

**THE HOLSTON CONFERENCE OF
THE UNITED METHODIST CHURCH FOUNDATION, INC.**

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Visit us on the web: www.holston.org/foundation

EIN # 62-1112387

PERSONAL INFORMATION RECORD



*Earn all you can...
save all you can...
give all you can.*



— John Wesley

**The Holston Conference of
The United Methodist Church
Foundation, Inc.**

We brought nothing into this world, nor have we power to take anything out.

1 TIMOTHY 6:7

Estate planning is an individualized process. It gives us an opportunity to reflect on our lives, take care of our loved ones, and generally “get our affairs in order”. A thoughtful estate plan may provide great peace of mind knowing that we have prepared ourselves and our families for the future.

This booklet is provided as a service of The Holston Conference of the United Methodist Church Foundation, Inc. through the generosity of **THE MARGARET GRIZZELL LOVING TRUST**. We hope that it will assist you in gathering and recording vital information for the use of your family or executor. It may also be of great assistance to you and your attorney in the preparation of your estate plan. While none of us have the power to take it with us, we do have the ability to make a vital difference for our loved ones, our church, and those causes we hold dear by planning for the future.

Please accept this booklet as a tool to help you in the planning process. Contact the Foundation if we might be of assistance to you or your advisor or if you need any additional copies.

— Roger Redding
Executive Director

CODICIL TO YOUR WILL

If you already have a will you may add a codicil to your will to direct a gift to support the ministry of the church. The codicil should be witnessed and attested to, then attached to your properly executed will. Your attorney can easily assist you with this process. A sample codicil is as follows:

CODICIL TO WILL OF _____

I, _____, residing and domiciled in the City of _____, County of _____ and State of _____, being of sound and disposing mind and memory do hereby make, ordain, publish and declare this addendum/codicil to my last will and testament.

I give, devise and bequeath, and direct my said Personal Representative, as soon as convenient following my demise, to set over and deliver unto The Holston Conference of the United Methodist Church Foundation, Inc., a non-profit religious corporation incorporated under the laws of the State of Tennessee, assets which in the unqualified judgment of my Personal Representative shall have an aggregate value of ten percent (10%) of my gross estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, AD _____.

Signature

The above and foregoing instrument was this ____ day of _____, 200__, signed, sealed, published, and declared by said _____, testator, as and for an addendum to his/her Last Will and Testament, in the presence of us, who at his request, and in his/her presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

Name Address, City, and State

Name Address, City, and State

AFFADAVIT OF ATTESTING WITNESSES

The undersigned, being first duly sworn, make oath that the undersigned were attesting witnesses to the First Codicil to the Last Will and Testament of JOHN DOE, Testator, dated the _____ day of _____, 200__; that the Testator signed said instrument in the presence of the attesting witnesses; that the Testator appeared to be of sound mind and disposing memory; and that the attesting witnesses,

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 200__.

NOTARY PUBLIC

My Commission Expires: _____

SUGGESTED WORDING FOR REQUESTS

1. UNCONDITIONAL TITHE

"I give to The Holston Conference of the United Methodist Church Foundation, Inc., ten percent (10%) of my estate to be used for Christian ministry in such manner as its Board of Directors deems best."

2. REQUEST OF RESIDUE FOR A SUGGESTED USE

"I give to The Holston Conference of the United Methodist Church Foundation, Inc., all the rest of my property, real and personal. I suggest that the principal and income be used for _____."

3. CONTINGENT REQUEST FOR TWO SPECIFIC USES

"If any of the above-named beneficiaries should predecease me, then I give the property, real or personal, which each such beneficiary would have received had he survived me, to The Holston Conference of the United Methodist Church Foundation, Inc. with the earnings to be divided equally between seminary scholarships and retired minister pensions."

4. REQUEST TO CREATE A NAMED LOCAL CHURCH ENDOWMENT

"I give to The Holston Conference of the United Methodist Church Foundation, Inc., (the sum of \$_____ or _____% of estate or the following described property) to establish **THE JOHN DOE FAMILY ENDOWMENT FUND**. The Fund earnings, but not the principal should be used for building maintenance at _____ United Methodist Church located in _____."

PERSONAL INFORMATION RECORD

Full Legal Name

Date Completed: _____ Revised: _____

Home Address: _____

City/State/Zip: _____

Telephone (Home): _____

(Office): _____

(Fax): _____

E-mail: _____

Date of Birth: _____

Location of Birth: _____

State of Legal Residence: _____

U.S. Citizen: ☐ YES ☐ NO

Social Security Number: _____

Persons to notify in Emergency:

Name: _____

Address: _____

Telephone: _____

PHYSICAL IDENTIFICATION

Identifying marks or scars: _____

MARITAL INFORMATION

Present marital status:

☐ Single ☐ Married ☐ Divorced

☐ Separated ☐ Widow(er)

I am married to: _____

Date and Place married: _____

Location of Marriage Certificate: _____

I was previously married to: _____

Date and Place of prior marriage: _____

Terminated by: _____

☐ Divorce ☐ Annulment ☐ Separation ☐ Death

Date and Place of Termination: _____

Location of termination papers: _____

Church Membership: _____

He who sows sparingly will reap sparingly, and he who sows bountifully will reap bountifully. Everyone must give according to what he has inwardly decided; not sadly, not grudgingly, for God loves a cheerful giver. And God is able to make all grace abound to you, so that in all things at all times, having all that you need, you will abound in every good work.

2 COR. 9:6-8

CREATE YOUR OWN ENDOWMENT

Donors may wish to consider establishing permanent “named” endowment funds honoring a loved one or family name. By creating your own permanent endowment fund, you specify your preferred use for the annual earnings or even select several institutions, churches, etc. to each receive a percentage of the earnings. For confidential information on establishing an endowment, a donor advised fund, or to explore the potential tax advantages of a charitable trust, gift annuity or bequest please contact the Foundation for a free consultation.

CHARITABLE BEQUESTS

Charitable bequests through your will may be made through the Foundation to benefit one or more United Methodist-related churches, agencies or ministries. Bequests through the Foundation may also include the contingency that if any ministry closes or there is no longer a need, the Foundation board will select an alternative use that takes into consideration the spirit of the donors original intent.

We would be pleased to confidentially listen to your desires and/or talk with your advisor to help you select or review the “suggested wording” for your own plans. The following suggested bequest wording may be customized many ways to help with your own plan:

Your Legacy for the Future...

The Holston Conference of the United Methodist Church and its affiliated institutions and churches are interested in planning for the future too. Unrestricted gifts to **THE HOLSTON CONFERENCE OF THE UNITED METHODIST CHURCH FOUNDATION, INC.** may be unrestricted or designated to support one or more specific needs, including, but not limited to:

Your local Church without restrictions
An Endowment for your local Church
Your local Church for a suggested use

<p>Appalachia Service Project</p> <p>Asbury Retirement Communities</p> <ul style="list-style-type: none"> • Johnson City • Kingsport • Maryville <p>Be a Builder (Builder's Club)</p> <p>Bethlehem Community Center</p> <p>Big Stone Gap Church & Community Renewal</p> <p>Bishop's Fund</p> <p>Camp Development Funds or Scholarship Funds</p> <ul style="list-style-type: none"> • Camp Wesley Woods • Camp Lookout • Camp Buffalo Mountain • Camp Dickenson • Camp Ahistadi <p>Change for Children</p> <p>Children's Ministries</p> <p>Coalition for Kids</p> <p>College Scholarship or Development Funds</p> <ul style="list-style-type: none"> • Emory & Henry College • Hiwassee College • Tennessee Wesleyan College <p>Crossroads Medical Mission</p> <p>Disaster Relief in Holston</p> <p>District Funds</p> <p>Emerald Youth Foundation</p> <p>Emergency Aid Fund</p> <p>Evangelism and Outreach Fund</p> <p>Holston Conference Foundation Endowment</p> <p>Holston Home for Children</p> <p>Jubilee Project</p> <p>Living Waters Well Ministry</p>	<p>Local Pastor's Training & Education Fund</p> <p>Missions (local/global, etc.)</p> <p>Morgan-Scott Project</p> <p>Muslim Outreach Ministries</p> <p>Mustard Seed Ministries Fund</p> <p>New Church Starts (Ben St. Clair Fund)</p> <p>New Ordinands Continuing Education Fund</p> <p>Older Adult Ministries (Jubilation, etc.)</p> <p>Partners in Crisis</p> <p>Project Crossroads Ministries</p> <p>Recovery and Outreach Ministries</p> <p>Retired Minister's Pension Fund</p> <p>Samaritan Hands Missions</p> <p>Seminary Scholarships (Holston Conference)</p> <p>Strength for the Journey (HIV/AIDS Retreats)</p> <p>UMCOR</p> <p>United Methodist Men's Ministries</p> <p>United Methodist Women's Ministries</p> <p>Upper Room Ministries</p> <p>Volunteers in Mission</p> <p>Wesley Foundations (Campus Ministry)</p> <ul style="list-style-type: none"> • East Tennessee State University • Radford University • University of Tennessee, Chattanooga • University of Tennessee, Knoxville • University of Virginia College at Wise <p>Wesley House Community Center</p> <p>Wesley Leadership Institute</p> <p>Young Adult Ministries (Divine Rhythm)</p> <p>Youth Ministries (Resurrection, F.U.E.L., etc.)</p> <p>Youth Mission Scholarships</p>
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FAMILY RECORD (name*, address, age)

Father: _____

Mother: _____

CHILDREN

BROTHERS AND SISTERS

GRANDCHILDREN

OTHER CLOSE RELATIVES

* indicates deceased

MILITARY SERVICE

Service Number: _____

Branch of Service: _____

Length of Service: _____

From: _____ To: _____

Rank: _____

I ☐ Do ☐ Do not have a service-connected disability

Location of special papers:

<u>Document</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION

Schools Attended: _____

Degrees/

Diplomas: _____

Honors: _____

Fraternal & Professional Organization Affiliations:

DOCUMENTS (AND LOCATIONS)

Automobile titles/registrations: _____

Keys: _____

Military Records: _____

Naturalization Citizenship Papers: _____

Patents & Copyrights: _____

List of Credit Cards/Numbers: _____

Insurance Policies: _____

Deeds: _____

Veteran's Administration Information: _____

Tax Records: _____

Computer Passwords: _____

Other: _____

QUICK REFERENCE, ADVISORS TELEPHONE NUMBERS

Banker: _____

Lawyer: _____

Accountant/Tax Preparer: _____

Business Partner/Employee: _____

Insurance Agent: _____

Stock Broker: _____

Minister: _____

Physician: _____

TRUSTS

☐ I have ☐ I have not established living trusts.

TRUSTEE NAME: _____

Address: _____

Telephone: _____

TRUSTEE NAME: _____

Address: _____

Telephone: _____

Attorney who drew trust agreement: _____

Name: _____

Address: _____

Telephone: _____

Location of Trust Agreement: _____

NOTES AND SUGGESTIONS TO EXECUTOR OR BENEFICIARIES

EMPLOYMENT

CURRENT EMPLOYER

<u>Name of Employer</u>	<u>Position</u>	<u>Approximate Annual Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FORMER EMPLOYER

<u>Name of Employer</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

BUSINESS INTERESTS

(Proprietorship, Partnership, Corporation)

<u>Description</u>	<u>Share of Ownership</u>
_____	_____
_____	_____
_____	_____

SOURCES OF INCOME

<input type="checkbox"/> Salary	<input type="checkbox"/> Securities	<input type="checkbox"/> Mortgages
<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension	<input type="checkbox"/> Trust
<input type="checkbox"/> Annuities	<input type="checkbox"/> Interest	<input type="checkbox"/> Rent
<input type="checkbox"/> Disability	<input type="checkbox"/> IRA(s)	<input type="checkbox"/> Other

Estimated Current Annual Income: \$ _____

BANKING/CREDIT UNION INFORMATION

NAME OF INSTITUTION: _____

Address: _____

Type of Account: _____ Account No.: _____

☐ Joint or ☐ Individual Balance \$ _____ Date _____

NAME OF INSTITUTION: _____

Address: _____

Type of Account: _____ Account No.: _____

☐ Joint or ☐ Individual Balance \$ _____ Date _____

NAME OF INSTITUTION: _____

Address: _____

Type of Account: _____ Account No.: _____

☐ Joint or ☐ Individual Balance \$ _____ Date _____

My check books, savings passbooks, etc. are located: _____

☐ Service:
Location: _____
Officiator: _____
Music/Hymns: _____
Favorite Bible Verses: _____
Other: _____

☐ I request that memorial gifts be given to the following church or charity: _____

Address

LAST WILL AND TESTAMENT

☐ I have ☐ I have not made a will.

Date of my last will: _____

Executor(trix): _____ Alternate: _____

Address: _____

Telephone: _____

Attorney who drew my last will: _____

Address: _____

Telephone: _____

Location of my last will (all copies): _____

☐ I have ☐ I have not added codicils to my will.

Date of codicils: _____

☐ I have ☐ I do not have a durable Power of Attorney for health care.

Names of those with copies: _____

☐ I have ☐ I do not have a durable Power of Attorney.

Names with copies: _____

☐ I have ☐ I do not have a living will.

FUNERAL/BURIAL PREFERENCES

I have a cemetery plot: ☐ Yes ☐ No
I have a cemetery vault: ☐ Yes ☐ No
Cemetery Name/Location: _____
Location of Deed to plat: _____
I have prepaid for funeral services: ☐ Yes ☐ No
Funeral Home to be used: _____
Address: _____
Telephone: _____
☐ I direct that my body be used for medical purposes as follows:

☐ I request postmortem examination be made if desirable.
☐ I direct cremation of remains
☐ No ashes to remain
☐ Disposition of ashes as follows:

☐ I request burial in the following manner and location: _____

☐ I wish memorial service with no casket present.
☐ I desire a funeral with remains present:
☐ Closed casket ☐ Open casket
Special Suggestions: _____

INSURANCE

LIFE INSURANCE

COMPANY: _____ Face Amount: \$ _____
Policy No.: _____ Beneficiary: _____
COMPANY: _____ Face Amount: \$ _____
Policy No.: _____ Beneficiary: _____
COMPANY: _____ Face Amount: \$ _____
Policy No.: _____ Beneficiary: _____

AUTO

Company: _____ Policy No.: _____

HOMEOWNERS

Company: _____ Policy No.: _____

LONG TERM CARE

Company: _____ Policy No.: _____

ANNUITY

Company: _____ Policy No.: _____

QUALIFIED RETIREMENT PLANS (PENSION, IRA'S 401(K), ETC.)

<u>Type</u>	<u>Held By</u>	<u>Amount</u>	<u>Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BROKERAGE ACCOUNTS

<u>Firm/Broker</u>	<u>Account #</u>	<u>Current Value/Date</u>	<u>Joint or Individual Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER STOCKS/BONDS

<u>Type</u>	<u>Date of Purchase</u>	<u>Cost</u>	<u>Location of Certificates</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROPERTY DEEDS

Residence (address): _____

Date Purchased: _____ Cost Basis: \$ _____

Current Value: \$ _____

Title Held: ☐ Individually ☐ Jointly with _____

OTHER REAL ESTATE

<u>Description</u>	<u>Mortgage Balance</u>	<u>Cost</u>	<u>Date Purchased</u>	<u>Approximate Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACCOUNTS RECEIVABLE

<u>Amount \$</u>	<u>Location of note/remarks</u>	<u>From</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITIES

<u>Amount \$</u>	<u>Location of note/remarks</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL PROPERTY

I maintain an inventory of valuable personal property (ex. Coins, stamps, artwork, jewelry, household furnishings, automobiles).

☐ Yes ☐ No

Location/type of inventory: _____

SAFETY DEPOSIT BOX / SAFE

Box location: _____

Box No.: _____

Key Location: _____

Safe or strong box location: _____

Combination/key location or person who knows: _____

Location of inventory of items in box(es): _____