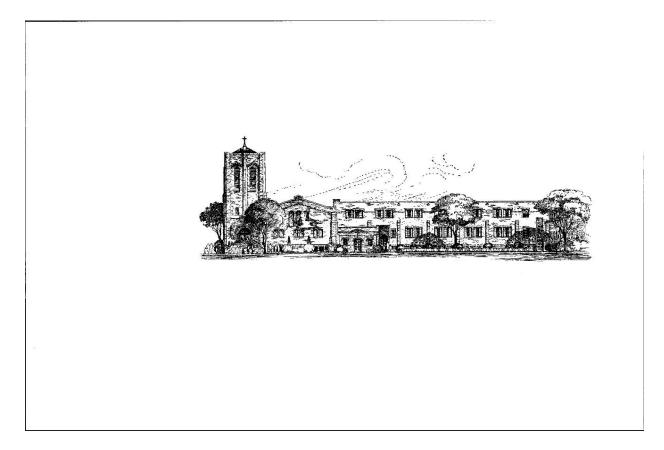
END OF LIFE PLANING

A FAITHFUL WALK THROUGH YOUR PLANNING PROCESS



Prepared by St. Peter's Episcopal Church

"The minister of the congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision for the well-being of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses."

--- The Book of Common Prayer, Page 445

The following documents are designed to help our parishioners navigate the process of planning for the end of their life, regardless of where they are in their life at the current time.

Thank you to the Episcopal Church Foundation for providing model documents for us to follow in the process of preparing these documents for our parishioners.

Thank you to Christopher Sherwood, Attorney at Law, for reviewing the documents for accuracy regarding Wyoming Law.

These documents are provided free of charge to St. Peter's parishioners and may not be sold or copyrighted.

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GENERAL INFORMATION

The subject of our own death is often an uncomfortable one, and we do not wish to bring it up to our loved ones, because we do not wish to cause them or ourselves pain. However, planning for our eventual passing is one of the kindest things we can do for our loved ones. They are already grieving, and they may not know what our wishes would be as they plan to lay us to rest.

This series of documents is intended to help you help your loved ones if you have not already done so. In addition to planning for your funeral, it can help you with creating a medical directive and writing a simple will.

If you do not have a will, the state did prepare one for you years ago, but you may not like the way the state has divided your possessions. If you want control, it is necessary for you to put your desires in writing, deciding how your possessions are distributed, who will be the trustees and executors of your estate, and of course, who will be guardians for your young children or dependents. This will bring peace of mind and relief to your loved ones, who will otherwise be burdened with those decisions in the event there is no will.

In the Episcopal Church, we believe that your estate and end-of-life plans should reflect your life's values. That is why we present the following sections for your consideration as you plan ahead.

- "Planning Your Funeral." We suggest you design your funeral alongside your will. The funeral can then be a reflection of your life, a message to loved ones about your values and what was important to you.
- "Writing Your Will." Once you have expressed your values through writing your funeral service, then write or amend your will so that it reflects those values.

Possessions – and how we use them – have a way of defining who we are. We hope this material will help you make important decisions to guide your loved ones and friends, so they will know who you were and what was important to you.

PRIVACY:

St. Peter's Episcopal Church is committed to full legal compliance with respect to protecting the privacy of the information that you entrust to us.

We collect nonpublic personal, financial, and statistical information about you from the following sources:

- Application or other forms you complete and give to us
- Transactions you make with us, or agents and sub-agents
- Consumer reporting agencies

We do not disclose any nonpublic, personal, or financial information about you to anyone, except as required by law. We restrict access to nonpublic, personal, financial information about you to those employees who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

PLANNING YOUR FUNERAL SERVICE

A WAY to EXPRESS YOUR VALUES

"I am the resurrection and the life, he that believeth in me, though he were dead, yet shall he live; and whosoever liveth and believeth in me shall not die."

---John 11:25

The Christian faith calls us to witness, even in death, the new life that God gives in Christ through his death and resurrection.

We have prepared this document to help you and your loved ones prepare in advance. It will enable your loved ones and the parish clergy to understand your wishes and preferences. The clergy will help plan the service and will stand ready to assist in any way.

Christian burial is marked by three characteristics. First and foremost, it is an act of worship wherein we glorify God for the gift of eternal life in Jesus Christ, our Lord. Second, it is a time when members of the Body of Christ gather to comfort one another and to offer mutual assurance of God's abiding love. Third, it is a liturgy of celebration whereby we give thanks for a deceased loved one and commend that person to the care of Almighty God.

The earliest records of Christian burial tell us that the following elements were included:

- Prayer in the home before the burial
- A gathering of the community for a burial service, consisting of thanksgivings, psalms, hymns, readings from Scripture, and prayers for the departed and those who mourn
- Celebration of the Holy Eucharist
- A procession of lights and torches to the place of burial
- The interment of the remains

As part of preparation for Christian burial, it is suggested that you talk with your clergy. It is also of great benefit to read about the service in *The Book of Common Prayer (BCP, 468-507)*. The rubrics on these pages are of particular interest. It is also recommended that people familiarize themselves with prayers for "Ministration at the Time of Death" (BCP, 462-467).

Final directions and instructions upon the death of

FUNERAL SERVICE GENERAL INFORMATION AND NOTIFICATIONS

Full Name Date File this information where it will be found easily upon your death. It is suggested that you file this with your local church or your attorney and notify your heirs that this form has been completed for their information. Spouse's Full Name Full Name Street Address, PO Box, and/or Apartment # Street Address, PO Box, and/or Apartment # City Zip Code Zip Code State City State Date of Birth Date of Birth Place of Birth Place of Birth Date of Baptism Date of Baptism Father's Full Name Living $\square \square$ Father's Place of Birth Y N Date Mothers Full Name (including Full Maiden Name) Living $\Box\Box$ Mother's Place of Birth Y N Date

St. Peter's Episcopal C	hurch		End-of-Life Planniı
Occupation			
Employer			
 Social Security Number		Date of Last Execut	ed Will
Location of Last Executed Will			
Executor's Name	Address	City	ST Zip Code
Names, Addresses, a	and telephone numbers of livers and telephone street Address, PO Box,	ving children: City/State/Zip Code	Phone Number
- Tan Itanic	and/or Apartment #	City/State/Lip code	Thone Number
Names, addresses, a	and telephone numbers of liv	ving brothers and sisters	:
Names, addresses, a	and telephone numbers of lives of Street Address, PO Box, and/or Apartment #	ving brothers and sisters City/State/Zip Code	: Phone Number
	Street Address, PO Box,		
	Street Address, PO Box,		
	Street Address, PO Box,		
	Street Address, PO Box,		

Names, addresses, and telephone numbers of other persons to be notified upon my death:

Full Name	Street Address, PO Box, and/or Apartment #	City/State/Zip Code	Phone Number	Relationship
FUNERAL HOME:				
I prefer the following	funeral home:			
however, my family o	or executor may make	e this decision.		
☐ Open coffin at funera	I home Closed coff	fin at funeral home.		
DONATIONS:				
In lieu of flowers, I re	equest that donations	s be made in my name	to:	
Name of Institution or Charity				
Full Address				
OR TO:				
Name of Institution or Charity				
For				

OTHER INFORMATION FOR MY	SURVIVORS:	
		
Please return copy of documen	ts to the Parish Administrator:	
Name of Church		
Name of enamen		
Address	City/State/Zip	
,,		
Telephone	Email Address	
SIGNATURE:		
SIGIVATORE.		
Signature	Printed/Typed Name	

Be sure to retain a copy of your completed documents for your own records. If you have an executor of your estate, you may wish to provide a copy of these documents to that individual as well.

MY FUNERAL/MEMORIAL SERVICE

Full Name of Deceased Street Address, PO Box, and/or Apartment Number City State Zip Code The Episcopal tradition is that church members are normally buried from the church. The Book of Common Prayer (BCP) indicates the body is to be present, although a memorial service without the body may be held. If there is a coffin, it is closed and is always covered by a pall, which the church will provide. If there is an urn, there is a table on which to place the urn. 1. I request that my service be conducted at: Name of Church and Location (Address, City and State) Alternate place if above is not possible: Site Name and Location (Address, City and State) The rector or clergy of said congregation shall oversee the services. 2. The "Burial of the Dead" (the funeral service) is a series of psalm, lessons, and prayers. Holy Communion with special propers (i.e. Collect, Epistle, and Gospel) may be included. I request (check one): ☐ The Burial of the Dead with Holy Communion (body or urn present) ☐ Rite I (BCP, page 469) ☐ Rite II (BCP, page 491) ☐ Rite I (BCP, page 323) ☐ Rite II (BCP, page 355) ☐ The Burial of the Dead (body or urn present) ☐ Rite I (BCP, page 469) ☐ Rite II (BCP, page 491) ☐ A Memorial Service (body or urn not present)

Please fill out this form and return it to the parish secretary in the church office. It is also suggested that

you make a copy available in a place that will be easy for your loved ones to find.

3.	Othe	r arrangements as fol	lows (contact parish adı	ministrator):	
	□ Al	ltar flowers: Use Church's flo Use a florist of			
		Name of Florist	Address, City/State/Zip of	Florist	Phone Number
		I wish the altar flow	vers to include the fo	ollowing flowers:	
	□ U	shers: (please provide in	formation of ushers to b	e contacted)	
		Name	Address	City/State/Zip	Telephone #
	□ Pa	all bearers: (please prov	ride information of pall b		
		Name	Address	City/State/Zip	Telephone #
4.	expre congr respo	essing the hope and faregation should partice onses. Easter hymns a	aith that Christians at cipate fully in praying are especially approp	chosen, it should be confirm in the presence of s, singing the hymns, and oriate. be played at my funeral	death. The d joining the
		wish to have live mus	ic performed as follo	ws:	

Songs (p	lease indicate the hym	ns to be performed	and the musician/sing	ger to perform them):
Redeemer	s from the Celebrating (#42-46), Sustainer (# e (#548-562), Commer	48-77), Praise & Ac	loration (#306-369), D	eparting (#512-523),
The Easter	s from the 1982 Hymn r Hymns are #174-213. (#354-358), and #287,	Also suggested ar		Communion (#300-347), nd 688.
☐ Persor	nal favorites			
Name of Son	g	Hymnal/ Pg #	To be performed by	Location in Program
lusicians/S	ingers: (please provid	le information of m	usicians and singers to	be contacted)
Name	Address	City/State/Zi	p Telephone #	Instrument (voice, piano, guitar, etc.)
	•	•	•	•

5.	I request that the following Scriptures be read:
	 □ Old Testament (choose one): □ Isiah 25:6-9 (He will swallow up death in victory) □ Isiah 61: 1-3 (To comfort all that mourn) □ Lamentations 3:22-26, 3-33 (The Lord is good unto them that wait for him) □ Wisdom 3:1-5, 9 (The souls of the righteous are in the hand of God) □ Job 19:21-27a (I know that my Redeemer liveth) □ Other: (Please list preferred scripture)
	□ Psalm (choose one): □ After Old Testament □ After New Testament □ 23 □ 106 □ 27 □ 116 □ 42 □ 121 □ 46 □ 130 □ 90 □ 139 □ Other: (Please list preferred scripture)
	 □ New Testament (choose one): □ Romans 8:14-19, 34-35, 37039 (The glory that shall be revealed) □ 1 Corinthians 15:20-26, 35-38, 42-44, 53-58 (Raised in incorruption) □ 2 Corinthians 4:16-5:9 (Things which are not seen are eternal) □ 1 John 3:1-2 (We shall be like him) □ Revelation 7:9-17 (God shall wipe away all tears) □ Revelation 21:2-7) Behold, I make all things new) □ Other: (Please list preferred scripture)
	Gospel (must be included if Holy Communion is celebrated): ☐ John 5:24-27 (He that believeth hath everlasting life) ☐ John 6:37-40 (All that the Father giveth me shall come to me) ☐ John 10:11-16 (I am the good shepherd) ☐ John 11:21-27 (I am the resurrection and the life) ☐ John 14:1-16 (In my Father's house are many mansions) ☐ Other: (Please list preferred scripture)

6.

Name	Address	City/State/Zip	Telephone #	Content (i.e. Old Test, Epistle, Psalm, Gospel, Eulogy, etc.)
☐ Front pag ☐ List of par ☐ Back page ☐ Back page ☐ Scripture ☐ Back page ☐ Name of ☐ Back page	e photo rticipants (i.e. use photo e scripture ove to be used: e poem f poem: e obituary		.)	tin/Program:
	vice: B		☐ Burial Rite II	
☐ Holy Com	munion:	☐ With Communion	n 🗀 withou	ut Communion
_	elude music:		d by	
⊔ M	<u> </u>	ocession of coffin/ashes		
	☐ Taped		d by	
⊔ M		e Old Testament reading		
_	☐ Taped		d by	
⊔ M		e New Testament readin	_	
_	☐ Taped		d by	
□М		e Gospel reading:		
	☐ Taped	☐ Performed	d by	
□ M	usic after the E	•.		
	□ Taped	☐ Performed	d by	

 \square Speakers: (please provide information of speakers to be contacted)

☐ Music before the Euchar	rist:
☐ Taped	☐ Performed by
☐ Communion hymns:	
☐ Taped	☐ Performed by
☐ Recessional:	
☐ Taped	☐ Performed by
☐ Music during dismissal:	
☐ Taped	☐ Performed by

DISPOSITION OF MY REMAINS:

□ Bu	ried:			
	Location of cemetery plot deed	d, crypt deed:		
	Name	Address		City, State, Zip
	\square Coffin specifications:			
	☐ Lease expensive	☐ Mid-range	☐ Elabora	te
□ Cre	emated:			
	☐ Before Funeral ☐ After	r Funeral		
	Urn/box:			
	☐ Lease expensive	☐ Mid-range	☐ Elabora	te
	Final placement of ashes:			
	Location of columbarium conti	ract:		
	Name	Address		City, State, Zip
	\square Ashes to be spread or burie	ed:		
	Location:			
□ Do	onate entire body or certain orga	ans (See Organ Donation	Form):	
	☐ Arrangements have been n	nade		
	☐ Please make appropriate a	rrangements		
_	nents:			

PREPARING TO WRITE YOUR WILL OR RREVOCABE TRUST AN ESTATE PLAN THAT REFLECTS YOUR VALUES

Writing a will or trust is a loving and responsible act for the sake of your family. Here are a few helpful suggestions on how to prepare to write a will or trust.

BEFORE SEEING AN ATTORNEY...

- ❖ Make a list of everyone for whom you are responsible.
- ❖ List everyone that you would like to remember in your will or trust.
- List all your material assets.
- After subtracting your debts, match the names with the assets or consider giving a portion of your total estate to each individual. Take care of your family first. This is also the time to consider special friends, organizations, and your church.
- Consider establishing a trust if your estate is large enough.
- ❖ Ask your chosen estate administrator (sometimes called executor/executrix) if he or she is willing to serve.
- Consult with the people you select as guardians of your children/dependents (where minors and other dependents are involved).
- ❖ Talk with your priest to explore the ministries of the church that could best be funded with a gift from your will or trust.

BEQUESTS IN YOUR WILL OR TRUST CAN TAKE SEVERAL FORMS . . .

- ❖ An outright monetary bequest.
- ❖ A percentage of an estate.
- ❖ A specific asset, such as personal or real property.
- ❖ A testamentary trust created in a will or trust.
- ❖ A contingent beneficiary, i.e., the church receives the assets if there are no surviving beneficiaries.

Note: A bequest to the church is deductible from the value of your estate for tax purposes.

AFTER MAKING YOUR WILL OR TRUST . . .

- ❖ Make sure someone knows where your will or trust is located.
- ❖ Do not place funeral instructions in a safe deposit box. Generally, services will be over by the time your administrator checks your bank box. Instead, leave a copy of your funeral plans and wishes with your priest and a member of your family.
- Review your will or trust from time to time with your legal advisor. Laws, assets, and personal interests often change over time.

Initials: ____ Page 14

INCLUDING A CHRISTIAN PREAMBLE

A Christian preamble to our will or trust provides a significant opportunity to share your faith with family and friends. Through this personal statement of your faith, an important message will be delivered to those who love and know you best. This message of faith comes at a time of grief and loss and serves as a reminder to them to place their trust in Jesus Christ as you have done. Remember, this may be the last document they read about you, their loved one.

I, _______, of the City of ______, County of ______, being of sound mind and memory and being under no restraint, do make, declare and publish this my last will and testament, hereby revoking all wills and codicils heretofore made by me.

As you, together with your attorney, prepare your will/trust/estate plan, give prayerful

In thanksgiving to God for the gifts of life given in baptism, and for the many blessings God has showered upon me; and in thanksgiving to God for the gifts of faith and hope through Jesus Christ; and in thanksgiving to God for the gifts of nature and love through the Church where we have shared faith and fellowship; I now commend my loved ones to grow in this same faith, being true to their own baptisms, knowing that God will continue to provide for them in their lifetimes; I encourage them to place their faith and trust in our Lord and Savior.

[The particulars of the will or trust would follow, leaving gifts to family and friends, but also an articulation of the gifts you might leave to the various ministries of the Church].

Initials: Page 15

SAMPLE FORMS OF BEQUEST

This document may begin with a general	statement such as:
be followed by specific gifts or beque	, hereby give, devise, and bequeath the following: [to sts, such as are noted below]
Specific Amount:	to the Name of Entity, Address, City, State Zip Code, or
•	used without any restriction for its general charitable ons or for any specific purpose as its governing board or

Percentage Amount:

xx% of the rest, residue, and remainder of my estate, to the Name of Entity, Address, City, State Zip Code, or its successor entity in interest, to be used without any restriction for its general charitable and/or religious purpose and operations or for any specific purpose as its governing board or body may determine to be in the best interests of the organization.

Contingent Bequest:

In the event the beneficiaries of bequests and devises herein predecease me, or, in the case of institutions, cease to be organizations described in section 501 (c)(3) of the Internal Revenue Code, the rest, residue and remainder of my estate, to the Name of Entity, Address, City, State Zip Code, or its successor entity in interest, to be used without any restriction for its general charitable and/or religious purpose and operations or for any specific purpose as its governing board or body may determine to be in the best interests of the organization.

INFORMATION NEEDED FOR ESTABLISHING AN ESTATE PLAN

1.	Full Legal Name:					
	Name		Date of Birth	Social Security N	lumber	_
	Street Address, PO Box, and/or Apartment #			County		-
	City	State	Zip Code	Email Address		-
	Armed Forces Dates of Service		Discharge Certific	cate Location		-
	Military Serial Number					
		ngle □ Married vorced □ Remarri		/Civil Union arated □ N	Vidowed	
2.		orced □ Remarrio	ed 🗆 Sep	<u></u>		mation
2.	□ Div	vorced \square Remarrion \square	ed □ Sep	arated \square \	ımily Infor	
2.	☐ Div	vorced \square Remarrion \square	ed	arated \square No (If no, go to Fa	imily Infor imily Infor	mation
2.	Do you have a durable power of Do you have an advanced heal	vorced Remarrion Remarrio Remarri	ed Sep Yes No Yes No Yes No	arated \(\sime\)	nmily Infor nmily Infor nmily Infor	mation mation
	Do you have a durable power of Do you have an advanced heal Do you have a will? Do you have a revocable trust?	vorced Remarrice of attorney? th care directive? [ed Sep Yes No Yes No Yes No Yes No Yes No	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	nmily Infor nmily Infor nmily Infor	mation)
2.	Do you have a durable power of Do you have an advanced heal Do you have a will?	vorced Remarrice of attorney? th care directive? [ed Sep Yes No Yes No Yes No Yes No Yes No	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	imily Infor imily Infor imily Infor imily Infor	mation) mation) mation)
	Do you have a durable power of Do you have an advanced heal Do you have a will? Do you have a revocable trust? Since making your current legal	vorced Remarrice of attorney? th care directive? [ed Sep Yes No Yes No Yes No Yes No Yes No	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	nmily Infor nmily Infor nmily Infor	mation)
	Do you have a durable power of Do you have an advanced heal Do you have a will? Do you have a revocable trust? Since making your current legation in the provided to another state?	vorced Remarrice of attorney? th care directive? [ed Sep Yes No Yes No Yes No Yes No Yes No	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	imily Infor imily Infor imily Infor imily Infor	mation) mation) mation)
	Do you have a durable power of Do you have an advanced heal Do you have a will? Do you have a revocable trust? Since making your current legal Moved to another state? Sold or bought property?	orced Remarricely	ed Sep Yes No Yes No Yes No Yes No Yes No	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	imily Infor imily Infor imily Infor imily Infor	mation) mation) mation)
	Do you have a durable power of Do you have an advanced heal Do you have a will? Do you have a revocable trust? Since making your current legation in the provided to another state?	orced Remarricely	ed Sep Yes No Yes No Yes No Yes No Yes No	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	imily Infor imily Infor imily Infor imily Infor	mation) mation) mation)
	Do you have a durable power of Do you have an advanced heal Do you have a will? Do you have a revocable trust? Since making your current legation in the state? Sold or bought property? Celebrated the birth of a child.	or grandchild?	ed Sep	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	imily Infor imily Infor imily Infor imily Infor	mation) mation) mation)
	Do you have a durable power of Do you have an advanced heal Do you have a will? Do you have a revocable trust? Since making your current legation Moved to another state? Sold or bought property? Celebrated the birth of a child changed marital status?	or grandchild?	ed Sep	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	imily Infor imily Infor imily Infor imily Infor	mation mation mation
	Do you have a durable power of Do you have an advanced heal Do you have a will? Do you have a revocable trust? Since making your current legated to another state? Sold or bought property? Celebrated the birth of a child changed marital status? Changed your mind about your	or grandchild?	ed Sep	arated \(\sum \) o (If no, go to Fa o (If no, go to Fa o (If no, go to Fa	imily Infor imily Infor imily Infor imily Infor	mation) mation) mation)

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FAMILY INFORMATION:

Name		Date of Birth	Social Security Number
Street Address,	PO Box, and/or Apartment #		County
City	S	itate Zip Code	Email Address
Does your	spouse have a will?	☐ Yes ☐] No
Children (List y	our children, including thos	se legally adopted):	
Full Name	Street Address, PO Box, Apartment #	and/or City/State/Zip	Code Date of Birth
	·		
			I I
Other Depend	ents:		
	ents: Street Address, PO Box, Apartment #	and/or City/State/Zip	Code Date of Birth
	Street Address, PO Box,	and/or City/State/Zip	Code Date of Birth
. Other Depend	Street Address, PO Box,	and/or City/State/Zip	Code Date of Birth

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4. Other Loved Ones:

Full Name	Street Address, PO Box, and/or	City/State/Zip Code	Date of Birth
	Apartment #		

		Telephone
tment #		
State	Zip Code	Email Address
		Telephone
tment #		
State	Zip Code	Email Address
	tment #	State Zip Code tment #

Name			Telephone
Street Address, PO Box, and/or Apartment	#		
City	State	Zip Code	Email Address
ocation of My Records:			
Item	Location		
Passwords/Pins/Phone Code			
Will			
Advanced Health Care Directive			
Durable Power of Attorney			
Revocable Trust			
Birth Certificate			
Social Security Card			
Tax Records			
Safe Deposit Box/Key			
Insurance Policies			
Durable Power of Attorney			
Funeral Instructions			
Full Information of Parents (full			
names and places of birth,			
including the full maiden name			
of mother)			
Other Documents (List below):			

Beneficiary Information (person part of your life):	s, Parish/Mission, or charitable associations you wish to thank for be
Name	Bequest
Name	

Residual Beneficiary (The final or residual beneficiary receives what is left over after all other bequests have been paid according to your will. Please consider naming your Parish/Mission as a residual beneficiary.)

Financial Information:

1. Present Annual Income:

\$						
\$						
\$						
\$						
\$						
\$						
1						
	Original Cos	t	Present	Mkt Value	М	ortgage Amoun
					-	
					+	
Description	1	Mortg	age Amt	Interest R	ate	Payment Amt
				1		l
	Lease Perio	od T	otal Lease	Amount	Leas	se Payment Am
	Lease Perio	od T	otal Lease	Amount	Leas	se Payment Am
	Lease Perio	od T	otal Lease	Amount	Leas	se Payment Am
	Lease Perio	od T	otal Lease	Amount	Leas	se Payment Am
	Lease Perio	od T	otal Lease	Amount	Leas	se Payment Am
	Lease Perio		otal Lease			se Payment Am
	\$\$ \$\$ \$\$ \$ \$	\$\$ \$\$ \$\$ \$\$ Original Cos	\$\$ \$\$ \$\$ \$\$ \$\$ Original Cost	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	\$	\$

Bank Accounts/Retirement Accounts (IRA, etc.)/Other Income-Producing Accounts	ounts:
---	--------

Name of Institution	Type of Investment	Account Number

6.	Stocks/	/Ronds
υ.	JUUCKS	DOI IUS.

Corporation	# of Shares	Original Cost	Market Value

7. Insurance Policies:

Company	Policy #	Face Value	Cash Value

8. Other Assets:

Description	Location	Original Cost	Present Value

9.	O. Notes:	

PLANNING FOR THE FUTURE

1. Monthly Expenses:

Mortgage/rents	\$
Insurance	\$
Utilities	\$
Taxes	\$
House expenses/repairs	\$
Auto expenses/repairs	\$
Clothing/personal care	\$
Education	\$
Pledges/charitable gifts	\$
Birthdays/holidays/allowances	\$
Medical/dental	\$
Vacation/recreation	\$
Other:	\$
	\$
	\$
	\$
	\$
TOTAL	\$

2. Projected Retirement Income:

	Estimated	Continues to Sp		ouse
Description	Amount	Yes	No	Half
Social Security				
Pension Plans				
Retirement Accounts (IRA, 401K, etc.)				
Charitable Trusts				
Stock Dividends				
Gift Annuities				
Pooled Income Fund				
Mortgages				
Royalties				
Other (describe below)				
TOTAL				

3. Advisors:

Advisor	Name	Address	City/ST/Zip	Telephone
Accountant				
Accountant				
Attorney				
Attorney				
Banker				
Banker				
Banker				
Broker				
Broker				
Insurance Agent				
Insurance Agent				
Insurance Agent				
Trust Officer				
Priest				

4.	Notes:	

WYOMING ADVANCE DIRECTIVE

Planning for Important Healthcare Decisions

The Wyoming Advance Directive to plan for important healthcare decisions document is provided courtesy of **CaringInfo** (www.caringinfo.org) and is recommended by Christopher Sherwood, Attorney at Law, Yonkee and Toner. This document is a fillable form and is provided for your convenience through the following link:

https://www.caringinfo.org/wp-content/uploads/Wyoming.pdf

The **CaringInfo** Site (<u>www.caringinfo.org</u>) is also replete with good information for both those planning for the future as well as those already immersed in serious illness and caregiving situations.