both documents because they address different aspects of your medical care. A Living Will applies only when you are terminally ill and unable to communicate your wishes or if you are permanently unconscious. A Health Care Power of Attorney becomes effective even if you are only temporarily unconscious and medical decisions need to be made. For example, if you were to become temporarily unconscious due to an accident or surgery, the person you name in your Health Care Power of Attorney could make medical decisions on your behalf. If you have both documents and become terminally ill and unable to communicate or become permanently unconscious, the Living Will would be followed since it identifies your wishes in these situations.



# recorddocumentinfo

living will & health care power of attorney

**Do you have a living will?**    **Yes**       **No**

Date prepared: \_\_\_\_\_

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

Location of copies (we suggest you attach a copy to this recordbook): \_\_\_\_\_

Name of Contact Person(s) in Living Will: \_\_\_\_\_

**Do you have a health care power of attorney?**    **Yes**       **No**

Date prepared: \_\_\_\_\_

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

Location of copies (we suggest you attach a copy to this recordbook): \_\_\_\_\_

Name of Health Care Agents in Health Care Power of Attorney: \_\_\_\_\_



# recordemploymentinfo

**Are you retired?**    **Yes**    **No**

**Employer contact information:**

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Current Benefits and Location of Documents: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date (and end date, if retired) \_\_\_\_\_

**Ownership interest?**    **Yes**    **No**

**Employer contact information:**

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Current Benefits and Location of Documents: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date (and end date, if retired) \_\_\_\_\_

**Ownership interest?**    **Yes**    **No**

**Employer contact information:**

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Current Benefits and Location of Documents: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date (and end date, if retired) \_\_\_\_\_

**Ownership interest?**    **Yes**    **No**

**Employer contact information:**

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Current Benefits and Location of Documents: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date (and end date, if retired) \_\_\_\_\_

**Ownership interest?**    **Yes**    **No**



# longtermcare instructions

1. I do not have long term care insurance, which would provide financial assistance for my personal care at home or in a nursing home. \_\_\_\_\_ **(initial here)**

2. I have long term care insurance. The policy is located:

\_\_\_\_\_  
*(fireproof box or other location)*

3. The policy is with the following insurance company:

\_\_\_\_\_  
*(name of company)*

4. My insurance agent is: \_\_\_\_\_

The office is located at: \_\_\_\_\_

I have attached their business card to this page.

5. It is my desire to stay in my present living situation as long as possible at:

\_\_\_\_\_  
If I need assistance in my present living situation, I would prefer to have assisted care professionals help me so that I can stay in my present residence as long as possible. I recognize that my financial situation and ability to care for myself may place limits on this option.

6. If I were no longer able to live at my present residence due to financial and/or medical reasons, I would prefer to live at the following places. I ask that they be considered in the following order:

**My family member(s) listed below with whom I have discussed this option:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**The following personal care or assisted living residence (s):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**I know the following people living there currently:**

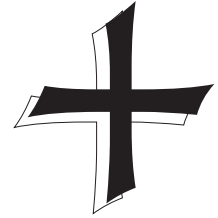
Name: \_\_\_\_\_ Name: \_\_\_\_\_

***While not binding, please make every attempt to honor these, my final requests.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# funeralservices



This page is to document my thoughts in the preparation of the funeral services.

**Funeral Services:** ( Please check one or more of the following)

- I desire to have a **Funeral Mass and Rite of Committal** offered at my grave.
- I desire a **Funeral Liturgy (not a Mass)** at the funeral home with **Rite of Committal** offered at my grave.
- I desire to have a **Vigil Prayer Service** at the funeral home.

Church name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

**I would like to see the following persons involved in my funeral services if possible:**

Priest: \_\_\_\_\_

Lectors (two are recommended): \_\_\_\_\_

Offertory gifts (optional): \_\_\_\_\_

Fraternal, military or parish organizations: \_\_\_\_\_

Pall bearer 1 (optional): \_\_\_\_\_

Pall bearer 2 (optional): \_\_\_\_\_

Pall bearer 3 (optional): \_\_\_\_\_

Pall bearer 4 (optional): \_\_\_\_\_

Pall bearer 5 (optional): \_\_\_\_\_

Pall bearer 6 (optional): \_\_\_\_\_

**Other Funeral Service Considerations:**

Songs to include: \_\_\_\_\_

\_\_\_\_\_

Readings to include: \_\_\_\_\_

\_\_\_\_\_

Other requests: \_\_\_\_\_

\_\_\_\_\_





# donationdirectives

**Donation to Church/Priest:**

I suggest a donation be made to the Church for my funeral service. Amount \$ \_\_\_\_\_

I suggest a stipend for the priest assisting with the Mass or services. Amount \$ \_\_\_\_\_

**Memorial Gifts:** (please check one)

- I request that no memorial gift options be offered.**
- In lieu of flowers, I request that memorial gifts be suggested to:**

Name of charity #1: \_\_\_\_\_  
 Address of charity #1: \_\_\_\_\_  
 \_\_\_\_\_

Name of charity #2: \_\_\_\_\_  
 Address of charity #2: \_\_\_\_\_  
 \_\_\_\_\_

**Do you wish to donate your body, organs or tissues?**  **Yes**  **No**

**Donation (identify particular organ or tissue, or indicate *entire body*):** \_\_\_\_\_  
 \_\_\_\_\_

Receiving organization's name and contact information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*Please note: This is not a legal form. Please consult your doctor and attorney today to create the appropriate documents.*

**While not binding, please make every attempt to honor these, my final requests.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# burialconsiderations

## Funeral Home (please check one of the below)

- I have not made preliminary arrangements with a funeral home for my funeral, but please use the funeral home listed below.
- I have PRE-PAID and made arrangements with the funeral home listed below.
- I have made arrangements with the funeral home listed below but have made no payments.

Funeral home: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Staff person: \_\_\_\_\_

## Cemetery (please check one of the below)

- I have not made preliminary arrangements with a cemetery for my burial, but please use the cemetery listed below.
- I have PRE-PAID and made arrangements with the cemetery listed below.
- I have made arrangements with the cemetery listed below but have made no payments.

Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Staff person: \_\_\_\_\_

## Burial/Grave Instructions

### Type of disposition (please check)

- Ground burial     Ground plot     Cremation     Mausoleum     Custom Burial Chamber
- Other (explain): \_\_\_\_\_

### Type of service (please check)

- Church     Graveside     Funeral Chapel
- Other (explain): \_\_\_\_\_

To the best of your ability, please offer guidance in the following areas:

Type of casket: \_\_\_\_\_

Type of vault: \_\_\_\_\_

Type of grave memorial marker: \_\_\_\_\_

Memorial markers include name, dates of birth and death. Memorial marker special inscription or thoughts may include: emblems/symbols of faith, hobbies or interests.

**While not binding, please make every attempt to honor these, my final requests.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please consult your attorney if you wish to create legally binding instructions regarding your funeral and burial wishes.**



# survivor checklist

**These pages highlight decisions that must be made by survivors after death. By making these important decisions now, you can minimize the emotional strain that will be placed on your survivors. I. Secure information required for death certificate or burial permit:**

- \*Name, home address and telephone #
- \*How long in the state
- \*Name of business, address and telephone #
- \*Occupation and title
- \*Social Security number
- \*War veteran serial number
- \*Birth date
- \*Birth place
- \*U.S. citizen
- \*Father's name
- \*Father's date and place of birth
- \*Mother's maiden name
- \*Mother's date and place of birth
- \*Religious name (if any)
- \*Check will regarding special wishes
- \*Memorial park certificate of ownership

## **2. Items to decide and arrange within a few hours:**

- Review this booklet for instructions
- Contact Church
- Identify clergy to assist with funeral services
- Arrange time for funeral/other religious services
- Contact close family and friends
- Contact funeral director after plans are established with Church
- Establish plans with funeral director (times, locations, etc.)
- \*Choose casket
- \*Choose vault or crypt
- Prepare/provide information for newspaper if not listed in this booklet
- Order death certificates (8 suggested) with funeral director
- \*Agree on charitable organization(s) for donations to be made if not listed in this booklet
- \*Contact cemetery to plan details for burial
- Confirm or obtain burial location at cemetery
- \*Confirm or choose memorial marker for grave
- Answer sympathetic phone calls and messages
- Greet all friends and family who call
- Make list of callers and flowers received for sending Thank You cards.

***\*Indicates details that can be prepared in this book or elsewhere ahead of time.***



# survivor checklist

### 3. Notify the following once details for funeral are completed:

- Identify and get hotel information prior to calling out-of-town guests
- All relatives
- All friends
- Employer and co-workers of deceased
- Employers of relatives not going to work
- Religious, fraternal, civic, veterans organizations, unions
- Attorney, accountant, or executor of estate
- Insurance agents (life, health and accident)

### 4. Things to be decided during the next 24 hours:

- Identify and contact pallbearers if not listed in this booklet
- Arrange for flowers from family
- \*Provide information for eulogy if not listed in this booklet
- \*Help choose music for funeral if not listed in this booklet
- \*Choose and drop off clothing for deceased
- Determine transportation for family and guests
- Contact funeral director with family transportation needs

### 5. Reception/Home Preparation:

- Identify clothing for yourself and children
- Plan food for reception and/or out-of-town guests
- Determine need for household items (cups, plates, extra chairs, etc.)
- Prepare child care for younger children if necessary
- Arrange for meeting out of town guests at airport or any other location

### 6. Collect documents to establish rights for insurance, pensions, social security, ownership, relationship, etc.

- \*Will
- \*Legal proof of age or birth certificate
- \*Social security card or number
- \*Marriage license
- \*Citizenship papers
- \*Insurance policies (life, health, accidental and property)
- \*Bank accounts
- \*Deed to property
- \*Income tax returns, receipts, or cancelled checks
- \*Veterans discharge certificate
- \*Disability claims

***\*Indicates details that can be prepared in this book or elsewhere ahead of time.***



# estatecalculation

## Sole and Joint Property:

**Sole property** is anything that belongs to you alone. **Joint property** are items that are shared. To determine whether or not you can pass all or part of an asset by your will, you should know the form of title. There are four ways property can be owned jointly.

1. **Joint tenancy with right of survivorship.** When one of you dies, the surviving joint owner owns the entire asset.
2. **Tenancy in common.** You and others have an undivided interest in an asset. You can pass your interest by will. The surviving joint tenant doesn't automatically take title to your interest.
3. **Tenancy by the entirety.** This form of ownership is recognized by many states. It is limited to married couples and generally to real property.
4. **Community property.** This is a form of property ownership between spouses in select states. Generally, all property acquired during marriage is community property, regardless of which spouse holds the title. You can will only half the property; the other half belongs to the surviving spouse.

## What is your estate worth?

What is your estate really worth? Its value from an estate planning viewpoint is different from your net worth, which is a snapshot of what you own and what you owe. For estate planning purposes, you need an inventory of your assets and liabilities that will enable you to accomplish these objectives:

1. To determine what you can leave to your heirs after your lifetime.
2. To calculate your potential estate taxes.
3. To provide for the distribution of your estate and the minimization of estate taxes.

## Your estate and taxes:

The federal estate tax rules define the way you look at your assets. (*State death tax rules may vary.*)

Your **gross estate** is the total fair market value of your assets at your death. In addition to property owned by you, this includes certain transfers by you during your life, such as assets in a revocable trust, and also any general power to "appoint" property—that is, to take or dispose of property held under someone else's will or trust.

Generally, one-half of the value of **joint property** is includable in the estate of the first spouse to die and the full value is included in the survivor's estate unless

- a. part originally belonged to the survivor and was not acquired from you for less than full monetary consideration, or
- b. the survivor acquired the property by gift, legacy or inheritance. If you are married and hold property between you as joint tenants with right of survivorship or tenants by the entirety, an unlimited marital deduction will exclude all of it from your taxable estate.

Generally, your **taxable estate** is the net amount remaining after deducting funeral and administration expenses, debts, charitable bequests, and bequests and other qualifying interests passing to your surviving spouse.

After a tentative tax is calculated, your estate tax may be reduced by certain credits, subject to various limits: the unified estate and gift tax credit, gift taxes you have paid, state and foreign death taxes, and a credit for the federal estate tax on inherited property. (In a rare instance, the tax may be increased by a generation-skipping transfer tax.)

*The worksheets on the following pages will help you determine the approximate size of your gross estate and net estate. Fill in the estimated current market value of each asset. For life insurance, insert the face amount, not the cash surrender value.*















# disposition of estate

### 3. To Charitable Organizations

| Name and Address of Charitable Organization | % of Net Estate | Dollar Amount |
|---|-----------------|---------------|
| _____                                       | _____ %         | OR \$ _____   |
| _____                                       | _____ %         | OR \$ _____   |
| _____                                       | _____ %         | OR \$ _____   |
| _____                                       | _____ %         | OR \$ _____   |

| Name and Address of Charitable Organization | Name and Address of Charitable Organization |
|---|---|
| _____                                       | _____                                       |
| _____                                       | _____                                       |
| _____                                       | _____                                       |
| _____                                       | _____                                       |

### 4. Residue of Estate

| Name and Address of Charitable Organization | % of Residuary Estate |
|---|-----------------------|
| _____                                       | _____ %               |
| _____                                       | _____ %               |
| _____                                       | _____ %               |
| _____                                       | _____ %               |

| Name and Address of Charitable Organization | % of Residuary Estate |
|---|-----------------------|
| _____                                       | _____ %               |
| _____                                       | _____ %               |
| _____                                       | _____ %               |
| _____                                       | _____ %               |

**Note: The dispositions set forth in these pages are not legally binding. Please contact your attorney to ensure you have provided for all intended bequests in a legally binding manner.**



# disposition of estate

**Personal Possession Instructions:**

I offer the following plan for distributing the personal items that were important to me, are not included in my Will, and which I still own at the time of my death. These instructions should be followed upon my death or permanent disability if my spouse is not surviving.

| Personal Possessions / Location of Item | Person to Receive Item or Plan of Distribution |
|---|--|
| 1. _____                                | 1. _____                                       |
| 2. _____                                | 2. _____                                       |
| 3. _____                                | 3. _____                                       |
| 4. _____                                | 4. _____                                       |
| 5. _____                                | 5. _____                                       |
| 6. _____                                | 6. _____                                       |
| 7. _____                                | 7. _____                                       |
| 8. _____                                | 8. _____                                       |
| 9. _____                                | 9. _____                                       |
| 10. _____                               | 10. _____                                      |
| 11. _____                               | 11. _____                                      |
| 12. _____                               | 12. _____                                      |
| 13. _____                               | 13. _____                                      |
| 14. _____                               | 14. _____                                      |
| 15. _____                               | 15. _____                                      |
| 16. _____                               | 16. _____                                      |
| 17. _____                               | 17. _____                                      |
| 18. _____                               | 18. _____                                      |

***While not legally binding, please make every effort to honor these, my final requests.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Catholic Cemeteries Association**

10000 Miles Avenue  
Cleveland, Ohio 44105  
P: (216) 641-7575  
W: [www.clevelandcatholiccemeteries.org](http://www.clevelandcatholiccemeteries.org)

**Catholic Community Foundation**

1404 East Ninth Street, 8th Floor  
Cleveland, Ohio 44114  
P: (216) 696-6525 or (800) 869-6525  
W: [www.catholiccommunity.org](http://www.catholiccommunity.org)

**Catholic Diocese of Cleveland**

1404 East Ninth Street  
Cleveland, Ohio 44114  
P: (216) 696-6525 or (800) 869-6525  
W: [www.dioceseofcleveland.org](http://www.dioceseofcleveland.org)

**Catholic Lawyers Guild**

1404 East Ninth Street  
Cleveland, Ohio 44114  
P: (216) 696-6525 or (800) 869-6525  
W: [www.catholiccommunity.org/lawyers](http://www.catholiccommunity.org/lawyers)

**Office for Human Life**

Catholic Charities Corporation  
7911 Detroit Avenue  
Cleveland, Ohio 44102  
P: (216) 334-2965  
W: [www.ccdcle.org/office-human-life](http://www.ccdcle.org/office-human-life)





*“Even a seemingly small  
act of generosity  
can grow into something  
far beyond  
what we could ever ask  
or imagine.”*

**HENRI J. NOUWEN**

INTERNATIONALLY RENOWNED CATHOLIC PRIEST & AUTHOR

*Fostering faith-based stewardship in the community for the  
spiritual, educational, and charitable benefit of all.*



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CATHOLIC COMMUNITY  
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