

Your Wills Worksheet

This Wills Worksheet has been designed to help you prepare for a visit to your attorney to prepare your will. You should disclose fully to your attorney all the facts concerning your property.

For your attorney to do a proper job, he or she must know what you have and where it is located. You can use this worksheet to supply your attorney with personal information about you, your family, and others to whom you wish to give part of your estate. This information is needed to draw the will that meets your particular needs and desires.

Before visiting your attorney, make a memorandum of your personal affairs. This worksheet, when completed by you, can be part of that memorandum and can assist your lawyer in advising you and in drawing your will.

Make several copies of the memorandum. Keep one where your spouse, your executor or a close family member or friend can find it if an emergency occurs. This memorandum will be extremely helpful to your executor in administering your estate. You should review and update the memorandum and the worksheet at least once a year.



**Catholic Charities
Foundation**

Diocese Of Venice, Inc.

Your Wills Worksheet

National studies show that one out of every two adults in the United States dies without a will. When this happens, the result is a legacy of practical problems for the survivors.

For example, when there is no will, the family learns that the courts will determine how the estate of the deceased will be distributed. In lieu of a valid will, the laws of descent and distribution ultimately determine who will receive what from the material goods left by the deceased. The family has no say.

If you have yet to prepare a will, the Good Samaritan Guild of the Catholic Charities Foundation hopes that this "Wills Worksheet," which you can complete in the privacy of your home, will help you organize the financial information your attorney needs to prepare your will. (If you do not have an attorney, you can call us --toll-free at 1-866-410-7656, and we will try to give the names of attorneys who specialize in the preparation of wills.)

Many benefactors elect to remember Catholic Charities in their wills. Some do so to perpetuate their charitable intentions for generations into the future. Others do so to solve a problem--estate taxes, for example--unique to their financial situation.

For example, one benefactor used her will to bequeath property in southwest Florida to Catholic Charities Foundation. Proceeds from the sale of the property are invested and will enable Catholic Charities to help the poor, needy children and the aged for many years.

Catholic Charities honors its planned-gift benefactors by awarding them membership in its Good Samaritan Guild. Some members are enrolled posthumously because they chose not to tell Catholic Charities about their bequest while they were alive. Others are enrolled during their lifetime because they tell us they have remembered Catholic Charities in their wills, or they purchase a charitable gift annuity or create a foundation endowment.

Every month a special mass is said by the chaplain of the Good Samaritan Guild for the repose of the souls of deceased members and for the special intentions of living members. In addition, the names of all members are permanently inscribed in *The Good Samaritan Guild Book*, which is maintained in the offices of Catholic Charities.

We hope that you will benefit from using this "Wills Worksheet." If we can help, please call

Catholic Charities Foundation

Louis J. Baumer, Director

Call 239-671-8706

PERSONAL INFORMATION

1. Name: _____

2. Single _____ Married _____ Divorced _____

3. Legal residence address: _____

City: _____ State _____ Zip Code _____

4. Date of birth: _____ Place of birth: _____

5. Spouse's name: _____ Spouse's date of birth: _____

Married at (church): _____ Date: _____

6. Children:

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Other dependents:

Name	Date of Birth	Relationship	Address
_____	_____	_____	_____
_____	_____	_____	_____

8. Your Social Security Number: _____

9. Employer's name and address: _____

10. Veteran? Yes No Discharge papers located at: _____

11. The Will:

Do you have a will? Yes No Where is it located? _____

Does spouse have a will? Yes No Where is it located? _____

Date(s) of will(s) _____

Personal Representative's name and address: _____

Attorney who prepared will (name and address): _____

12. Trusts (created by you): Do you have a trust(s)? Yes No

Date(s) of trust(s): _____ Location(s) of trust(s): _____

Trustee(s) name and address: _____

Attorney who prepared trust agreement (name and address): _____

Are you a beneficiary of a trust? Yes No

13. Cemetery plot? Yes No If so, located at: _____

14. Safe deposit box? Yes No If so, located at: _____

PERSONAL FINANCIAL INVENTORY

A. MY ASSETS

1. Cash [savings and checking account(s), CD(s)]:

Type of Account	Name of Financial Institution	How Owned or Registered	Amount	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	Total _____

2. Life insurance

Company	Insured	Owner	Beneficiary	Face Amount	Cash Value	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	Total _____

3. Annuities

Description	Beneficiary	Purchase Price	Present Value	
_____	_____	_____	_____	
_____	_____	_____	_____	Total _____

4. Real estate

Description & Location	Date of Purchase	How Owned or Registered	Cost Basis	Fair Market Value	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	Total _____

5. Stocks and bonds (include mutual funds)

Description	Date of Purchase	Cost Basis	How Owned or Registered	Market Value	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	Total _____

6. Employee benefits (pension, profit-sharing, IRA, HR10 plans)

Description	Beneficiary	Vested Interest	
_____	_____	_____	
_____	_____	_____	Total _____

7. Business interests owned (proprietorship, partnership, corporation)

Firm Name	Address	Cost	Value of Interest	
_____	_____	_____	_____	
_____	_____	_____	_____	Total _____

8. Debts due me (mortgages held or notes receivable)

Total _____

9. Special and personal assets (cars, jewelry, silver, etc.)

Description	Date of Purchase	How Owned or Registered	Cost Basis	Approximate Current Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total _____

10. Transfer by gift

Type of Asset	Cost Basis	Value	Year of Gift	To Whom	Gift Tax Paid
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total _____

11. Other assets potentially includable in estate because of your interest in them (interest in a trust or estate, royalties, patents, etc.)

Description	Approx. Current Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total _____

B. MY LIABILITIES

1. Mortgages

Description of Property	Name of Creditor	Balance Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

2.

Description of Property	Name of Creditor	Balance Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

3. All other current liabilities

Description	Balance Owed
_____	_____
_____	_____
_____	_____

Total _____

C. MY NET WORTH

Total of all assets in Section A \$ _____

Less total of all liabilities in Section B \$ _____

Net Worth (est.) \$ _____

WILLS WORKSHEET

I want to remember the following people and organizations in my will:

Specific amount, percent of estate, specific property and/or residue

Spouse _____

Children _____

Other relatives _____

Close friends _____

Religious organizations and charities

If a beneficiary predeceases me, I want _____

Personal Administrator: _____

Alternate Administrator: _____

Florida's current probate code allows you to make a separate list of keepsakes and other personal property and the persons who are to receive them, and to attach the list to your will. This list may then be changed at any time, without changing the will itself.

**CATHOLIC DECLARATION ON LIFE AND DEATH
ADVANCE DIRECTIVE
(HEALTH SURROGATE DESIGNATION/LIVING WILL) OF**

(Name)

Introduction

I am executing this *Catholic Declaration on Life and Death* while I am of sound mind. It is intended to clarify my wishes for treatment in situations that may arise in which I am incapacitated or unable to express these wishes.

Statement of Faith

I believe that I have been created for eternal life in union with God. The truth that my life is a precious gift from God has profound implications for the question of stewardship over my life. I have a duty to preserve my life and to use it for God's glory, but the duty to preserve my life is not absolute, for I may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.¹ If I should become irreversibly and terminally ill, I request to be fully informed of my condition so that I can prepare myself spiritually for death and witness to my belief in Christ's redemption.

Designation of Health Care Surrogate

In the event that I become incapacitated I designate as my surrogate for health care decisions (if no surrogate is to be appointed, please write "none" in place of "name" below):

Name: _____

Address: _____

Phones (H, W, C): _____

If my surrogate is unwilling or unable to perform his or her duties or cannot be contacted, I wish to designate as my alternate surrogate (if no alternate surrogate is to be appointed, please write "none" in place of "name" below):

Name: _____

Address: _____

Phones (H, W, C): _____

This directive will permit my surrogate to make health care decisions, and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; to receive my personal health care information; and to authorize my admission to or transfer from a health care facility. It is not being made as a condition of treatment or admission to a health care facility. This document must be signed and witnessed on the other side to be valid.

¹ Cf. United States Conference of Catholic Bishops, *Ethical & Religious Directives for Catholic Health Care Services* (USCCB: Washington, DC 2001), Part Five.

The following gives guidance for carrying out my wishes at the end of life. If at any time I am incapacitated and I have a terminal condition or I have an end-stage condition, and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition(s), my health care surrogate (designated above, if any) will be authorized to make decisions for me in accordance with my wishes expressed in this Declaration. If my surrogate cannot be contacted (or I have not named a surrogate), then I request and direct that:

1. I be provided care and comfort, and that my pain be relieved;
2. No inappropriate, excessively burdensome nor disproportionate means be used to prolong my life. This can include medical or surgical procedures;
3. There should be a presumption in favor of providing nutrition and hydration to me, including medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to me;
4. Nothing be done with the intention of causing my death; and
5. Spiritual care be provided, including sacraments whenever possible.

Additional Instructions

Signatures Required

It is my intention that my surrogate, family and physicians honor this declaration as the expression of my treatment wishes. I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

DECLARANT
Last 4 Social Security Number: _____

Date

Witness Signature

Witness Signature

Printed/Typed Name

Printed/Typed Name

The Health Care Surrogate cannot serve as a witness; at least one witness must not be a spouse or blood relative of the person signing.

January 1, 2005