

Legacy Deo

God's Gifts.
Your Legacy.

2901 Caballo Ranch Blvd., Ste 4D
Cedar Park, TX 78641

800-880-3733
512-646-4909

www.legacydeo.org
info@legacydeo.org



The Red Book

A Collection of Vital Personal Information
Helpful in Emergencies



Table of Contents

- Introduction 2
- Personal and Family Reference Information**
 - Your Information 3
 - Your Immediate Family Information 3
 - Person(s) Responsible For Funeral Arrangements 4
- Legal and Financial Information**
 - Last Will and Testament 5
 - Directive to Physicians 5
 - Power of Attorney 5
 - Trust Documents 5
 - List of Trusted Professionals and Advisors. 6
 - Designated Beneficiaries 7
 - Safe Deposit Box Signees. 9
 - Description of Financial Institution Accounts. 9
 - Credit/Debit Bank Cards 11
 - Documented List of Assets and Liabilities. 12
- Location of Practical Information**
 - Certificates (Birth, Death, Marriage) 16
 - Cemetery Lot Document 16
 - Real Estate Deeds 16
 - Automobile Titles 16
 - Safe Deposit Box Key 17
 - Tax Returns 17
 - Passport 17
 - Insurance Policies 17
 - User Ids and Passwords 17
- Other Important Information**
 - Funeral or Memorial Service Details 18
 - Special Property List 18
 - Contact List 18
- Conclusion 20

Disclosure on Attorneys and Legacy Deo

This guide is offered to you as an educational service. While we attempt to provide helpful estate and financial background, we cannot offer specific legal advice on your personal situation. Because you may have special needs, we encourage you to contact an attorney. He or she will be your independent advisor and will have an obligation of trust and confidence to you. With the advice of your attorney, you can have a customized estate plan that truly fulfills your unique family, healthcare, estate and planning needs.

Introduction

At Legacy Deo, we are very interested in individual and family preparation for the various uncertainties that may impact our lives at a moment's notice, whether by illness, accident, or even death. For those reasons, we regularly encourage everyone to take the time to prepare legal, practical, and other personal information that your loved ones can know about and access if you should become incapacitated or should even be called home unexpectedly. We generally refer to this process as "creating your red book." What follows in the ensuing pages is a practical guide to identifying and documenting essential information that is vital not only to you but to your family and loved ones as well.

Please consider this process carefully. It is not easy to gather and document the information contained herein but paying careful attention to these details can be most beneficial for you and your family.

Prayer

Lord God, our Savior, we thank and praise you for your gifts lavished on us even though we daily fall short of the life you want us to live. Without you, we are weak, but with you, we are strong and can do all things. It is through your grace that we have the promise of eternal life, as we know that you gather the lambs of your flock into your arms of mercy and bring us home. Continue to give us peace and a heart of joy so that we can and will share your love with our family and all those with whom we come in contact. Comfort us with the certain hope of the resurrection of Jesus that guides us to everlasting life and a joyful reunion with those whom we love who have died in the faith. We ask this through Jesus Christ, your only Son our Lord, who lives and reigns with you and the Holy Spirit, one God, now and forever. Amen



Personal and Family Reference Information

Your Information

Legal Name _____ Birth Date _____

Preferred Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

E-mail _____ Marital status: _____

Other information (e.g. cities of residence with years)

Your Immediate Family Information (use additional page if needed)

Include spouse, children, grandchildren, siblings, and other family members for contact and communication purposes.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____



Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Your Immediate Family Information (continued)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____



Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Person(s) Responsible for Coordinating Your Funeral Arrangements

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____



Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Legal and Financial Information

Describe the exact location of your last will and testament and all supporting estate planning documents, e.g., powers of attorney, directive to physicians, DNR document, etc.

Will _____

Durable power of attorney _____

Medical power of attorney _____

Directive to physicians _____

Do not resuscitate _____

Contact Information for Your Estate Planning Attorney

Name _____

Firm name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____

Contact Information for Your Trust Attorney

Name _____

Firm name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Trust documents - revocable or irrevocable

Location of trust document (describe) _____

List of Trusted Professionals and Advisors

Many people have one or more trusted advisors upon whom they rely for advice and information. This may include bank, insurance, financial, legal, and accounting. List those advisors, using additional page(s) as appropriate:

Name _____ Profession _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____



Name _____ Profession _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____



Name _____ Profession _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____



Name _____ Profession _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____



Name _____ Profession _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____

Designated Beneficiaries

The resources in your financial instruments with designated beneficiaries, such as life insurance policies, bank accounts, qualified plans (IRA, 401(k), 403(b)), Simplified Employee Pension (SEP) plans, and company retirement accounts, are distributed to the named beneficiaries associated with each account. That means these assets are not distributed through your last will and testament, but rather in accordance with the individual beneficiary statement associated with each account. It is imperative, therefore, to assure that all accounts with beneficiaries are updated and current in two ways:

1. Be certain that the beneficiaries named on the documentation for each account reflect the individuals, ministries, and/or other organizations you want to receive the account assets at the time of your passing.
2. Be certain that the form itself for each account/beneficiary statement is the current format and form number for the account. It is not unusual for one company to be acquired by or merge with another company. When that occurs, the acquiring company or the newly-merged company may change many personnel forms, including the beneficiary statement form for company-sponsored life insurance, retirement plans, medical plans, etc. Verification can easily be received by calling the company to ask if your beneficiary forms are up-to-date and reflect the current form available.

Next, record the physical location of each beneficiary statement and the contact information for the human resources personnel department, or appropriate representative of each company that your loved ones will need to contact to complete the beneficiary distribution process. Attach additional pages as needed.

Asset description _____

Asset location _____

Contact Name _____

Firm name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____



Asset description _____

Asset location _____

Contact Name _____

Firm name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____

Designated Beneficiaries (continued)

Asset description _____

Asset location _____

Contact Name _____

Firm name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____



Asset description _____

Asset location _____

Contact Name _____

Firm name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____



Asset description _____

Asset location _____

Contact Name _____

Firm name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____



Asset description _____

Asset location _____

Contact Name _____

Firm name _____

Address _____

City _____ State _____ Zip _____

Safe Deposit Box Authorized Representatives

Another key component of a smooth transition is assurance that there is one or more authorized signer for any safe deposit box or similar safe storage box or locker. List contact information for bank-authorized individual(s) who can access your safe deposit box.

Bank name _____ Authorized signer _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____



Bank name _____ Authorized signer _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____



Bank name _____ Authorized signer _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Description of Other Financial Institution Accounts

Identify all financial institution accounts and account numbers. Include bank or credit union checking/savings/money market and/or similar online accounts, full service and discount brokerages including online accounts, and any other accounts that you use to transact financial business. Also record financial information such as Quicken, Mint, etc. Use additional pages as needed.

Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____

Description of Other Financial Institution Accounts (continued)

Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____



Institution _____ Account type _____

Phone _____ Account # _____

Credit/Debit/Bank Cards

List all credit/debit/bank cards including the financial card name, card type (VISA, Master Card, Discover), account number, security code (usually noted on the back or front of the card), expiration date, and institution contact number. Attach additional page(s) as needed:

Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____

Credit/Debit/Bank Cards (continued)

Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____



Institution _____ Account type _____

Phone _____ Account # _____

Expiration date _____ Contact number _____

Documented List of Estate Finances

Some of the most important information, and information that is often the most difficult for the surviving family to gather without detailed knowledge, is a list of all estate finances, i.e., a list of assets and liabilities. The three pages that follow are designed to help gather your estate financial information in one place. It is helpful to supplement this information with a current statement of each account to the extent such statements are relevant and available. Generally, a year-end statement is adequate. Statements can be included in an envelope that can be readily associated with this list. If you are computer savvy or have a grandchild who is, you may want to develop a spreadsheet similar to the pages that follow that contains this information, making it easier to update periodically.

| YOUR ASSETS | \$ TOTAL VALUE OF ASSET | CHECK IF JOINT PROPERTY | CHECK IF YOUR PROPERTY | CHECK IF YOUR SPOUSE'S PROPERTY |
|---|-------------------------|-------------------------|------------------------|---------------------------------|
| Example Property | \$298,000 | | ✓ | |
| REAL ESTATE | | | | |
| Main Residence Address | | | | |
| Second Residence Address | | | | |
| Vacation Home | | | | |
| Other Real Estate | | | | |
| CHECKING ACCOUNTS | | | | |
| Bank Name and Account Number | | | | |
| Bank Name and Account Number | | | | |
| Bank Name and Account Number | | | | |
| SAVINGS ACCOUNTS/CDs/MONEY MARKET FUNDS/CREDIT UNION ACCOUNTS | | | | |
| Bank Name and Account Number | | | | |
| Bank Name and Account Number | | | | |
| Bank Name and Account Number | | | | |
| Tax Sheltered Annuity (not in Retirement Plan) Total Balance | | | | |
| | | | | |

| YOUR ASSETS | \$ TOTAL VALUE OF ASSET | JOINT PROPERTY | CHECK IF YOUR PROPERTY | CHECK IF YOUR SPOUSE'S PROPERTY |
|---|-------------------------|----------------|------------------------|---------------------------------|
| INVESTMENTS | | | | |
| Bonds or Bond Fund, Custodian, Account Number | | | | |
| Stocks or Stock Fund, Custodian, Account Number | | | | |
| Savings Bonds | | | | |
| PERSONAL PROPERTY | | | | |
| Furniture/Household Furnishings | | | | |
| Tools and Equipment | | | | |
| Antiques/Collections | | | | |
| Jewelry | | | | |
| Automobiles/Vehicles | | | | |
| Business Interests | | | | |
| Life Insurance—Face Amount/Death Benefits | | | | |
| Retirement (IRA/401k/403b) Custodian, Account No. | | | | |
| Other Retirement Plan | | | | |
| Miscellaneous | | | | |
| Total Assets: \$ | | | | |

| YOUR LIABILITIES (enter Balance Due as a negative number) | \$ BALANCE DUE | CHECK IF JOINT DEBT | CHECK IF YOUR DEBT | CHECK IF SPOUSE DEBT |
|---|----------------|---------------------|--------------------|----------------------|
| Mortgage – Personal Residence and Lender | | | | |
| Mortgage – Second Residence and Lender | | | | |
| Mortgage – Vacation Residence and Lender | | | | |
| Vehicle Debts and Lender | | | | |
| Charge Accounts | | | | |
| Installment Contracts | | | | |
| Loans on Life Insurance | | | | |
| Other Debts (describe) | | | | |
| Other Debts (describe) | | | | |
| Total Liabilities/Debts: \$ | | | | |
| Total Net Worth (assets minus liabilities) | \$ | | | |

OTHER NOTES AND INFORMATION ABOUT LIABILITIES AND ASSETS

Documents and Deeds Information

List the physical location of the important documents described on the next two pages. There may be other information that is relevant to your personal situation, so feel free to use additional pages to capture the location of all important documents. Be as specific as possible, including address and specific place at that location such as master bedroom closet, safe deposit box, attorney's office, etc.

Birth, Marriage, and Death Certificates as Appropriate

Certificate description _____

Address _____

City _____ State _____

Hints regarding specific location _____



Certificate description _____

Address _____

City _____ State _____

Hints regarding specific location _____

Cemetery Lot Document(s)

Address _____

City _____ State _____

Hints regarding specific document location _____

Real Estate Deeds

Address _____

City _____ State _____

Hints regarding specific document location _____

Automobile Titles

Address _____

City _____ State _____

Hints regarding specific document location _____

Safe Deposit Key

Address _____

City _____ State _____

Hints regarding specific document location _____

Tax Returns

Address _____

City _____ State _____

Hints regarding specific document location _____

Passport

Address _____

City _____ State _____

Hints regarding specific document location _____

Insurance Policies Life - health - property and casualty - long term care

Provide the location of any or all of the above-referenced policies to the extent they are applicable to you.

Policy type _____ Address _____

City _____ State _____

Hints regarding specific document location _____



Policy type _____ Address _____

City _____ State _____

Hints regarding specific document location _____

User IDs and Passwords

This is very pertinent information that should be accurately provided and carefully protected. We suggest the following method of documenting your user IDs and passwords. This list should be kept in a place you can easily access as needed to update/change information securely. This could even be a password-protected computer file as long as your spouse or trusted friend or advisor knows the password, not only for access to your computer but also for location of the specific file on your computer.

Be sure to include the user ID and password to access your computer!

| <u>Name of Entity</u> | <u>User ID</u> | <u>Password</u> | <u>Website address</u> | <u>Notes</u> |
|------------------------------|-----------------------|------------------------|-------------------------------|---------------------|
| My Computer | user@yahoo.com | Myaccount1234 | mail.yahoo.com | access my email |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other Important Information

Funeral or Memorial Service Details

We strongly suggest you utilize the Legacy Deo funeral planning guide “***Celebrating Victory in Christ - Planning for Your Celebration of Life Service.***” That guide is a wonderful tool to plan your funeral or other end of life service. However, if that is not practical, then we suggest you at least consider the following:

- a. Designation of the type of service desired such as traditional funeral, memorial service, etc.
- b. Location of service: church, funeral home, or other location
- c. Designation of pastor(s) to officiate the service
- d. Music and hymn selections
- e. Scripture readings
- f. Pall bearers with contact information
- g. Whether to include a time of spoken remembrance by family and friends
- h. Desired disposition of remains – traditional preparation and burial or cremation
- i. Selection of coffin or urn, as appropriate
- j. List of those to be notified of your passing, along with contact information
- k. Designation of organization(s) to receive memorial gifts
- l. Significant dates, people, and events in your personal and spiritual life for the funeral and/or obituary
- m. Photographs and/or videos to be used in a presentation at your service
- n. Identification of cemetery, specific lot, columbarium, and/or prepaid funeral arrangements
- o. Desired cemetery or columbarium marker inscription
- p. Preparation or outline of desired obituary

Special Property List

A special property list is a good tool for listing your special personal possessions and the specific loved ones or other individuals you want to receive each item. This list is usually referred to and kept with your will but is separate and apart from the will itself, thus allowing you to make changes to your list at any time before your passing without having to change your will itself. Your executor can then use the list to make distributions that he or she knows are in keeping with your desires. These distributions do not need to be delayed until the probate process is completed. That is not the case with items left to heirs through your will, which cannot be distributed until the probate process is completed.

Contact List

A contact list is very important for identification of the people you would like to be notified at the time of your passing. This list will help assure that all people who are special to you are made aware that their relative, loved one, friend, or co-worker has passed, along with time and location of the funeral, memorial, or other service of celebration of your life. Attach a longer list to this document as appropriate.

Contact List (use more sheets as needed)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____



Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____



Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____



Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____



Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Conclusion

We hope this “red book” document is helpful as you prepare for the possibility of becoming incapacitated or in anticipation of the time of your passing, whether unexpectedly or after a long-term illness. This information will be vital to the person you are entrusting with the significant responsibilities of caring for you in your time of need and of distributing your property and possessions to the people and ministries you love at the time of your death. The person you entrust with either or both of these responsibilities needs to have access to the pertinent information required to assist you while you are still living and to administer your estate efficiently and effectively when you are called to be with the Lord.

May God grant you peace and comfort as you complete the information in this document.

To God be the Glory!

Your Friends at Legacy Deo
2901 Caballo Ranch Blvd., Ste 4D
Cedar Park, TX 78641
800-880-3733
www.legacydeo.org



Legacy
Deo
God's Gifts.
Your Legacy.