

# ***ARE YOUR AFFAIRS IN ORDER?***

## **RESOURCES AND PLANNING GUIDE**



**February 2016**

# ARE YOUR AFFAIRS IN ORDER?



## OVERVIEW

*"Do not let your hearts be troubled.  
Believe in God, believe also in me.  
In my Father's house there are many dwelling places.  
If it were not so, would I have told you  
that I go to prepare a place for you."*

*John 14:1-2*

Just as Jesus speaks of "being prepared," likewise we Christians are called to be prepared. One way that is played out is in our prayerful planning for the end of our lives and our death. Because we believe that death is not the end, we are able to face it with confidence. Through the death and resurrection of Jesus Christ, we are comforted by the knowledge that we will live in eternal life with God.

*Are Your Affairs in Order* offers resources and serves as a planning guide for being prepared. With a sense of responsibility to our family and friends, we want to have our affairs in order. Your planning is an act of love to all those in your life.

Getting your affairs in order calls for intentional thought and prayer on your part. With courage, you will want to talk with those you love (family and friends) and knowledgeable people (physician, attorney, etc) as you collect information data and consider spiritual planning. Together we will learn and plan for the future.

***ARE YOUR AFFAIRS IN ORDER?***  
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## PERSONAL AND FINANCIAL RECORDS

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone number \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Social Security number \_\_\_\_\_ Citizenship \_\_\_\_\_

Full name- father \_\_\_\_\_

Full name- mother \_\_\_\_\_

Veteran discharge papers with serial number \_\_\_\_\_

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### ***SPOUSE OR OTHER PRIMARY PERSONAL CONTACT***

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone number \_\_\_\_\_

Relationship \_\_\_\_\_

#### ***If spouse***

Date and place of birth \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Social security number \_\_\_\_\_

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### ***DECEASED OR PREVIOUS SPOUSES (if applicable)***

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**Continued**

Date and place of:

Marriage \_\_\_\_\_

Divorce \_\_\_\_\_

Death \_\_\_\_\_

Social Security Number \_\_\_\_\_

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***CHILDREN OR SIGNIFICANT PERSONS***

Name and relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Name and relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Name and relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Name and relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

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***PETS***

Instruction for disposition of pets \_\_\_\_\_

\_\_\_\_\_

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**KNOWLEDGEABLE AND TRUSTED PEOPLE**

Physician \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_



Attorney \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_



Accountant/Tax Preparer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_



Banker \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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Durable Power of Attorney \_\_\_\_\_  
(Person named to act)  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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Health Care Declaration/Living Will \_\_\_\_\_  
- (Person named to act)  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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Executor of your Will \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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Trustees of any trust for you \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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Insurance Agent \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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Investment Advisor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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Pension Fund Payer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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Others to notify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## LOCATION OF IMPORTANT DOCUMENTS

Document	Location
1. Will	
2. Durable Power of Attorney	
3. Advanced Health Care Directive	
4. Trust Agreements	
5. Birth Certificate	
6. Marriage certificate	
7. Social Security card	
8. Passport/Naturalization papers	
9. Adoption papers	
10. Military discharge papers	
11. Medicare card	
12. Medicaid card	
13. Title to real estate property/mortgage papers	
14. Titles to automobile(s)	

<b>15. Contract for long term facility, and/or other contracts and legal documents</b>	
<b>16. Inventory of household goods/personal property (including appraisal and pictures, if taken)</b>	
<b>17. Other stage places for important property/documents</b>	
<b>18. Insurance policies-life</b>	
<b>19. Insurance policy-health</b>	
<b>20. Insurance policy-disability</b>	
<b>21. Insurance policy-automobile(s)</b>	
<b>22. Insurance policy-homeowners</b>	
<b>23. Insurance policy-excess liability</b>	
<b>24. Insurance policy-long term care</b>	
<b>25. Insurance policy-other</b>	
<b>26. Current papers and receipts for filing this year's tax returns</b>	
<b>27. Income tax returns for the last five (5) years and supporting records</b>	
<b>28. Do you have a safe deposit box? If so, where? Where is the key(s)?</b>	

## LOCATION OF PROPERTY AND FINANCIAL HOLDINGS

<b>Assets (Include account numbers)</b>	<b>Location</b>
<b>Checking account (s)</b>	
<b>Savings account (s)</b>	
<b>Money Market accounts (s)</b>	
<b>Certificate (s) of Deposit</b>	
<b>Stocks</b>	
<b>Bonds</b>	
<b>Brokerage account (s)</b>	
<b>Mutual Funds</b>	
<b>Trusts for which you are beneficiary</b>	

<b>Mortgages and other debts owed to you</b>	
<b>Pension, other retirement plans (including IRAs and Keoghs)</b>	
<b>Autos, boats, RVs, etc</b>	
<b>Primary residence</b>	
<b>Vacation home</b>	
<b>Other real estate holdings</b>	
<b>Other investments</b>	

# FINANCIAL OBLIGATIONS

**Mortgage** \_\_\_\_\_

Loan number # \_\_\_\_\_

Payment schedule/terms \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_



## Loans

Auto \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Bank** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Other** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

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**Credit cards**

Name \_\_\_\_\_

Account number \_\_\_\_\_

Name \_\_\_\_\_

Account number \_\_\_\_\_

Name \_\_\_\_\_

Account number \_\_\_\_\_

Name \_\_\_\_\_

Account number \_\_\_\_\_

Name \_\_\_\_\_

Account number \_\_\_\_\_

Name \_\_\_\_\_

Account number \_\_\_\_\_

Name \_\_\_\_\_

Account number \_\_\_\_\_

Name \_\_\_\_\_

Account number \_\_\_\_\_

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**Person (s) dependent on you for support**

Name \_\_\_\_\_

Type of support \_\_\_\_\_

Name \_\_\_\_\_

Type of support \_\_\_\_\_

# FUNERAL PLANNING

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## *Funeral Home*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact person \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

## *Deposition of the body*

*Please circle all that apply:*

Organ donation

Cremation/ashes

Burial/entombment

**Cemetery name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Phone number \_\_\_\_\_

## **Notes about my life for the obituary:**

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**THE FUNERAL SERVICE:  
WITNESS TO THE RESURRECTION**

The resurrection is a central doctrine of the Christian faith and shapes Christians' attitudes and responses to the event of death. Death brings loss, sorrow, and grief to all. In the face of death Christians affirm with tears and joy the hope of the gospel. Christians affirm that "neither death, nor life... nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord." *Romans 8:38-39*

The service is planned by the pastor in consultation with the family. The purpose of the service is to provide comfort and strength to mourners, to give thanks to God for the life of the deceased, and, above all, to bear witness to the hope of Christian faith.

To aid in planning please list 2-4 favorite scripture readings, some suggestions are below, but feel free to select others. Circle those you select.

**Old Testament**

† Psalm 23	The Lord is my shepherd
† Psalm 27:7-14	Lament: wait on the Lord
† Psalm 46	God: refuge and strength
† Psalm 121	Look to the hills
† Psalm 139: 1-18, 23-24	God knows us
† Ecclesiastes 3:1-8	Seasons
† Matthew 5:3-10	Beatitudes
† Matthew 11:28-30	Giving Rest
† John 6:37-40	Lazarus
† John 14:1-3,18-19,25-27	Many rooms
† Romans 8:31-39	God is for us
† 1 Corinthians 15:12-30,35-50	Resurrection

Again to help in planning please 3-5 hymns, some suggestions are below, but feel free to select others.

A Mighty Fortress Is Our God  
Abide With Me  
Amazing Grace  
Beautiful Savior  
Blessed Assurance  
For All the Saints  
Great is Thy Faithfulness  
How Great Thou Art  
Just As I Am  
My Faith Looks Up to Thee  
Our God, Our Help in Ages Past  
Rock of Ages  
The King of Love My Shepherd Is  
The Lord's My Shepherd  
What a Friend We have in Jesus



