



First Congregational Church

(a United Church of Christ)

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PUTTING YOUR HOUSE IN ORDER

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PUTTING MY HOUSE IN ORDER

INTRODUCTION

Death knows no age; therefore, preparation for death is not limited to any particular age group. It may be even more important for young families to develop a plan for the continued well-being of their family members should an untimely death occur.

Planning for death is frequently postponed until its immediacy forces family members to make difficult decisions quickly. With this in mind, the Board of Deacons presents "*Putting My House in Order*" to you, the members and friends of First Congregation Church in Huntley, in order that you may become informed, may have questions answered, and may consider fully those end-of-life decisions you desire. Through learning and thought, you will help those remaining family members to honor you in the manner you choose, thereby avoiding the confusion and frustrations that can shatter family relations.

NOTIFICATION OF DEATH

Our Minister would appreciate being notified at any time from the time of diagnosis, throughout the waning days of life, to the hour when death seems imminent or as soon thereafter as possible to offer support for family and friends at this most difficult time. Family members who have a loved one in a health care facility are encouraged to inform the facility of their patient's connection with our church, and that our Minister should be contacted if a death occurs.

PREPARING FOR THE CHRISTIAN SERVICE

Christian funeral and memorial services are services of Christian worship, focusing on our Christian faith and life everlasting. While we prefer that funeral and memorial services be held at our church, services may be held elsewhere as the family desires. Regardless of the place where the service is to be held, our Minister should always be consulted before any definitive plans are made.

In accordance with church policy, caskets brought into our church may be open for a visitation before the service, but must be closed for the service itself.

Should the family desire the inclusion of another member of the clergy in the service, it is ethically correct for our Minister to personally contact that member and invite him/her to our church to participate in the service. Secular ceremonies (fraternal, military, etc.) are usually performed at the funeral home during visitation or at the interment. Prior approval is necessary if such ceremonies are desired at the church.

Ideally, each of us will take the time to plan his/her funeral or memorial service. Materials are available in the church office to help you reflect and plan the end-of-life decisions that are important to you and that you want others to know. It will, of course, be necessary for the family

to meet with the Minister to make specific plans concerning important remembrances, scripture and music choices as well as any other items that reflect the family's preferences. Care should be taken not to impose personal preferences that will prolong the grief of your survivors.

Cremation is an acceptable Christian practice. The donation of organs or entire bodies to medical science is an important option for families to consider as this donation may save the life of another or benefit medical research.

The decision as to whether children should attend a funeral or memorial service or view the deceased's body is an important one that ought to be considered carefully. Our church's view is that death is a part of life and should not be feared. Most children are fully capable of understanding death, but will certainly have many questions that will need to be answered. Our Minister will be glad to be of help in this matter.

LEGAL WILLS AND LIVING WILLS

There is a distinct difference between "legal" and "living" wills. A "legal" will, drawn up with the advice of an attorney, controls your financial assets (no matter how great or small) while the "living" will is a declaration of the level of care you desire or do not want at the end of life.

If you die and leave no will, your assets are distributed in accordance with fixed provisions in the state law. Your will gives you the advantage of specifying:

- To whom and in what amounts your estate should go.
- The desired timing of such distributions
- How your estate should be safeguarded
- By whom the estate should be handled (your named executor)

If you have not prepared a will ("legal" and/or "living"), you should seriously consider contacting an attorney. If you have prepared a will, be sure that you and your attorney review it periodically.

COMPLETING THIS DOCUMENT

The Board of Deacons is providing this document in two formats. A paper copy is available in the church office and an electronic version will be available for download from the church's website in a PDF form in the near future.

The document covers many areas, however, you need to complete only sections that apply to you. At the same time, you may find that some topic pertinent to your situation is not covered. We have included blank pages for you to include additional information. You can add additional pages. You need to make the document fit you and your circumstances.

Once completed, the document contains information that should be kept in a secure place, but you need to inform a family member or the executor of your estate of its location.

Finally, things change, and so, this document needs to be reviewed and revised on a regular basis.

PERSONAL DATA AND RECORDS FOR: _____ **DATE:** _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

My Birth Information: Month: _____ Day: _____ Year: _____

City: _____ County: _____ State: _____ Country: _____

IF MARRIED:

Spouse: First Name _____ Middle _____ Maiden Name: _____

Birth Date of Spouse: Month _____ Day _____ Year _____

City: _____ County: _____ State: _____ Country: _____

Birth Certificates are Located: _____

IF DIVORCED OR LEGALLY SEPARATED:

Date: Month: _____ Day: _____ Year: _____

City: _____ County: _____ State: _____ Country: _____

Location of Final Decree: _____

IF CITIZEN OF A FOREIGN COUNTRY:

Date Entered U.S.A.: Month: _____ Day: _____ Year: _____

Location of Citizenship Papers: _____

SURVIVING CHILDREN: (List Name(s) and Date of Birth)

_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

DECEASED CHILDREN: (List Name(s) and Date of Death)

_____/_____/_____
_____/_____/_____

MY PARENTS

FATHER: First Name: _____ Middle: _____ Last Name: _____

Birth Date: Month: _____ Day: _____ Year: _____

City: _____ County: _____ State: _____ Country: _____

If Deceased: Date of Death: Month: _____ Day: _____ Year: _____

Interred at: _____

MOTHER: First Name: _____ Middle: _____ Maiden Name: _____

Birth Date: Month: _____ Day: _____ Year: _____

City: _____ County: _____ State: _____ Country: _____

If Deceased: Date of Death: Month: _____ Day: _____ Year: _____

Interred at: _____

PARENTS OF SPOUSE

FATHER: First Name: _____ Middle: _____ Last Name: _____

Birth Date: Month: _____ Day: _____ Year: _____

City: _____ County: _____ State: _____ Country: _____

If Deceased: Date of Death: Month: _____ Day: _____ Year: _____

Interred at: _____

MOTHER: First Name: _____ Middle: _____ Maiden Name: _____

Birth Date: Month: _____ Day: _____ Year: _____

City: _____ County: _____ State: _____ Country: _____

If Deceased: Date of Death: Month: _____ Day: _____ Year: _____

Interred at: _____

NOTES: (In the space below, include pertinent information, for an example, if you have step parents you might want to indicate their information)

ESTATE PLANNING (Wills and Trusts)

I DO DO NOT HAVE A WILL/TRUST

Original Executed Copy of My Will/Trust is located at: _____ and dated _____

An Original Executed Codicil/Amendment is located at _____ and dated _____

Attorney who prepared my will/trust: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Named as Executor(s) and Trustee(s): _____

Personal Representative: _____

Named as Guardian(s) of my children: _____

I DO DO NOT HAVE A LIVING WILL/TRUST

Original copy of my living will/trust is located at: _____ dated _____

My primary care physician (Dr. _____) Has Does Not Have a copy.

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

My children have a copy of this document: Yes No

I HAVE HAVE NOT provided a copy to the following care and service providers

I HAVE HAVE NOT Executed a "Do Not Resuscitate Order" and provided a copy to the following care

and service providers: _____

BURIAL/PRE-ARRANGED FUNERAL PLANS

I DO DO NOT Own a Cemetery Lot

Cemetery _____

City _____ State _____ Zip Code _____

Deed to the Lot is located at: _____

Instructions for my Funeral Plans are in: Will Letter other: _____

My preference for funeral service:

Funeral director of choice: _____

My instructions are located at: _____

Membership in any organizations that provide cemetery benefits: _____

EMPLOYEE BENEFIT PLANS

I DO DO NOT Have a profit sharing plan

Plan provider: _____

Plan administrator or Personnel director: _____

I DO DO NOT Participate in a 401(k) plan

Name of contributing employer: _____

Plan administrator or Personnel director: _____

Were employee contributions made? Yes No

Were employer contributions made? Yes No

I DO DO NOT Have a pension plan

Organization providing benefits: _____

Plan administrator or Personnel director: _____

REAL ESTATE (Attach a complete list)

I Do Do Not Own my primary residence

Property' common address: _____

City: _____ State: _____ Zip Code: _____

Deed to property is located at: _____

Mortgage on my residence is held by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I Do Do Not own other real estate.

I Am Am Not the sole owner.

Property's common address: _____

City: _____ State: _____ Zip Code: _____

Deed to property is located at: _____

Mortgage on my residence is held by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I lease property to others: Yes No

The property is: Vacant Improved Number of rental units: _____

Leases are located at: _____

Property is managed by: _____

City: _____ State: _____ Zip Code: _____

Insurance coverage is handled by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

REAL ESTATE (continued)

- | | |
|------------------------|-----------------------|
| ___ Insurance policies | ___ Deeds |
| ___ Copy of mortgage | ___ Improvement loans |
| ___ Title insurance | ___ Tax receipts |
| ___ Mortgage insurance | ___ Title abstract |
| ___ Closing abstract | ___ Leases |
| ___ Expense records | ___ Maps and surveys |

Supporting documentation for above checked items kept at: _____

CHECKING AND SAVING ACCOUNTS

I Do Do Not Have checking and savings accounts

Checking Accounts:

With: _____ Account #: _____

Address: _____ Phone #: _____

With: _____ Account #: _____

Address: _____ Phone #: _____

Savings Accounts:

With: _____ Account #: _____

Address: _____ Phone #: _____

With: _____ Account #: _____

Address: _____ Phone #: _____

Certificates of Deposits:

With: _____ Account #: _____

Address: _____ Phone #: _____

With: _____ Account #: _____

Address: _____ Phone #: _____

Passbooks are located at: _____

Person having power to sign checks for me:

Name: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

SECURITIES

Very valuable rights are often lost because the owners of stock certificates and bonds cannot be located. All the records of Purchase and Sale transactions are necessary for tax purposes.

I DO DO NOT own securities (stocks, bonds, etc.)

A list of all securities and certificated can be found at: _____

Certificates and Bonds are located at: _____

I DO DO NOT have a brokerage account: _____

Name of Broker or Firm: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Records of Purchase and Sale are located at: _____

SAFETY DEPOSIT BOX (ES)

Important documents and valuable personal possessions should be given the maximum protection. A loss by fire, theft, or misplacement can be very costly. The safest and most convenient solution is to rent a safety deposit box.

I DO DO NOT Have safety deposit box(es).

Located at: _____

Keys are kept at: _____

Key Numbers: _____

The following persons have access: (Name and Address): _____

LIFE INSURANCE

Life insurance is an important source for immediate cash for your family. Policies and premium receipts should be kept in a safe but accessible place. A record of the policy numbers, insurance companies, beneficiaries etc., should be given to your executor and a second copy placed in your safety deposit box.

I DO DO NOT Have life insurance.

A complete itemized list can be found at: _____

Policies are located at: _____

LIFE INSURANCE (CONTINUED)

Insurance Policies Covering Others:

I own insurance policies on the lives of others. A list of companies and policy numbers is located at:

Policies are located at: _____

I **HAVE** **HAVE NOT** made loans against policies.

Source of loan: _____

Address: _____

Phone: _____

Pertinent papers are filed with the policies (Check)

- Endorsements Dividend payments Premium receipts
 Assignments Settlement agreements

My principal life insurance Agent is: _____

Company: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Location of Original Policy Application: _____

I **DO** **DO NOT** have annuities.

Detailed list is located at: _____

Annuity contract is located at: _____

Agent selling annuity: _____

Location of original application: _____

HEALTH AND LONG-TERM CARE INSURANCE

Additional Coverage:

- Accident Hospitalization Disability Long-Term Care

Other Insurance: _____

HEALTH AND LONG-TERM CARE INSURANCE (CONTINUED)

Policies are kept at: _____

Insurance agents: _____

Location of original application: _____

I AM AM NOT registered for Medicare.

Date of enrollment: Month: _____ Date: _____ Year: _____

City: _____ State: _____

Medicare/Insurance Card is located at; _____

I HAVE HAVE NOT agreed to be an organ donor.

Special Donation Requests: _____

MILITARY SERVICE

Check Here if no record of military service.

Branch of Service _____ Country _____

From: _____ to: _____

Date of Discharge: Month: _____ Date: _____ Year: _____

Type of Discharge: _____

Highest Grade or Rank Attained: _____

Military Serial Number: _____

Veteran's Claim Number: _____

Military Records and Discharge Papers kept at: _____

Service Connected Disabilities: (List %) _____

I/we own the following personal property.

Auto 1: Make: _____ Year: _____

Auto 1: Make: _____ Year: _____

Title(s) are kept at: _____

I/we DO DO NOT own a boat.

Boat: Make: _____ Year: _____

Boat is kept at: _____

Title are kept at: _____

I/we DO DO NOT own household furnishings.

Inventory list is located at: _____

Jewelry: Yes No Coin Collection: Yes No

Inventory list and appraisals located at: _____

Miscellaneous Personal Property (not previously listed): _____

Proof of ownership, receipts, bills of sales, etc. located at: _____

JOINT OWNERSHIP

I DO DO NOT own real estate or personal property in Joint Ownership.

Item 1: _____

Joint Owner: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Item 2: _____

Joint Owner: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

MY EMPLOYMENT STATUS

I AM AM NOT currently employed.

My current employer is: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Date Started: _____ Supervisor: _____

Social Security Number: _____

Company ID card located at: _____

I AM AM NOT a member of a labor union.

Name of local union office: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

EMPLOYMENT STATUS (SPOUSE)

MY SPOUSE IS IS NOT currently employed.

My current employer is: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Date Started: _____ Supervisor: _____

Social Security Number: _____

Company ID card located at: _____

MY SPOUSE IS IS NOT a member of a labor union.

Name of local union office: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

CREDIT CARDS (Attach Complete List)

I/We possess the following credit cards:

Card 1: _____

Card 2: _____

Card 3: _____

Debit 1: _____

Additional information located at: _____

INCOME TAX RECORDS

Copies of filed tax returns are located: _____

Party who assisted in tax returns: _____

Work sheets and supporting documents are located: _____

Current employer withholding tax forms are located: _____

PERSONS FAMILIAR WITH MY AFFAIRS

Attorney: _____

Accountant/tax counselors: _____

Financial advisor/Estate Planner: _____

Trust officer: _____

Primary care physician/network affiliation: _____

Executor of my estate: _____

Fraternal or professional groups (Please notify): _____

THIS PAGE IS PROVIDED FOR ADDITIONAL INFORMATION:

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