PLANNED GIVING

Leaving a Legacy

**UUCville** ♥ Building community through love in action.

# **LEGACY BUILDER**

## Your Personal Estate Record Book



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## **Crafting Your Plan**

Your book can serve as a final set of directions to help ease loved ones' minds, prevent disputes and begin the process of settling your estate. All of this helps bring comfort to your family, and clarity to the legacy you wish to leave behind.

As you progress with your planning, your attorney should counsel you on all aspects as well as draft all legal documents. This material is intended for educational purposes only and should not be construed as legal or tax advice. For specific legal or tax matters, please consult with a qualified professional. We would be happy to assist you with your charitable intentions to UUCville, whether at the beginning of your planning process or after you've completed your records.

#### Your Record Book...

- Gives you space to list the important details of your life
- Allows you the chance to provide direction for family immediately following your passing
- Provides an opportunity to outline your full estate
- Lets you list which charities will benefit from your estate

### Good to Know

If you're married or partnered, you and your significant other should prepare separate record books. While some sections contain shared information, most sections are distinctly personal. Plus, it makes it easier for loved ones to manage your unique affairs over time. For additional copies of this record book, please contact us.

#### **A Note About Names**

In order to be fully comprehensive, we suggest including all aliases for each person listed throughout this record book. This could be a maiden name, former name or preferred name.

Created on	/	/	

# Personal Info

## You and Your Family

Full name (Please print above and include all aliases.)		
Address	City, State ZIP	
Phone	Email	
Social Security number		
Date of birth	Birthplace	
Spouse/Partner Information		
Current spouse or partner's full name	Date of birth	
Address	City, State ZIP	
Phone	Email	
Social Security number		
Date of marriage (if applicable)	Location of certificate (if applicable)	
Location of prenuptial agreement document (if applicable)		
Date of death (if applicable)	Resting place	
Location of death certificate		
Former spouse or partner's full name		
Date of marriage (if applicable)	Location of certificate (if applicable)	
Location of prenuptial agreement document (if applicable)		
Date of divorce, annulment, legal separation or death (Specify event.)		
Location of documents pertaining to divorce, annulment, legal separation or dea	oth (Specify event.)	

## Your Children and Grandchildren

Child's full name	Date of birth
Address	City, State ZIP
Phone	Email
Child's full name	Date of birth
Address	City, State ZIP
Phone	Email
Child's full name	Date of birth
Address	City, State ZIP
Phone	Email
Child's full name	Date of birth
Address	City, State ZIP
Phone	Email
Child's full name	Date of birth
Phone	Email
Child's full name	Date of birth
Phone	Email
Child's full name	Date of birth
Phone	Email
Child's full name	Date of birth
Phone	Email

## Your Children and Grandchildren

Grandchild's full name	Date of birth
Address	City, State ZIP
Phone	Email
Grandchild's full name	Date of birth
Address	City, State ZIP
Phone	Email
Grandchild's full name	Date of birth
Address	City, State ZIP
Phone	Email
Grandchild's full name	Date of birth
Address	City, State ZIP
Phone	Email
Grandchild's full name	Date of birth
Phone	Email
Grandchild's full name	Date of birth
Phone	Email
Grandchild's full name	Date of birth
Phone	Email
Grandchild's full name	Date of birth
Phone	Email

## Family History

Parent 1 full name		
Address	Phone	
Email		
Date of death (if applicable)	Resting place	
Location of death certificate		
Parent 2 full name		
Address	Phone	
Email		
Date of death (if applicable)	Resting place	
Location of death certificate		
Sibling's full name		
Address	Phone	
Phone	Email	
Sibling's full name		
Address		
Phone	Email	
Sibling's full name		
Address		
Phone	Email	

### **Other Loved Ones**

Pet's name/type of animal/breed	Microchip/license number
Your Pets	
Email	
	FIIOIIC
Full Name/relationship	Phone
<u> </u>	
Full Name/relationship	Phone
Email	
Full Name/relationship	Phone
Email	
Full Name/relationship	Phone

Pet's name/type of animal/breed	Microchip/license number	
Food/medical/other care		
Pet's name/type of animal/breed	Microchip/license number	
Food/medical/other care		
Pet's name/type of animal/breed	Microchip/license number	
Food/medical/other care		
Veterinarian's contact information		
Pet caretaker's name	Pets they will care for	
Phone	Email	
Address		

## **Your Medical Information**

### **Emergency Contacts**

Name/relationship	Phone	
Email		
Name/relationship	Phone	
Email		
Name/relationship	Phone	
Email		
Medical Professionals		
Primary physician	Phone	
Medical office affiliation and address		
Dentist	Phone	
Address		
Specialist (include specialty.)	Phone	
Address		
Specialist (include specialty.)	Phone	
Address		
Specialist (include specialty.)	Phone	
Address		
Specialist (include specialty.)	Phone	
Address		

## **Employment Information**

Current Employment	Are you retired?	Yes No
Company name	Phone	
Address		
Supervisor		
Current benefits and location of documents		
Position Ownership interest Yes No	Start date (and end	date, if retired)
Prior Employment		
Previous employer company name and position	From	То
Address	Phone	
Life insurance or retirement benefits that remain effective		
Benefits and location of documents		
Previous employer company name and position	From	То
Address	Phone	
Life insurance or retirement benefits that remain effective		
Benefits and location of documents		
Military Service		
Branch of service and rank	From	То
Service number (if applicable)	Discharge papers lo	ocation
Service-connected disability and income		
Military pension or other benefits		
Honors and achievements		

## Charitable Affiliations

Full Name of Organization	Method of Involvement (donor, volunteer, etc.)	
Your Finances		
Income Sources (may include Social Security, pensions or securities)	retirement plans, Amount of Annual Income	
	\$	
	\$	
	\$	
	\$	
	,	
	\$	
	\$	
Income Tax Records		
Location	Tax advisor	
Address	Phone	
Safe-deposit Box or Safe		
Location/address		
Box number	Location of key/combination	
Location/address		
Box number	Location of key/combination	

## Passwords and Digital Instructions

Cell phone unlock code	Computer password	
Account Type	User Names	Passwords or Location of Passwords

#### **Did You Know?**

While you can include instructions on how your family should handle your digital estate data in your will, it's more complicated than you may think. Some states require you to name a digital executor to handle those materials after your lifetime. Please reach out to a qualified lawyer for personalized guidance on digital estate planning – it's a step towards peace of mind for you and your loved ones!

Website Address of Account	User Name	Password or Location of Password
Website Address of Account	User Name	Password or Location of Password
Website Address of Account	User Name	Password or Location of Password
Nebsite Address of Account	User Name	Password or Location of Password
Website Address of Account	User Name	Password or Location of Password
Website Address of Account	User Name	Password or Location of Password
Nebsite Address of Account	User Name	Password or Location of Password
Nebsite Address of Account	User Name	Password or Location of Password
Nebsite Address of Account	User Name	Password or Location of Password
Website Address of Account	User Name	Password or Location of Password
Website Address of Account	User Name	Password or Location of Password

## Passwords and Digital Instructions

## Helpful Information

Gas company	Phone	Account number
Electric company	Phone	Account number
Water company	Phone	Account number
Phone company	Phone	Account number
Waste management	Phone	Account number
Internet provider	Phone	Account number
Cable/satellite company	Phone	Account number
Home security company	Phone	Account number
House cleaning service	Phone	Account number
Yard maintenance	Phone	Account number
Other Obligations (mortgage, insurance	e company, etc. )	

## Calculate Your Estate's Net Worth

#### What Is Your Estate Really Worth?

Your estate's value from an estate planning viewpoint is different from your net worth, which is a snapshot of what you own and what you owe.

Fortunately, most people find they have much more in their estate than they thought when they account for savings, employer and personal life insurance, retirement plan benefits and perhaps even a future inheritance. An inventory of your assets and liabilities will help you determine what you can leave to loved ones and charitable organizations after your lifetime and how to best provide for the distribution of your estate.

#### Make an Inventory of Your Assets

How you title your property is an important part of any estate plan. Be sure to identify how your property is held—if it is owned by you individually, jointly with a spouse or partner or as community property. Learn more about how property can be owned in the gray box below.

Use the current market value for everything you own and the face value (not cash value) for any life insurance. Don't strive for exact amounts; round numbers will do.

#### **Make Property Decisions**

Once you've made an inventory of your property, you're ready to decide where you want it to go. The following pages can help you organize your plans.

Once the worksheets are complete, you are ready to meet with your attorney.

#### How to Tell "Mine" From "Ours"

To determine whether or not you can pass all or part of an asset by your will, you should know its form of title. There are three ways property can be owned jointly.

- **1. Jointly owned property** with rights of survivorship generally goes to the surviving joint owner, regardless of what the will states.
- **2. Tenants-in-common** is also a form of joint ownership where two or more individuals own the property. The main difference is that one half of the property will follow the provisions in your will; therefore, your beneficiary will become the new co-owner after your lifetime with your original tenant-in-common.
- **3. Community property** is also a form of co-ownership, but is applicable only between spouses. Some states allow married couples to take title in this manner. When property is held this way, each spouse owns a half interest in the asset.

### **Your Assets**

1. Cash (savings, money market and checking ac	ccounts, CDs)			
Type of account	Financial institution	Owned by you alone  \$ \$ \$ \$ \$ \$ \$	Owned by your partner  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$	\$\$ \$\$\$ \$\$\$\$
2. Real Estate				
3. Retirement Benefits (pension, profit sharing, II insurance owned in the retirement plan)	Date of purchase Cost basis \$\$\$\$\$\$\$\$\$\$	Owned by you alone  \$\$  \$\$  \$\$  \$\$  face amounts of life	\$\$ \$\$	
Description	Beneficiary		\$ \$ \$ \$	\$ \$ \$

## **Your Assets**

4. Brokerage Accounts						
Firm name					Amount	
					\$	
					\$	
5. Personal Assets (automo	bbiles, jewelry, furniture,	boats, paintings, col	ections, etc.	)		
Description			Date of purchase	Owned by you alone	Owned by your partner	Owned jointly or community
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
6. Life Insurance				Face	amount (note any policy l	oans)
Name of company	Insured	Beneficia	ry	Owned by you alone	Owned by your partner	Owned jointly or community
				\$	\$	\$
	<u></u>			\$	\$	\$
				\$	\$	\$
		······································		\$	\$	\$
	<u> </u>			\$	\$	\$
				\$	\$	\$
7. Annuities					Present value	
Description	Annuitant	Beneficiary Cost bas	is	Owned by you alone	Owned by partner	Owned jointly your or community
r · ·						\$
		\$_		\$	_ \$	
		\$_		\$	_ \$	_ \$

## **Your Assets**

8. Business Interests Owned	I (proprietorship, partnership, co	rporation)	-	Value of interest	
Business name and address	прориссованр, ранистанр, со	Cost basis  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$		Owned by partner  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$	\$\$  \$\$  \$\$  \$\$  \$\$  \$\$
9. Obligations Due to Me (	mortgages held, notes receival	ble, accounts receivable	)		
Name of debtor	Address		Owned by you alone  \$ \$ \$ \$ \$ \$	Owned by partner  \$ \$ \$ \$ \$ \$ \$	Owned jointly your or community  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
10. Other Assets Potentiall (interest in a trust or e	y Includable in Estate estate, royalties, patents, copyri	ghts, etc.)	<u> </u>	Current value	
Description		Cost basis  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$	Owned by you alone  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$	Owned by partner  \$\$\$  \$\$  \$\$  \$\$  \$\$  \$\$  \$\$	Owned jointly your or community  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		Total of all assets:	\$	\$	\$

## Your Liabilities (approximate balances owed)

1. Mortgages				
Description of property	Name of creditor	Owed by you alone	Owed by your partner	
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
2. Loans, Installment Debts (bank, a	auto and personal loans, insu	rance Ioans, etc.	)	
Description	Name of creditor	Owed by you alone	Owed by your partner	Owed jointly or community
		\$	\$	\$
-		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
3. Current Bills (department store a	and other charges, credit card	ds, etc.)		
Description	Name of creditor	Owed by you alone	Owed by your partner	Owed jointly or community
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

## Your Liabilities (approximate balances owed)

4. All Other Liabilities			
Description	Owed by you alone	Owed by your partner	Owed jointly or community
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total of all liabilities:	\$	\$	\$
Total of all assets:	\$	\$	\$
Minus total of all liabilities:	\$	\$	_ \$
Net estate (estimated):	\$	\$	\$

**Congratulations!** You've just conquered an important milestone: understanding your estate.

Now, read on to decide how you'd like to distribute your assets. You hold the power to leave a legacy of support for loved ones and cherished causes.

# Estate Planning Documents

## Your Will

Location		
Date of will	Date of last review	
Date(s) of any codicils		-
Executor or personal representative		
Address	Phone	
Alternate personal representative		
Address	Phone	
Estate planning attorney		-
Address	Phone	
Revocable Living Trusts		
Location		
Date of trust	Date of last review	
Trustee		
Phone	Email	
Successor trustee		
Phone	Email	
Beneficiary(ies)		

## Financial Power of Attorney

Have you signed a financial power of attorney?
Document title
Date prepared
Prepared by (name, title, contact information)
Name of person appointed to act on your behalf/phone number/email address
Names of alternates to act on your behalf/phone number/email address  Effective date of power holder to act:  Upon your incapacity Other
Location of original document
Location of copies
Additional notes
Health Care Directives
Do you have a health care power of attorney?
Document title
Date prepared
Prepared by (name, title, contact information)  Effective date for power holder to act: Immediately Upon your incapacity Other
Location of original document
Location of copies (we suggest attaching a copy to this record book)

### **Health Care Directives** continued

Do you have an advance health care directive or living will? Yes No
Document title
Date prepared
Prepared by (name, title, contact information)
Location of original document
Locations of copies (We suggest attaching a copy to this record book.)
Long-Term Care
Do you have a long-term care insurance policy?
Insurance agent's name/phone number/email address
Company name
Policy number
Body, Organ and Tissue Donations
Do you wish to donate your body, organs or tissues? $\square$ Yes $\square$ No
First donation (identify organ or tissue, or indicate entire body)
Receiving organization's name/phone number/email address
Location of documents

\* Please note: This is not intended as a legal form.

Consult with your doctor and attorney today to create the appropriate documents.

# **End-of-Life Planning**

### **Funeral Arrangements**

You have a preference. That's why it is not unusual for you to plan funeral arrangements now. The information below can help provide emotional support for your family and loved ones, giving them instructions they know you have already approved.

Funeral home and/or o	church			
Address			Phon	e e
Type of service	Religious	Fraternal	Military	Memorial service with no casket present
Funeral instructions	Closed casket	Open casket	Other:	
Instructions				
I direct that my body k	pe used for these m	edical purposes		
Grave site information			Loca	tion
Arrangements made b	у		Phon	e
Favorite hymns/songs				
Favorite scripture/poe	ems/quotes			
Favorite flowers				
Charity(ies) in lieu of f	lowers (see page 9	for charitable organ	izations I suppo	rt)
Persons to Noti	ify in the Ever	nt of My Death	1	
Name/relationship			Phon	e
Address				
Name/relationship			Phon	e e
Address				
Name/relationship			Phon	e
Address				

## **Charitable Organizations Included in My Estate Plan**

Full Name of Organization	Address
<del></del>	
Other Matters That May Need	Family Attention
Here's a checklist of actions to be completed in the period all applicable boxes.	d of time between your death and up to a year after. Check
Contact the attorney to have the will read and to see what has to be done in regard to estate settlement.	The beneficiary can choose to take proceeds in a lump sum or spread them out as payments over the years.
Contact the Social Security Administration. Social Security pays a lump sum death benefit. A surviving spouse can get survivor's benefits as early as age 60. If a surviving spouse is disabled, they may get benefits even earlier. Minor children may also be entitled to	Contact companies holding retirement plans. There may be money left in them to be paid out to survivors. Like life insurance, proceeds can be paid in a lump sum or in installments.
survivor's benefits when a parent dies.	Consult with the health insurance company. If illness is determined to be the cause of death,
Call the Veterans Administration (VA). A surviving spouse and dependent children may be entitled to a small pension if the deceased was a veteran. The VA will pay partial burial expenses and provide a headstone or marker as well as an American flag to drape over the casket, without charge. If the burial is in a national cemetery, the VA will provide a grave	the insurance company may cover some of the associated expenses. Future premiums may also be less if the policy has covered two or more people and now there will be one less person covered. Some health insurance policies are also combination policies that provide some death benefits.
site and pay burial costs.	Notify organizations where the deceased held memberships. Some offer memorial services. They
Contact former employers for benefits resulting from that employment. Refer to employment history section (Page 8).	may have life insurance and may return part of dues paid. Organizations/phone numbers/emails:
Collect life insurance policies and call the companies and ask for death claim forms.	

# Disposition of Estate

## Who Gets What

Now that you've determined which assets comprise your estate and their values, you need to indicate who you want to inherit your assets.

1. Gifts to spouse/partner (indicate a contingent benefi	ciary in case your spouse/partner does not survive you)
Description of asset or percentage of estate	Name/relationship/address
2. To other beneficiaries	
Description of asset or percentage of estate  3. To charitable organizations	Name of beneficiary/relationship/address
Name and address of charitable organization  Name and address of charitable organization	Percentage of net estate         Dollar amount

#### Who Gets What

4. Balance or residue of estate	
Name and address of charitable organization	Percent of residuary estate
	%
	%
	%
	%
Name and address of other beneficiaries	Percent of residuary estate
	%
	%
	%
	%

### How Your Estate Plan Can Benefit Your Favorite Causes

Once you have completed this record book, you are ready to meet with your attorney and other professional advisors for their important counsel and the drafting of necessary documents.

We hope that as part of your planning you consider making a gift to us in your will or through some other form of gift planning. A gift to us, however, should never come before your personal or family needs. That's the beauty of a planned gift—you come first. Depending on the type of gift you choose, you may potentially reap benefits from your philanthropy that have very practical and desirable outcomes, such as the following:

- Ability to leave a legacy
- Income tax benefits
- A life income
- Personal satisfaction
- Reduce or eliminate capital gains taxes

Whatever your objective, we can help match your needs with the right giving tool to provide the most benefits for you, your family and us.

Please contact us if you have questions about giving to UUCville



Stewardship Steering Committee SSC@uucharlottesville.org





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