



PERSONAL

INSURANCE

FINANCING



# Record Book

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PERSONAL ESTATE  
PLANNING KIT

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*\*If you'd like to discuss your charitable goals or explore planned giving opportunities, the North Carolina Masonic Foundation welcomes the conversation. Please visit [www.mfnc.org](http://www.mfnc.org) - our team would be honored to assist you.*

# Creating Your Plan

Your record 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. We would also be happy to assist you with your charitable intentions at the outset or after you have completed your record.

## 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.

# 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 death (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

---

**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

---

**Name/relationship**

Phone

---

Email

---

**Name/relationship**

Phone

---

Email

---

**Name/relationship**

Phone

---

Email

---

**Name/relationship**

Phone

---

Email

## Your Pets

---

**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

Start date (and end date, if retired)

Ownership interest  Yes  No

## Prior Employment

---

Previous employer company name and position

From

To

---

Address

Phone

---

Life insurance or retirement benefits that remain effective

---

Benefits and location of documents

---

Previous employer company name and position

From

To

---

Address

Phone

---

Life insurance or retirement benefits that remain effective

---

Benefits and location of documents

## Military Service

---

Branch of service and rank

From

To

---

Service number (if applicable)

Discharge papers location

---

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.)

---

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# Your Finances

Income Sources (may include Social Security,  
retirement plans, pensions or securities)

Amount of Annual Income

<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>

# 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	Important User Names	Passwords or Location of Passwords
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Did You Know?

The concept of a digital estate is relatively new, but almost everyone has one these days. 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.

## 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

# 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 accounts, CDs)

Type of account	Financial institution	Owned by you alone	Owned by your partner	Owned jointly or community
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

## 2. Real Estate

Description and location of property	Date of purchase	Cost basis	Owned by you alone	Owned by your partner	Owned jointly or community
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

## 3. Retirement Benefits (pension, profit sharing, IRAs, Keogh plans, etc., including face amounts of life insurance owned in the retirement plan)

Description	Beneficiary	Owned by you alone	Owned by your partner
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

# Your Assets

## 4. Brokerage Accounts

Firm name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## 5. Personal Assets (automobiles, jewelry, furniture, boats, paintings, collections, 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 loans)

Name of company	Insured	Beneficiary	Owned by you alone	Owned by your partner	Owned jointly or community
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

## 7. Annuities

Present value

Description	Annuitant	Beneficiary	Cost basis	Owned by you alone	Owned by your partner	Owned jointly or community
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

# Your Assets

## 8. Business Interests Owned (proprietorship, partnership, corporation) Value of interest

Business name and address	Cost basis	Owned by you alone	Owned by your partner	Owned jointly or community
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

## 9. Obligations Due to Me (mortgages held, notes receivable, accounts receivable)

Name of debtor	Address	Owned by you alone	Owned by your partner	Owned jointly or community
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

## 10. Other Assets Potentially Includable in Estate Current value

(interest in a trust or estate, royalties, patents, copyrights, etc.)

Description	Cost basis	Owned by you alone	Owned by your partner	Owned jointly 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	Owed jointly or community
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

## 2. Loans, Installment Debts (bank, auto and personal loans, insurance loans, etc.)

Description	Name of creditor	Owed by you alone	Owed by your partner	Owed jointly or community
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

## 3. Current Bills (department store and other charges, credit cards, etc.)

Description	Name of creditor	Owed by you alone	Owed by your partner	Owed jointly or community
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____



# 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?  Yes  No

---

**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:  Immediately  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?  Yes  No

---

**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?  Yes  No

---

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?  Yes  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 church

---

Address

**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 be used for these medical purposes

---

Grave site information

Location

---

Arrangements made by

Phone

---

Favorite hymns/songs

---

Favorite scripture/poems/quotes

---

Favorite flowers

---

Charity(ies) in lieu of flowers *(see page 9 for charitable organizations I support)*

## Persons to Notify in the Event of My Death

---

**Name/relationship**

Phone

---

Address

---

**Name/relationship**

Phone

---

Address

---

**Name/relationship**

Phone

---

Address

# Charitable Organizations Included in My Estate Plan

Full Name of Organization

Address

---

---

---

---

---

---

---

---

---

---

---

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---

## Other Matters That May Need Family Attention

Here's a checklist of actions to be completed in the period of time between your death and up to a year after. Check all applicable boxes.

**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 survivor's benefits when a parent dies.

**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.

**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 site and pay burial costs.

**Consult with the health insurance company.** If illness is determined to be the cause of death, 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.

**Contact former employers for benefits resulting from that employment.** Refer to employment history section (Page 8).

**Notify organizations where the deceased held memberships.** Some offer memorial services. They 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 beneficiary 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	Name of beneficiary/relationship/address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 3. To charitable organizations

*If NCMF is in your plans, please notify us: <https://mfnc.org/how-to-give/giving-options/>*

Name and address of charitable organization	Percentage of net estate	Dollar amount
_____	_____ % OR	\$ _____
_____	_____ % OR	\$ _____
_____	_____ % OR	\$ _____
_____	_____ % OR	\$ _____

Name and address of charitable organization	Description of specific asset
_____	_____
_____	_____
_____	_____
_____	_____

# 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 and we'll be happy to explain the choices available to you—without obligation.

[www.mfnc.org](http://www.mfnc.org)



**NORTH CAROLINA  
MASONIC  
FOUNDATION**

The purpose of this guide is to provide general, estate, and financial planning information. Watch for tax law revisions. State laws govern wills, trusts, and charitable gifts made in a contractual agreement. Advice from legal counsel should be sought when considering these types of gifts. Information contained herein was accurate at the time of printing. For such advice, please consult an attorney or tax advisor. Figures cited in any examples are for illustrative purposes only. References to tax rates include federal taxes only and are subject to change. State law may further impact your individual results and planning. Planned gifts designated for the NCMF are subject to the gift acceptance and recognition policies of the NCMF and its Board of Directors.

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