

YOUR PERSONAL PLANNING TOOLKIT

a planning guide for organizing your personal business arrangements

These planning tools are provided by:



THE MISSISSIPPI BAPTIST FOUNDATION

THE BAPTIST BUILDING • 515 MISSISSIPPI STREET, SUITE 203
P.O. BOX 530 • JACKSON, MS 39205-0530
(601) 292-3210 • FAX (601) 968-0904 • www.mbcf.org

CONTENTS

Review Dates	1
Personal and Family Information	3
Document Locator	8
Personal Financial Affairs	10
Personal Property Inventory	13
Professional Advisors	22
Employment Record	25
Final Arrangements	28
Helpful Reminders at the Time of Loss	40
Estate Planning	42
• Mississippi Baptist Foundation Will Questionnaire	
• Definitions — Wills	
• Ministering Through Your Will	
• Trust Questionnaire	
• Definitions — Trusts	
Baptist Ministries Your Gifts May Benefit	48
Endowments Through the MBF	49
Advance Health Care Directive & Durable Power of Attorney	51

RECORD OF

AND

To provide guidance to our family, friends and loved ones, we have organized our personal business information and completed this planning guide. We have also reviewed this information on a regular basis to keep our arrangements in order and up-to-date.

Dates we have reviewed this Planning Guide

Date _____ Date _____ Date _____

Date _____ Date _____ Date _____

Date _____ Date _____ Date _____

Date _____ Date _____ Date _____

Date _____ Date _____ Date _____

“COMMIT TO THE LORD WHATEVER YOU DO,
AND YOUR PLANS WILL SUCCEED.”
PROVERBS 16:3 (NIV)

PERSONAL AND FAMILY INFORMATION

a planning guide for organizing your personal business arrangements

This section of your planning guide is designed to help you and your loved ones as you organize information about your family. By recording necessary specifics now, you will have essential details about you and your children, grandchildren and great-grandchildren whenever the need arises.

PERSONAL INFORMATION

My Name

Title: (Mr., Mrs., Miss, Dr., Rev.) _____

Address _____

City _____ ST ____ Zip _____

Telephone: Residence () _____ Business () _____

SSN _____

E-Mail Address _____

Date of Birth _____ Birthplace _____ Blood Type _____

Father's Name _____ DOB _____ DOD _____

Mother's maiden _____ DOB _____ DOD _____

◇ Single ◇ Married-Date _____ ◇ Widow(er)-Date _____

◇ Divorced-Date _____ ◇ Separated-Date _____

Former Spouse: Name _____ DOB _____

Children by that marriage _____

Spouse's Name

Title: (Mr., Mrs., Miss, Dr., Rev.) _____

Address _____

City _____ ST ____ Zip _____

Telephone: Residence () _____ Business () _____

SSN _____

E-Mail Address _____

Date of Birth _____ Birthplace _____ Blood Type _____

Father's Name _____ DOB _____ DOD _____

Mother's maiden _____ DOB _____ DOD _____

◇ Single ◇ Married-Date _____ ◇ Widow(er)-Date _____

◇ Divorced-Date _____ ◇ Separated-Date _____

Former Spouse: Name _____ DOB _____

Children by that marriage _____

INFORMATION ON CHILDREN, GRANDCHILDREN, AND GREAT-GRANDCHILDREN

Number of Children: _____ Deceased Children: _____

Number of Grandchildren: _____ Number of Great-Grandchildren: _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great-Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

DOCUMENT LOCATOR

a planning guide for organizing your personal business arrangements

We often take the basics of household business as being common knowledge. However, it is usually common knowledge only to those who live in your home. You will assist your loved ones immeasurably if your personal documents are in order and the location of this information is readily available.

LOCATION OF IMPORTANT DOCUMENTS

Current Will		
Living Will		
Powers of Attorney		
Trust Documents		
Insurance Policies:		
Life		
Health		
Home		
Other		
Birth Certificate		
Marriage License		
Military Records/VA Info.		
Social Security Card		
Tax Returns (3 Prior Years)		
Lease Agreements		
Deeds to Property		
Car Titles & Extra Keys		
List of All Assets / Liabilities		
Valuables - Jewelry		
Valuables - Coins		
Stock Certificates		
Bond Information		
IRA & Retirement Info.		
Unpaid Bills		
Loan Documents		
Bank Account Numbers		
Credit Card Numbers		
Credit Card Statements		
Warranty Information		
Burial Instructions		
Funeral Home Information		
Organ Donor Information		
Cemetery Plot Deed		
Safe Deposit Box (Bank)		
Safe Deposit Box Key		
Lock (Fire Proof) Box Key(s)		

PERSONAL FINANCIAL AFFAIRS RECORD

a planning guide for organizing your personal business arrangements

Your business arrangements can remain confidential until you no longer wish to manage your own affairs, but recording your property, assets, investments, etc., will provide your family with essential information when the need presents itself. Those who care for your estate will be grateful for your commendable organization. We have provided additional space for you to update this information periodically.

Dates we have revised this page: _____

Checking Accounts

Account No.	Name on Account	Financial Institution	Address	Phone Number

Savings Accounts

Account No.	Name on Account	Financial Institution	Address	Phone Number

Certificates of Deposit

Certif. No./Maturity Date	Name on Account	Financial Institution	Address	Phone Number

PERSONAL PROPERTY INVENTORY

a planning guide for organizing your personal business arrangements

This section of your planning guide is designed to help you and your loved ones as you organize information about your personal property and assets. By recording necessary specifics now, you will have essential details about you and your personal property whenever the need arises.

PERSONAL PROPERTY/VALUABLES INVENTORY

Furniture, Jewelry, Artwork, Collections, Appliances, etc.

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

PERSONAL PROPERTY/VALUABLES INVENTORY

Furniture, Jewelry, Artwork, Collections, Appliances, etc.

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

REAL ESTATE INVENTORY

Address and/or Property Description

City _____ State _____ County _____

Original Cost \$ _____ Date Purchased _____

The property was assessed at this value \$ _____ on this date _____

Capital Improvements costing \$ _____ were made on this date _____

Description of Capital Improvements _____

Names on Deed/Title _____

Location of Deed/Title _____

Location of Insurance Information _____

Location of Tax Information (Due Dates & Amounts) _____

Mortgage Holder _____

Address _____

Phone _____ Mortgage Account # _____

Mortgage balance \$ _____ as of this date _____

Rate _____ Other Liens/Loans on this property _____

Association Dues \$ _____ Maintenance Fees _____

This property generates this much income \$ _____ weekly/monthly/yearly.

Other comments _____

REAL ESTATE INVENTORY

Address and/or Property Description

City _____ State _____ County _____

Original Cost \$ _____ Date Purchased _____

The property was assessed at this value \$ _____ on this date _____

Capital Improvements costing \$ _____ were made on this date _____

Description of Capital Improvements _____

Names on Deed/Title _____

Location of Deed/Title _____

Location of Insurance Information _____

Location of Tax Information (Due Dates & Amounts) _____

Mortgage Holder _____

Address _____

Phone _____ Mortgage Account # _____

Mortgage balance \$ _____ as of this date _____

Rate _____ Other Liens/Loans on this property _____

Association Dues \$ _____ Maintenance Fees _____

This property generates this much income \$ _____ weekly/monthly/yearly.

Other comments _____

REAL ESTATE INVENTORY

Address and/or Property Description

City _____ State _____ County _____

Original Cost \$ _____ Date Purchased _____

The property was assessed at this value \$ _____ on this date _____

Capital Improvements costing \$ _____ were made on this date _____

Description of Capital Improvements _____

Names on Deed/Title _____

Location of Deed/Title _____

Location of Insurance Information _____

Location of Tax Information (Due Dates & Amounts) _____

Mortgage Holder _____

Address _____

Phone _____ Mortgage Account # _____

Mortgage balance \$ _____ as of this date _____

Rate _____ Other Liens/Loans on this property _____

Association Dues \$ _____ Maintenance Fees _____

This property generates this much income \$ _____ weekly/monthly/yearly.

Other comments _____

VEHICLE INVENTORY

MAKE _____ Model _____ Year _____ Color _____

Vehicle ID# _____ License # _____

Registration # _____

Insurance Carrier _____

Agent _____ Phone _____

Address _____

Account Number _____ Deductible _____

Warranties/Recalls _____

Location of of Extra Keys _____

Location of Title _____

Location of Owner's Manual _____

Comments _____

MAKE _____ Model _____ Year _____ Color _____

Vehicle ID# _____ License # _____

Registration # _____

Insurance Carrier _____

Agent _____ Phone _____

Address _____

Account Number _____ Deductible _____

Warranties/Recalls _____

Location of of Extra Keys _____

Location of Title _____

Location of Owner's Manual _____

Comments _____

VEHICLE INVENTORY

MAKE _____ Model _____ Year _____ Color _____

Vehicle ID# _____ License # _____

Registration # _____

Insurance Carrier _____

Agent _____ Phone _____

Address _____

Account Number _____ Deductible _____

Warranties/Recalls _____

Location of of Extra Keys _____

Location of Title _____

Location of Owner's Manual _____

Comments _____

MAKE _____ Model _____ Year _____ Color _____

Vehicle ID# _____ License # _____

Registration # _____

Insurance Carrier _____

Agent _____ Phone _____

Address _____

Account Number _____ Deductible _____

Warranties/Recalls _____

Location of of Extra Keys _____

Location of Title _____

Location of Owner's Manual _____

Comments _____

PROFESSIONAL ADVISORS

a planning guide for organizing your personal business arrangements

This directory will provide needed names and contact information for you and your family as you organize your business affairs and keep the data up to date.

PROFESSIONAL ADVISORS DIRECTORY

Physician _____ Phone _____

Address _____

Physician _____ Phone _____

Address _____

Physician _____ Phone _____

Address _____

Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Attorney _____ Phone _____

Address _____

Attorney _____ Phone _____

Address _____

Accountant _____ Phone _____

Address _____

Accountant _____ Phone _____

Address _____

PROFESSIONAL ADVISORS DIRECTORY

**Investment
Counselor** _____ Phone _____

Address _____

**Financial
Planner** _____ Phone _____

Address _____

**Insurance
Agent** _____ Phone _____

Address _____

**Insurance
Agent** _____ Phone _____

Address _____

**Insurance
Agent** _____ Phone _____

Address _____

**Real Estate
Agent** _____ Phone _____

Address _____

Other _____ Phone _____

Address _____

Other _____ Phone _____

Address _____

EMPLOYMENT RECORD

a planning guide for organizing your personal business arrangements

If a question should arise regarding your employment or the status of your retirement, this record will supply the necessary dates and status of your work history.

EMPLOYMENT RECORD

My Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability

Pension or Deferred Compensation Plan Profit Sharing

Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability

Pension or Deferred Compensation Plan Profit Sharing

Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability

Pension or Deferred Compensation Plan Profit Sharing

Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Information regarding my military service is located in _____

EMPLOYMENT RECORD

Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability
 Pension or Deferred Compensation Plan Profit Sharing
 Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability
 Pension or Deferred Compensation Plan Profit Sharing
 Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability
 Pension or Deferred Compensation Plan Profit Sharing
 Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Information regarding my military service is located in _____

FINAL ARRANGEMENTS

a planning guide for organizing your personal business arrangements

By completing this section of your planning guide, you are alleviating a great deal of stress for your loved ones during a sad time in the life of your family. You are also making your specific wishes known so they may be carried out in a timely fashion.

There are pages for your wishes and the wishes of your spouse.

We have also included "Helpful Reminders at the Time of Loss." You will find that many of these decisions may be made before a time of crisis occurs.

FINAL ARRANGEMENTS OF

Name _____

Pre-Funeral arrangements: ____ Yes ____ No

List Funeral Home and/or Church and Cemetery (name and address)

If person desires cremation:

◇ No Ashes to remain

◇ Instructions for ashes as follows _____

Grave Site Location _____

Organ Donor ____ Yes ____ No

If yes, list any special wishes or instructions _____

Type of Service ____ Christian ____ Military ____ Memorial service with no casket present

Funeral instructions ____ Closed casket ____ Open casket _____

Ministers _____

Soloists _____

Testimonials/Eulogies by _____

Favorite scripture passages/verses/quotes/poems:

Favorite hymns/songs _____

Favorite flowers _____

Contributions (instead of flowers being sent, I prefer to have donations made to the following)
Name _____ Address _____

Pallbearers (Names and Phone Numbers)

Honorary Pallbearers (Names and Phone Numbers)

Please contact these people for my funeral:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

FINAL ARRANGEMENTS OF

Name _____

Pre-Funeral arrangements: ____ Yes ____ No

List Funeral Home and/or Church and Cemetery (name and address)

If person desires cremation:

◇ No Ashes to remain

◇ Instructions for ashes as follows _____

Grave Site Location _____

Organ Donor ____ Yes ____ No

If yes, list any special wishes or instructions _____

Type of Service ____ Christian ____ Military ____ Memorial service with no casket present

Funeral instructions ____ Closed casket ____ Open casket _____

Ministers _____

Soloists _____

Testimonials/Eulogies by _____

Favorite scripture passages/verses/quotes/poems:

Favorite hymns/songs _____

Favorite flowers _____

Contributions (instead of flowers being sent, I prefer to have donations made to the following)
Name Address

Pallbearers (Names and Phone Numbers)

Honorary Pallbearers (Names and Phone Numbers)

Please contact these people for my funeral:**Name** _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

HELPFUL REMINDERS AT THE TIME OF LOSS

The Lord Himself goes before you and will be with you; He will never leave you nor forsake you. Do not be afraid; do not be discouraged. Deuteronomy 31:8

Information you will need at the Funeral Home

Vital Statistics of the Deceased

His/her name, home address, and telephone number
 How long they have lived at their current address
 His/her occupation, workplace address and telephone number
 Social Security Number and Armed Services Number (if applicable)
 Date and Place of Birth
 Father's name and birthplace and Mother's maiden name and birthplace

Important Documents of the Deceased

Current Will
 Birth Certificate
 Marriage License
 Military Discharge Papers
 Insurance Policies
 Burial Policy and/or Burial Property Certificate
 Prearranged Funeral Documentation
 Sample obituary (or vital statistics for obituary) for the Newspaper (if desired)
 Photograph for Newspaper (if desired)

Who to Notify upon Death

Funeral Home and Cemetery
 Clergy/Church
 Family Members and Close Friends
 Employer(s)
 Pallbearers
 Insurance Agents
 Attorney, Accountant and Executor of Estate
 Social Security Office
 Organizations/Clubs (religious, fraternal, civic, etc.)

Decisions to be Made Immediately upon Death

- Meeting with Funeral Director and Clergy
- Burial site location and space to use
- Location of funeral/memorial service
- Tombstone type and inscription
- Type of casket/vault or crypt
- Clothing for the deceased
- Type of religious, fraternal or military service
- Clergy selection/Eulogy
- Scripture to be read/Music to be sung and/or played
- Charitable organization to receive donations
- Funeral Home visitation times
- Type of flowers and/or donation designations
- Funeral limousine list (if applicable)
- Vital Statistics for newspaper obituary/Choose which newspaper
- Special wishes included in the Will
- Names of Pallbearers/Honorary Pallbearers
- Name of Funeral Director in charge of service
- Order enough copies of Death Certificate – (Funeral Home, Social Security, Life Insurance companies, Financial Institutions, etc.)
- Preparation at home to greet family and friends
- Designated people to stay in home during funeral service
- Answering phone calls, letters and wires of condolence
- Maintain list of callers, food, flower tributes and donations
- Arrangements for out-of-town attendees (transportation, lodging)
- Caring for minor children

Bills to be Paid

- Family burial space
- Funeral Services/Memorials/Interment Services/Limousines and Hearse
- Clergy/Musicians/Florist
- Clothing for the deceased
- Hospital and Ambulance/Doctors and Pharmacy

What to Take with You to the Social Security Office

- Social Security Card/Birth Certificate/Death Certificate of Deceased
- Birth Certificate and Social Security Card for each child under 18 (or those under 22 attending college).
- Marriage Certificate
- Surviving Spouse's Birth Certificate and Social Security Card

ESTATE PLANNING

Wills, Trusts, Durable Powers of Attorney and Advance Health Care Directive

This section is designed to inform you about various documents you may wish to consider as part of your estate plan. Information is provided about wills, trusts, Durable Powers of Attorney and Advance Health Care Directives. The Mississippi Baptist Foundation strongly advises you not to attempt to draft these documents on your own, but rather to engage the services of a competent attorney.

MISSISSIPPI BAPTIST FOUNDATION WILL QUESTIONNAIRE

Your Full Legal Name _____

Spouse Full Legal Name _____

Address/ including county in which you live: _____

City _____ County _____ State _____ Zip code _____

Executor-person to finalize your affairs (generally a spouse) _____

Alternate Executor-(if spouse unable or unwilling to serve) _____

Can be a child, friend, bank, attorney, etc.

What happens when you die and spouse is living (*generally all to spouse*)

What happens when you die and spouse has already died (*generally to charity and child(ren)*)

What percent to charity (*complete name of charity*) _____

What percent to *child(ren)* (*complete name of child(ren) and the percentage*)

Does/Do *child(ren)* need a Trust and Guardian?

Full Legal Name of Person to be child's Guardian _____

Full Legal Name of Person to manage Trust _____

At what point will Trust end and pay out all money to *child(ren)*? 19? 25? 30? _____

What happens if you, spouse, and *child(ren)* are all deceased? _____

Household items can generally be handled by writing a memorandum to the *child(ren)*. Generally, *child(ren)* will do what mom and dad say in memorandum. If you have an item you want to make legally sure goes to a particular person, it needs to be specifically identified in the Will. If you have any questions, please call.

This document designed to gain only basic information in which to prepare a simple Will.

DEFINITIONS - WILLS

Intestate: a person is said to die intestate when he leaves no valid Will to control the disposition of his property.

Will: the legal expression or declaration of a person's mind or wishes as to the disposition of his property, to be performed or take effect after his death. (Black's Law Dictionary)

Decedent: a deceased person. The term refers either to one who dies leaving a Will or to one who dies without a Will.

Testator: one who has made a Will; one who dies leaving a Will. The feminine of testator is *testatrix*.

Devise: (noun) a gift of real estate which is made by the Will of a deceased person; (verb) to give real estate by means of a Will.

Devisee: one who receives a real estate under the terms of a Will.

Specific Bequest: the gift of a specific item of personal property to a designated person through a will.

Beneficiary: one who receives a gift from the decedent under a will.

Contingent Beneficiary: one who receives a gift through a will when the original beneficiary predeceases the decedent.

Residual Beneficiary: once all specific bequests (gifts) and devises have been satisfied, the residual beneficiary receives all that remains.

Executor: one who is appointed in the Will of a decedent to manage the estate and to carry out the directions in the Will for disposition of the estate property. The feminine of executor is *Executrix*.

Probate: the procedure for proving to the satisfaction of the probate court that an instrument is the Last Will and Testament of the decedent.

Letters Testamentary: a document of authority issued to an executor by the probate court showing his authority to serve as executor.

Codicil: a supplement or an addition to a Will. It may explain, modify, add to, subtract from, qualify, alter, restrain or revoke provisions in a Will.

MINISTERING THROUGH YOUR WILL

When planning your Will, it is easy to overlook the one asset that provides true wealth: the Good News of eternal life through faith and trust in Jesus Christ.

A Christian Preamble to your Will can provide an opportunity for you to minister to your family and friends, providing them comfort, assurance, and encouragement during a time of loss. It also provides a strong witness to those who may not have accepted Christ as their personal savior.

Please prayerfully consider adding the sample preamble below to your Will or use it as a guide for adding your own personal statement of faith to your Will.

Sample Text

I, [NAME], a citizen and resident of [CITY], Mississippi, being of sound mind and wishing to dispose of my property in case of my death, do hereby make and ordain this my last Will and Testament, revoking all wills and codicils heretofore made by me.

First, secure in the fact that my eternal salvation was purchased for me through the suffering, death, and shed blood of Jesus Christ my Savior, and that through His resurrection death was conquered, I commit myself to the loving care of the Heavenly Father. I leave those who survive me with the comfort of knowing that I have died in this faith and have joined my Lord in eternal glory.

Second, I commend my loved ones to rely on God for their guidance and protection, confident that He will continue to provide for them despite my absence from this earth. I encourage them not to rely on the material things and riches of this world, which can provide satisfaction only for a season. Instead, I urge them to place their faith and trust in Jesus Christ alone, who provides both eternal life in Heaven and abundant life on earth.

[BODY OF THE WILL]

TRUST QUESTIONNAIRE

Name of the donor(s):

The purpose of the agreement:

What charity will benefit: _____

Name of charity/Baptist cause: _____

Amount/percentage to charity _____

The name of the trust fund: _____

The amount of the gift: _____

The recipient of the earned income: _____

Frequency of distribution of income: _____

DEFINITIONS - TRUSTS

Trust: generally described as a legal arrangement whereby property is transferred to one person for the benefit of another person. A trust can be created for any purpose which is not illegal or against public policy.

Grantor or Settlor: the person who makes or creates the trust.

Trustee: the person, bank, foundation or other institution, given the legal title, possession, and management of the trust assets.

Beneficiary: the person or institution who benefits from the trust.

Testamentary Trust: a trust which is created by your Will and takes effect upon your death.

Revocable Trust, Living Trust, Grantor-type Trust: a type of trust which allows the maker to change or cancel the trust at anytime.

Irrevocable Trust: a type of trust which does not allow for any changes and can not be canceled by the maker.

Charitable Remainder Trust: an irrevocable trust established with a charity as the ultimate beneficiary. In many cases a current charitable deduction is allowed for a portion of the assets placed in a charitable trust.

Endowments: a trust that can be established through your will or with an outright gift. An endowment can be named in memory or in honor of a person.

Inter Vivos Gifts: (Latin for "between living persons", thus it is referred to as a "living" or "lifetime" gift) and should be well thought-out beforehand.

Charitable Lead Trusts: basic concept...an immediate income interest in property is donated to a charitable organization for a period of years or for life or lives of an individual or individuals with property reverting to donor or other family member.

Charitable Gift Annuity: a contract between a public charity and a donor which is designed to pay one or two individuals an annuity amount for life with the remainder of the gift going to charity.

Pooled Income Fund: (PIF) an irrevocable trust established by a charity that accepts gifts from various donors. It is designed to pay individuals a net income amount for life. Pooled Income Fund interest can be created during life or as part of an estate plan. Funds are commingled.

BAPTIST MINISTRIES YOUR GIFTS MAY BENEFIT

- Your Local Church and/or activities of your church
- Mississippi Baptist Foundation, Jackson
- Mississippi Baptist Associations
- Mississippi Baptist Convention

Cooperative Program
 Baptist Student Unions
 Baptist Children's Village
 Blue Mountain College
 Mississippi College
 William Carey University

- Southern Baptist Convention

Guidestone Financial Resources, Dallas, Texas
 Ethics & Religious Liberty Commission, Nashville, Tennessee
 North American Mission Board, Atlanta, Georgia
 International Mission Board, Richmond, Virginia
 Southern Baptist Foundation, Nashville, Tennessee
 Lifeway Christian Resources, Nashville, Tennessee
 Woman's Missionary Union, Birmingham, Alabama
 Golden Gate Baptist Theological Seminary, Mill Valley, California
 Midwestern Baptist Theological Seminary, Kansas City, Missouri
 New Orleans Baptist Theological Seminary, New Orleans, Louisiana
 Southeastern Baptist Theological Seminary, Wake Forest, N. Carolina
 Southern Baptist Theological Seminary, Louisville, Kentucky
 Southwestern Baptist Theological Seminary, Forth Worth, Texas

Note: This partial list represents causes that are directly related to Mississippi Baptist life.

THE MISSISSIPPI BAPTIST FOUNDATION
 THE BAPTIST BUILDING • 515 MISSISSIPPI STREET, SUITE 203
 P.O. BOX 530 • JACKSON, MS 39205-0530
 (601) 292-3210 • FAX (601) 968-0904 • www.mbcf.org

ENDOWMENTS THROUGH THE MISSISSIPPI BAPTIST FOUNDATION

The Foundation works with individuals who desire to make a gift, generally an endowment or a life income gift, to any Mississippi Baptist or Southern Baptist cause or mission. The Foundation provides information to prospective donors and their advisors and often serves as Trustee of the resulting gift. Life income gifts include the Gift Annuity, Charitable Remainder Trust, Pooled Income Fund, and Charitable Lead Trust.

Gift Annuity – Gift Annuity is a contract in which you irrevocably exchange a gift of cash or securities for a guaranteed, fixed income each year for the rest of your life. At your death the funds remaining in the account go to the Baptist cause you specified. Each charitable organization sets its own gift annuity rates, however, the rates are generally based on rates published by the American Council of Gift Annuities.

Charitable Remainder Trusts – Charitable Remainder Trust is a trust in which you irrevocably place cash, securities or other property, but keep a specified income for life or for a term of years. When the trust ends, the assets remaining in the account go to the Baptist cause or causes you specified. There are two types of Charitable Remainder Trust: the Annuity Trust and Unitrust.

Charitable Lead Trusts – A Charitable Lead Trust is an arrangement through which the donor provides an immediate income interest in an asset to a charitable organization for a period of years or for the life/lives of an individual(s) with the asset reverting to the donor or other family members at the conclusion of the defined period.

Pooled Income Fund – The Pooled Income Fund accepts gifts from many donors, “pools” those funds together for investment purposes, and distributes quarterly the Fund’s earned income on a proportional basis to all participants. When the last named income beneficiary of a gift dies, that portion of the Fund principal associated with the gift is distributed to the Baptist cause you specified.

Investment Options

The Mississippi Baptist Foundation provides money management services for Mississippi Baptist churches, institutions, and agencies, as well as for its own accounts. The Foundation investment services are described more fully below.

* MBF Equity Fund, a growth stock fund, is designed for capital appreciation with little emphasis on income. The Fund is invested in stock offerings of U.S. and international corporations by four outside professional money managers.

- * MBF Fixed Income Fund, a bond fund, is designed to provide income, with little attention given to capital appreciation. The Fund is invested in U.S. government securities and corporate bonds by two outside professional money managers.
- * MBF Short Term Cash Fund, a money market type fund, is designed to out-perform the current yields from six and twelve month certificate of deposits, as well as the 91-day Treasury bill rate. The Short-Term Cash Fund matches a competitive rate of return with full liquidity. The Fund is managed by the Southern Baptist Foundation.
- * MBF General Endowment Fund is designed to meet the long term investment objectives of perpetual endowment accounts. The Endowment Fund seeks to provide income while guarding against the effects of inflation. The Endowment Fund is invested in a preset allocation between stocks and bonds, which is currently 30% in the MBF Equity Fund and 70% in the MBF Fixed Income Fund.

If the Mississippi Baptist Foundation can assist you in any way with the items listed above, please give us a call.



THE MISSISSIPPI BAPTIST FOUNDATION
THE BAPTIST BUILDING • 515 MISSISSIPPI STREET, SUITE 203
P.O. BOX 530 • JACKSON, MS 39205-0530
(601) 292-3210 • FAX (601) 968-0904 • www.mbcf.org

ADVANCE HEALTH CARE DIRECTIVE

This document informs medical care providers your wishes as to your medical care, including end-of-life decisions. Such a document is provided for you with this book. You may complete the information and (1) sign it before a Notary Public or, alternatively (2) sign it in front of two witnesses but neither of such witnesses may be either a medical care provider or a relative of yours. Should you have questions about completing the document, you should consult your attorney. When completed, give a copy to your family physician. Keep copies at home in the event that you are admitted to the hospital, as you will need one on such an occasion. The original should be kept in your safe deposit box.

DURABLE POWER OF ATTORNEY

The Durable Power of Attorney is designed to allow someone to act for you in financial matters when you are unable to do so yourself. The primary examples of when such a document is needed is when an individual becomes physically or mentally incapacitated, or in the case of an extended absence. This document gives broad powers over your financial affairs to the person designated to act for you, and thus should only be given to one in whom you have great trust.

Information the attorney will need to draft the document:

- Your legal name.
- Your city and county of residence.
- The legal name of the person to whom the durable power of attorney is needed.

MISSISSIPPI BAPTIST FOUNDATION
P.O. Box 530 • Jackson, MS 39205

AN AGENCY OF THE MISSISSIPPI BAPTIST CONVENTION