***Getting Organized***

***Use the tab or arrow buttons to fill out this form electronically.***

***Save a copy for easy revision and E-mail a copy to your attorney.***

*San Francisco Parks Alliance has put this organizer together to assist you in your estate planning. We encourage you to consult with qualified legal counsel. If you have questions about the organizer or its contents, please contact us at 415-621-3260 x108* *or at* [*stephanie@sfparksalliance.org*](mailto:janice@sfparksalliance.org)*.*

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Check documents completed and filed with this Organizer:

[     ] Will

[     ] Living Trust

[     ] Power of Attorney for Property Management

[     ] Advance Health Care Directive

***Estate Inventory Form***

*This form is not as bad as it looks, and it could save you and your attorney valuable time. By filling out this form (Use the Tab or arrow button) and having it at your first appointment, you will be providing your attorney with much of the information needed for an estate plan.*

**1. Name**

Address

City State Zip

Phone (Work)       (Home)

Place and Date of Birth

Social Security Number      U.S. Citizen?

Single?       Married?       Widowed?       Separated?       Divorced?

**2. Spouse**

Place and Date of Birth      Social Security Number     U.S. Citizen?

**3. Children**

Name Age Address

(A)            

(B            

(C)            

(D)            

(E)            

**4. Grandchildren**

Name Age Parent

(1)            

(2)            

(3)            

(4)            

(5)            

(6)            

(7)            

(8)            

(9)            

(10)            

(11)            

(12)            

(13)            

(14)            

(15)            

*The following is meant to give your attorney a good idea of the total value of your estate. Knowing your total worth is important to determine the type of estate plan that will keep your estate tax as low as possible.*

**5. Real Estate Information (Description = home, vacation, rental, commercial)**

A. Description       Market Value Debt

Location      

B. Description       Market Value Debt

Location      

C. Description       Market Value Debt

Location

D. Description       Market Value Debt

Location

      Market Value Debt

E. .Description       Market Value Debt

Location

      Market Value Debt

F. Description       Market Value Debt

Location

      Market Value Debt

G.. Description       Market Value Debt

Location

      Market Value Debt

H. Description       Market Value Debt

Location

      Market Value Debt

I. Description       Market Value Debt

Location

      Market Value Debt

J... Description       Market Value Debt

Location

**TOTAL:**

**(Total value of real estate = market value less debt)**

**6. Personal Property** *Please list approximate current value:*

Automobile(s):

Savings and Checking Accounts:

Stocks/Bonds

Household Furnishings

Other Personal Assets

**7. Death Benefits from Insurance**

**8. Expected inheritance**

**9.** **TOTAL VALUE OF ESTATE:**

***(Add all of the above, including total real estate value)***

**10. Name of Bank(s)**

**11. Names of stocks, bonds and other investment**

**12. Executor/Trustee**       **Alternate**

**13. Funeral Arrangements**

**14. Beneficiary Information**

Names of Persons or Charitable Organizations

1

2

3

4

5

6

7

8

9

10.

11.

12.

***Values Planning***

**Questions to Ask before You Plan Your Estate**

1. How do you want to be remembered? By whom?
2. What kind of legacy do you want to leave for your children?
3. How much?
4. How do you want your children to use this legacy?
5. Do you have a plan to achieve your goals for your children?
6. Are your children trained in handling the wealth you intend to leave them? If not, you can begin the process by providing the opportunity for them to learn these skills by using a charitable fund or family investment partnership.
7. What values would you like to pass to your children?
8. What would your children say your values are?
9. What causes do you support?
10. Would you like the activities you support to continue after your death?
11. Are there other causes you would like to support?

***To Whoever Takes Responsibility for Final Arrangements***

In calm recognition of the inevitable, I have given thought to my personal wishes concerning my final arrangements. I feel that the effort I have made to pull information together and state my wishes will minimize the emotional strain on my survivors. I do not wish them to be burdened by the great pressures of having to make immediate decisions on unfamiliar matters that inescapably must be made then if I do not make them now.

Difficult though it may be for me to set this down, I feel that my loved ones would find it more difficult to make the decisions with no indication of my specific wishes.

Though these wishes may not be legally binding, I trust that they will help my survivors avoid confusion, extra expense, or the least self-reproach that might arise because of doubts, omissions, or commissions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***Final Arrangements***

Remembering all those wretched funerals I have attended and also the truly beautiful and inspiring ones, I make the following plans. I intend my service to reflect my life, loves, and values.

*(If you are associated with a religious group, it is suggested that you fill out the following in consultation with the group leaders, providing a copy of these instructions for their files.)*

Circumstances permitting, I wish my Burial Service to take place at:

Location

Address, City/ZIP

Celebrant/Minister/Officiator

My second choice would be:

(If you are a member of a religious congregation and wish a traditional ceremony used,

specify the nature of the ceremony:

[     ] Burial only

[     ] Burial with additional ritual of

Suggested pallbearers:

If possible, I would like to have the following readings:

I would especially like the following music or hymns:

Policy regarding acceptance of flowers within religious buildings vary. Instead of sending flowers, many prefer to encourage a more lasting memorial. Most religious groups have both a general memorial fund and a building fund, as do many charities. Memorial gifts may also be made to San Francisco Parks Alliance. (If you so desire, please indicate where you would like to have such contributions made):

I prefer to be:

[     ] Buried

[     ] Cremated

[     ] Before or [     ] after the funeral

Preference regarding the disposal of my ashes

Location of cemetery lot deed, crypt deed, columbarium contract:

I have made arrangements to have certain parts or all of my body donated to:

Funeral Home to use

Coffin specifications: [     ] Least expensive [     ]Mid-range [     ] Elaborate

I      do /      do not wish to have my coffin open at the funeral home.

Other information for my survivors:

          

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Signature

***Obituary and Other******Information for My Friends and Family***

Final Directions and instructions upon the death of:

Name       Date

*Besides keeping this information in this organizer, you should also file this with your local congregation, if any, or your attorney, and notify your heirs that the form has been completed for their information.)*

Name (Complete)

Address

Birth Date     Place of Birth:

Spouse’s Name:

Spouse’s Address:

Spouse’s Birth Date:      Spouse’s Place of Birth:

Church/Religious Affiliation:

Name and Address of Home Church Congregation or Religious affiliation

Father’s Full Name:

Birth Date/Place:      Living       Yes       No

Mother’s Full Name:

Birth Date/Place:      Living       Yes       No

Names, addresses, and phone numbers of living brothers and sisters:



Names, addresses, and phone numbers of other persons to notify upon my death who would not likely be reached through the published obituary:



The following nearby person has agreed to care for my family (or pets) temporarily:

My Occupation:

Employer (Name & Address):

Location of Resume, if any

Organizations/Associations/Societies/Unions/Lodges/Professional Association, etc.

*(Include office or position--past/present, and check if organization is to be notified).*

*Organization Notify*

     

     

     

1. Charity(ies) to be mentioned in obituary

***Miscellaneous Notes, Reflections, or Instructions***

***A List of Where Things Are***

At the time of a person’s sudden illness or death, family members or friends are often faced with the need for certain information. It is extremely helpful for them to have access to a record of insurance papers, marriage and birth certificates, bank account numbers, investments, etc.

For married couples, each spouse should compile separate information and prepare separate documents, although many of the materials will be the same.

The following check list will allow your loved ones to locate crucial documents and information at the time of incapacitation or death. It is important to keep the list up to date. Make sure by at least one other family member or a close friend knows where this list is. Review the information periodically, preferably with the person(s) who must use the information. We suggest that you make one or more copies of the following list after completing it. Keep one copy in the organizer and put others in sealed envelopes and give them to trusted persons.

W**here Things Are**

***Documents or Information Location***

|  |  |
| --- | --- |
| ***What may be needed in an emergency*** |  |
| Address and phone numbers of doctors, dentists, attorney, home health care workers, family members, close friends |  |
| Passport, citizenship papers |  |
| Social Security card |  |
| Birth certificate |  |
| Drivers license |  |
| Marriage certificate |  |
| Medical insurance cards |  |
| Safe deposit box and keys |  |
| Safe and combination |  |
| Pre-nuptial agreement |  |
| Divorce papers |  |
| Adoption paper |  |
| ***Estate Planning Documents*** | ***Location*** |
| Will |  |
| Living trust |  |
| Advance health care directive |  |
| Power of attorney for property |  |
| Desires regarding last ceremonies |  |
| Pre-paid burial plot or columbarium |  |
| Pre-paid cremation papers |  |
| Name and address of executor (Will) |  |
| Name and address of successor trustee(s) (Living Trust) |  |
| County issuing death certificate  A sufficient number of copies is needed to transfer ownership of accounts and titles to property. |  |
| Preferred professional funeral director |  |
| ***Items needed for in case of serious illness*** | ***Location*** |
| Advance health care directive |  |
| Durable power or attorney for property |  |
| Financial institutions power of attorney forms (for institution who will not accept the general power of attorney form) |  |
| Health care insurance card |  |
| Medicare/MediCal cards |  |
| **Financial and Investment Documents** | ***Location*** |
| Retirement plan(s) statements |  |
| Retirement plan(s) beneficiary designations |  |
| Company benefits such as deferred comp. |  |
| Private investment accounts |  |
| Stock certificates not held in an account |  |
| On-line securities transaction information |  |
| Mutual fund account statements |  |
| Documents showing basis of stock |  |
| ***Financial Documents (Personal)*** | ***Location*** |
| Past years’ tax returns |  |
| Gift tax returns, if any |  |
| Debts owed |  |
| Active loans you’ve made to individuals |  |
| Mortgage documents |  |
| Property tax records |  |
| Rental and lease agreements |  |
| Real estate deeds |  |
| Motor vehicle title papers |  |
| Charitable pledges outstanding |  |
| Charitable donor-advised fund |  |
| Charitable remainder trust or charitable pooled income fund |  |
| Appraisal or inventory of valuable tangible personal property (art, jewelry, etc.) |  |
| ***Financial Documents (Bank or Credit)*** | ***Location*** |
| Passbooks and statements |  |
| Checkbooks and statements |  |
| Credit cards and accounts statements |  |
| Money market accounts and statements |  |
| ***Insurance and Annuities*** | ***Location*** |
| Life Insurance documents |  |
| Group life insurance |  |
| Health and auto insurance cards |  |
| Home insurance |  |
| Other property insurance (rental) |  |
| Commercial annuities |  |
| Charitable annuities |  |
| Beneficiary forms for insurance polices |  |
| Veterans insurance benefits |  |
| ***Miscellaneous Items*** | ***Location*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |

***Remembering San Francisco Parks Alliance***

TO USE IN YOUR WILL OR LIVING TRUST—IN CONSULTATION WITH YOUR ATTORNEY

I give devise and bequeath to San Francisco Parks Alliance, located in San Francisco, California, Tax Identification Number: 23-7131784, the sum of      dollars ($      )

**OR** percent (      %) of the rest, residue and remainder of my estate **OR** the following described property:       for the benefit of its general purposes or      (specific the program you wish to support).

***Legacy Circle Membership Form***

Director of Development

San Francisco Parks Alliance

PO Box 170160

San Francisco, CA 94117-0160

Dear Director of Development

(Check one):

[     ] I have remembered San Francisco Parks Alliance through a bequest in my will or trust or in some other way. Please enroll me in the Legacy Circle. You **may** publish my name on the Legacy Circle Honor Roll.

[     ] I have remembered San Francisco Parks Alliance through a bequest in my will or trust or in some other way. Please enroll me in the Legacy Circle. **Do not, however, publish my name.**

Name(s) (Please Print)

Address

City      State       Zip

Signature:

Date:

The more information we have regarding your gift, the better able we are to make sure your wishes are honored. If you are comfortable doing so, please note below the type of gift you have made. Completing this section is *not* required for Legacy Circle membership nor does this form have any legal force.

*We have provided for* San Francisco Parks Alliance *as follows (Check appropriate boxes.):*

[     ] Charitable bequest (Indicate type of bequest): [     ] specific amount

[     ] percentage

[     ] whatever’s left over (residual)

[     ] if all heirs deceased (contingent)

[     ] Charitable remainder trust

[     ] Charitable gift annuity

[     ] Retirement plan designation :

[     ] Insurance designation

[     ] Pooled income fund account

[     ] Charitable lead trust

[     ] Other

[     ] Estimated gift value (optional)

*Name of person or entity responsible for transfer:*

*Phone of same:*