

# Estate Planning for the Christian Steward

Doing the Will of God from Your Heart (Ephesians 6:6)



## Estate Planning for the Christian Steward

#### **Table of Contents**

|   | Page |
|---|------|
| Introduction                                  | 3    |
| The Christian Preamble                        | 4    |
| The People in Your Life                       | 6    |
| Listing the Property God Has Entrusted to You | 8    |
| Property Distribution                         | 9    |
| Personal Nominees                             | 12   |
| Planning Gifts for the Lord's Work            | 14   |
| Summary                                       | 16   |
| Tear-Out Forms                                |      |
| Information for Your Planners                 | 17   |
| Information for Your Family                   | 25   |
| Latter of Instruction                         | 25   |

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## A Gift that Makes a Lasting Impact

After the Israelites crossed the Jordan River to enter the Promised Land, they set up a stone memorial so that future generations would know the goodness of God their Savior (Joshua 4:4-9). In the same way, Christians today arrange gifts to share Jesus' love with the people in their lives and the generations to come.

WELS Foundation helps members of the Wisconsin Evangelical Lutheran Synod and is guided by the same principles on which our church body was founded. Christ's love is what we are all about. By that love we are redeemed and forgiven. His Spirit has made us his own by faith and given us the promise of a relationship with him now and forever in heaven. God has graciously called us to help WELS members and organizations pass on his great love in Jesus to the next generations so they might know and reflect Christ's love.

This booklet provides an overview of ways to give thanks to the Lord and worship him with offerings to your congregation, WELS (Home, Joint, and World Missions; Ministerial Education; Congregational Services), and other WELS-affiliated ministries through your estate plan. By donating to WELS Foundation for a charitable gift annuity, a charitable remainder trust, a donoradvised fund, or an endowment—or supporting ministry through another special giving instrument —your Christian faith is making a lasting impact and helping to do the Lord's work.

Like the stones placed by the Jordan River, your gifts are a way to share God's grace with others now and after you enter the Promised Land of heaven.

### Introduction

We have created this planning guide especially for you as you carry out the privilege of managing all that our Lord has given you. You have devoted your time, talents, and treasures to Christ, your family, and others through your congregation, synod, and WELS-affiliated ministries.

We pray that this booklet will give you a practical, understandable, and workable process that results in a plan with which you are comfortable—one that

- demonstrates God-pleasing Christian stewardship,
- provides for your loved ones and the ministries you love after you go to heaven, and
- is completed in a timely and cost-effective manner.

#### **Using this Booklet**

This booklet will take you through the steps of preparing an estate plan, including filling out forms that will be useful to your planners and family.

- Familiarize yourself with the ideas described on the following pages (4-16).
- Complete as much of the "Information for Your Planners" (pp.17-35) as you can (you can also do this digitally at wels.net/foundation).
- Contact your local deferred WELS Christian giving counselor, and he will help you complete the process.

WELS Foundation partners with WELS Ministry of Christian Giving to provide gift planning options and free assistance to WELS members. WELS Ministry of Christian Giving encourages members to excel in the grace of giving (2 Corinthians 8:7) and assists them in making planned gifts to support the gospel ministries of their congregations, synod, and WELS-affiliated ministries.

E-mail: mcg@wels.net

Phone: 414-256-3209 / 800-827-5482

Web: wels.net/givingcounselors

#### **Reviewing Your Plans**

In general, you should review your plans every five years—sooner in the event of a significant change in your personal or financial situation such as divorce, remarriage, birth of a child or grandchild, the loss of a loved one, relocation, retirement, or a major change in financial situation.

Every good and perfect gift is from above, coming down from the Father of the heavenly lights. James 1:17

### The Christian Preamble

Refer to page 24, "Additional Information for My Professional Counselors."

You can provide comfort, strength, and guidance to your family and friends by including a Christian preamble in your will. The preamble can influence others for Christ and share with them the promise of eternal life in our Savior. You can express your prayers for their lives and your desire to share heaven with them.

Following are five examples of Christian preambles. You may use them as printed or as idea starters for writing your own. When finished, indicate your selection(s) under #1 on page 24.

#### **Example 1**

I am a Christian who has placed my hope of eternal life in Jesus Christ, the Son of God. His death and resurrection have given my life meaning and make my death a peaceful passage into heaven. I want my family and friends to know that for me to live was Christ, and to die is gain (Philippians 1:21)!

#### **Example 2**

My dear loved ones, I lived and died in the grace—the undeserved love—of God through his Son Jesus. He mercifully gave his life so that I could be saved. I also count my family as gifts of God's grace and love you very much. *All* my blessings in life are evidence of God's grace. My encouragement to you is to daily go to God's Word to be reminded of his grace, and then to witness his love to others.

#### **Example 3**

I want all who read this to know that there was absolutely no doubt in my mind that upon death I would enter heaven, not by my own worthiness, but through the perfect life of Jesus Christ, my Savior, who paid the price for my soul's redemption through his death on the cross. I commend my loved ones into the hands of the Lord and encourage them to trust in him alone for their salvation.

#### **Example 4**

Thankful for Jesus' gift of eternal life in heaven as stated in John 3:16, "God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish, but have eternal life," and for the many blessings bestowed on me during my lifetime, I ask my children to rejoice with me. May the words of 2 Timothy 3:15 remind you of our family devotions and the Christian education you received to help guide your path in life: "From infancy you have known the holy Scriptures, which are able to make you wise for salvation through faith in Christ Jesus." May God motivate you to be in his Word and to share that hope locally and across the world. Finally, may God grant you and your families peace, love, and strength to continue in the faith until our blessed reunion in heaven. "His mercy extends to those who fear him, from generation to generation" (Luke 1:50).

#### **Example 5**

I commit myself to God's care, secure in his love for me and trusting in the salvation purchased for me through Jesus' suffering and death. I leave those who survive me the comfort of knowing that I have died in this faith and have now joined my Lord in eternal glory. I commend my loved ones to the protecting arms of our Savior, knowing that he will continue to provide for them, and I encourage them to place their faith in him alone.

Through Jesus, therefore, let us continually offer to God a sacrifice of praise—the fruit of lips that confess his name. Hebrews 13:15

## The People in Your Life

Refer to Part I on page 18.

This section records information on the people in your life—family members and other individuals who are important to you.

As you fill out the form, make sure to give complete information for all individuals, children from a former marriage, deceased children, adopted children, foster children, and any other relationships that apply to your situation, including the extent of dependency.

There are three reasons why Christians provide gifts to people in their lives.

#### Reason 1—Love

The first reason to give is love—Christ's love for you and all people, and your grateful love to him and others in return. There are those for whom you may wish to make provisions because of your love for them. This is scriptural.

For God so loved . . . that he gave. John 3:16

Love is also a reason to list charitable organizations. You love supporting God's work here on earth. As Jesus loved when he looked over Jerusalem and wept, you also love a lost, hurting, and dying world. You love those people who minister in your name and on your behalf.

#### Reason 2—Dependency

The second reason to give is dependency. Who is dependent upon you for financial support—your spouse, minor children, aged parents, individuals with special needs? Those who would suffer financial loss when you go to heaven take a high priority according to Scripture as well as state law.

Your church, synod, and other WELS-affiliated ministries depend on you to carry out their mission. They should also be considered.

Anyone who does not provide for their relatives, and especially for their own household, has denied the faith and is worse than an unbeliever. 1 Timothy 5:8

#### **Reason 3—Tradition**

A third reason why people give is tradition. Many automatically think to pass on all their possessions to family. However, if the family members do not qualify as dependents, you will want to consider whether giving to them through your estate is beneficial for them.

#### How do you give property to people in such a way that it will help them?

God provides all that we need for our daily lives through the fruit of faithful work as well as through the gifts of others. He gives us all we need and more so that we can serve him and others with our wealth. "You will be made rich in every way so that you can be generous on every occasion" (2 Corinthians 9:11). You must decide whether the assets that you leave for your loved ones will benefit or burden them (e.g., stifle initiative). Peter writes about our receiving "an inheritance that can never perish, spoil, or fade—kept in heaven for you, who through faith are shielded by God's power until the coming of the salvation that is ready to be revealed in the last time" (1 Peter 1:4,5).

Through proper planning, you can give your family—and a hurting and dying world—

- 1. a strong church body with opportunities to worship, serve, and proclaim God's plan of salvation at home and throughout the world,
- 2. a Christian system of education that teaches not only how to earn a living but also how to live a life for Christ, and
- 3. a strong Christian heritage, based on Scripture and confirmed by a Christian lifestyle.

The wisdom of the prudent is to give thought to their ways.

**Proverbs 14:8** 

## Listing the Property God Has Entrusted to You

Refer to Part II, pages 19-20.

Take an inventory of your property to give you a true picture of all the blessings the Lord has given you to manage here on earth. This could make you aware of certain tax consequences. It will also help you as you begin the process of deciding how much you want to give, to whom, and in what manner. If you decide to give a percentage for the Lord's work, it will give you an idea of the approximate value of that gift.

It is not practical or necessary to do professional appraisals. Simply provide the estimated value of your property. It is also important that you list your liabilities, items such as outstanding loans, taxes, etc. Subtracting liabilities from assets will give you a reasonable estimate of your net worth.

Likely you also have personal items of great family value. Some state laws permit the use of a separate list or letter of instruction for personal property to dispose of tangible personal property. Check with your Christian giving counselor about whether your state of residence permits such a document. This is not a part of your legal will; you can change it at any time. However, it is important that your personal representative has a current copy or knows where a current copy is stored so that he or she can fulfill your desires. If you have one, you may attach it at the "Additional Information for My Counselors" section on page 24, #2.

The earth is the Lord's, and everything it, the world, and all who live in it. Psalm 24:1

## **Property Distribution**

There are various legal instruments to help you distribute your property quickly and efficiently in accordance with your goals. A brief acquaintance with them is helpful before you speak with your Christian giving counselor and legal advisors so that you will be prepared to select those that best serve your needs.

For example, suppose you have decided that ten percent of all you own is to go to a certain individual or charity. If you include that statement in your will, but not in your beneficiary designations for life insurance, etc., your ten percent will be limited to that part of your estate controlled by your will, which may be a very small percent of all you have.

There may be a tax issue that makes this important also. Suppose you want to make a gift to a qualified charity. To accomplish your desire in a tax-efficient manner it may be best to specify that your gift for charity be given from your retirement account rather than from other assets. The reason is that when heirs receive an inheritance from a retirement account, the inheritance may be subject to federal and state income tax:

#### The 401(k) / IRA: "Tax Time Bomb" or Gift Opportunity?

| Original lump sum inherited     | \$100,000          |
|---------------------------------|--------------------|
| Less 24% federal income tax     | \$ - <u>24,000</u> |
| (assuming a 24% federal income  |                    |
| tax bracket)                    |                    |
| Less 6.5% state income tax      | \$ - <u>6,500</u>  |
| (assuming 6.5% state income tax |                    |
| bracket)                        |                    |
| Net remaining inheritance       | \$ 69,500          |

By giving through your retirement account, on the other hand, the tax bill is \$0 and the gift to ministry increases by \$30,500! Your giving counselor, financial professional, and attorney will explain these issues to you when you plan your estate distribution.

Here are the different ways you can transfer property:

#### Title

If a house is titled "joint tenancy with right of survivorship" and one of the owners dies, ownership of the house is transferred to the surviving owner(s) named in the title without probate. (Some states allow a transfer-on-death deed to transfer the title to a named beneficiary upon the owner's death.)

#### **Beneficiary Designation**

Life insurance contracts, investment accounts, and most retirement plans provide the opportunity to name the people or ministries who are to receive these assets after you go to heaven. Again, they are transferred directly without probate.

#### Payable on Death (POD) Accounts

Passbook savings, bank certificates, and WELS Church Extension Fund certificates, for example, can be gifted immediately upon your passage to heaven to loved ones and charities by filling out a simple form available from the issuing institution—again, without probate.

#### Will

After you go to heaven, this legal document specifies who will receive the assets that remain in your estate and that have not in some other legal manner already been designated to selected heirs. There are several types of bequests that can be used in a will. These are listed below with the specific language you can use in your will for each type:

#### **Percentage Bequest**

This type of beguest designates a percentage of the assets that the will controls.

I give, devise, and bequeath to WELS Foundation, Inc. (EIN #39-6084446), a non-profit 501(c)(3) organization of the State of Wisconsin located at N16W23377 Stone Ridge Drive, Waukesha, WI 53188, \_\_\_\_\_% of my estate to be used for its general support and charitable purposes without restriction.

#### **Specific Bequest**

Such a bequest designates a specific amount or item(s).

I give, devise, and bequeath to WELS Foundation, Inc. (EIN #39-6084446), a non-profit 501(c)(3) organization of the State of Wisconsin located at N16W23377 Stone Ridge Drive, Waukesha, WI 53188, 1) the sum of \$\_\_\_\_\_ or 2) my real property known as \_\_\_\_\_ to be used for its general support and charitable purposes without restriction.

#### **Residual Bequest**

After provisions have been made for loved ones, a charity can receive all or a fractional portion of the estate's residue.

I give, devise, and bequeath to WELS Foundation, Inc. (EIN #39-6084446), a non-profit 501(c)(3) organization of the State of Wisconsin located at N16W23377 Stone Ridge Drive, Waukesha, WI 53188, all the residuary of my estate, including real personal property, to be used for its general support and charitable purposes without restricton.

#### **Contingent Bequest**

A WELS ministry receives all or a designated portion of the assets controlled by the will in the event that another beneficiary has predeceased.

If [Name] is not living at the time of my death, I give [a percentage of the estate, specific dollar amount, remainder of the estate after all other bequests and expenses, etc.] to WELS Foundation, Inc. (EIN #39-6084446), a non-profit 501(c)(3) organization of the State of Wisconsin located at N16W23377 Stone Ridge Drive, Waukesha, WI 53188, to be used for its general support and charitable purposes without restriction.

#### **Testamentary Trust**

Your will can also create a legacy charitable remainder trust that provides payments to a loved one for a specified period of time. A WELS ministry receives the remaining trust value after the income interest has ended.

#### **Trust**

A trust can be a useful method for providing financial management for you and your surviving loved ones. You can arrange for a trust to support your children by having the assets pass outright to them when they reach a specified age. A marital trust can be created to provide for your surviving spouse and then additional beneficiaries once your spouse goes to heaven. Property that you have placed under the administration of a trustee or trustees will pass directly to others according to the provisions of the trust. This may occur during your lifetime and/or after you go to heaven.

#### Benefits of a Revocable Living Trust

- Assets in a living trust are managed by the trustee (this may incur costs and/or fees). You can serve as trustee and indicate a successor trustee to oversee your property as needed.
- Add or remove property from the trust at any time.
- Assets held in a living trust avoid probate to pass directly to designated beneficiaries.
- A living trust is usually kept private.

For you know the grace of our Lord Jesus Christ, that though he was rich, yet for your sakes he became poor, so that you through his poverty might become rich. 2 Corinthians 8:9

### **Personal Nominees**

Refer to Part III, pages 21-23.

#### **Nominees Who Represent You after You Go to Heaven**

#### **Personal Representative**

The personal representative will be responsible for carrying out the terms of your will at the time the Lord takes you to heaven. The personal representative may be your spouse, or if there is no surviving spouse, an adult child, a corporate trustee, or a trusted friend. Here are important points to keep in mind as you select your personal representative:

#### **Availability**

Be sure to consider a personal representative who will be readily available when needed.

#### **Oualifications**

Is the person qualified through experience, business management, etc.? Above all, is the person trustworthy? If he or she is, then you may waive a bond for the personal representative and save substantially on costs.

#### **Degree of Involvement**

The distribution of household goods and personal items, the sale of the family home, and/or the continuation of the family business or farm may place your personal representative in potential conflict with family members.

For the sake of stability, you may want to consider the possibility of a bank's trust department or an attorney serving as personal representative. If personal involvement in decisions is desired, a family member can be appointed to serve with the bank, with powers limited to certain management decisions. If you choose not to use a bank or attorney, be sure to also name an alternate to your personal representative.

#### **Guardian for Minor Children**

One of the most important reasons for a young family to have an estate plan is to name a guardian for minor children. It is impossible to replace parents, but if the Lord takes them to heaven someone must fill that critical role. Important considerations to keep in mind are:

#### **Christian Faith**

Select people that you are confident will bring them up in the nurture and admonition of the Lord as you would have done.

#### Responsibility

Speak with the potential guardian(s) to be certain they are willing to serve in this way.

#### **Experience**

We learn to be parents by being parents, one child and one day at a time. Look for people who are learning what it means to be good parents.

The nomination of an alternate guardian is also important should the individual or family you have chosen be unable or unwilling to serve when called upon.

#### The Trustee

If you have a revocable living trust or children's trust provision in your will, you would choose a trustee. The trustee is an individual or entity (such as a trust company) that holds title to property for the benefit of another person or persons. You may also choose co-trustees. For example, you may choose a family member and a corporate trustee to act together to carry out your instructions. The nomination of an alternate trustee may also be important.

#### **Nominees Who Represent You During Life**

#### **Durable Power of Attorney**

We all face the risk of becoming incapable of making business and other legal decisions due to injury, illness, or age. This is why it is important to appoint a durable power of attorney. "Durable" means that the power is valid whether you are conscious or unconscious. Your spouse can serve in this role, but you also need a successor such as one of your children, possibly the person appointed as your personal representative. The attorney who drafts your will is also qualified to draft your durable power of attorney.

#### **Power of Attorney for Health Care**

You have the right to make decisions about your health care. No health care can be given to you over your objection, yet you may not always be able to speak for yourself. An estate planning attorney can provide you with your state's specific health care directive.

Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers.

Galatians 6:10

## Planning Gifts for the Lord's Work

Refer to Part IV, page 24.

This section lets you record the charitable organizations that are important to you—your congregation, synod, and WELS-affiliated ministries, for example. These organizations affect many people by bringing them God's saving gospel. Your Christian giving counselor can use the booklet "Different Ways to Make Planned Gifts" to discuss with you the instruments available for giving not only to benefit these ministries, but also to support your family and you. These options include:

- Cash
- Appreciated assets
- IRA charitable distributions
- Wills and trusts
- Retirement plans
- Payable on Death/Transfer on Death designations
- Charitable gift annuity (life income)
- Charitable remainder trust (life income)
- Legacy charitable remainder ("give it twice") trust (income paid to beneficiaries)
- Donor-advised fund
- Endowments
- Other options like life insurance products; life estate; or gifting grain, livestock, etc.

#### **Consider an Endowment Fund**

Some Christians are concerned that leaving a large planned gift to their church might disrupt regular offerings or that the offerings that they gave during their lifetimes won't be replaced. This does not have to be the case. Consider giving to an endowment fund.

An endowment is a donor-restricted gift that is not spent immediately but invested in a diversified investment portfolio. Annual distributions from the fund are used to provide ongoing financial support for WELS ministries.

WELS Foundation has several opportunities for you to carry on the Lord's work through endowments:

- WELS endowments: Contribute to one of the synod-established endowments providing regular support and stability for ministerial education, missions, and operating.
- *Donor-designated endowment:* An individual or family can establish an endowment to provide ongoing, dependable support for the benefit of ministries that touch their hearts.
- Congregation/organization endowment: A church or WELS organization can also establish an endowment to benefit local and external ministry efforts. A Christian giving counselor can assist with setup and help churches with promoting gifts to the fund.

#### The Letter of Instruction

Donors can give to a variety of WELS ministries and non-WELS charities (up to 50 percent) through WELS Foundation. To do this, list "WELS Foundation" as the charitable beneficiary. It is important to identify any charitable beneficiary by their legal name, address, and tax identification number (find WELS Foundation's information on the back of this booklet).

WELS Foundation provides a letter of instruction (see page 35) to allocate a percentage of the gift to each of several recipient WELS organizations or areas of ministry (contact your Christian giving counselor if you need additional room for your designations). Your WELS Christian giving counselor can tell you more about synod ministries, assist you with indicating your designations and filing the letter of instruction with WELS Foundation, and help you change your letter of instruction at any point.

| WELS Foundation Wisconsin Evangelical Lutheran Synod  | N16W23377 Stone Ridge Drive • Waukesha, WI 53188-1108<br>Phone: 800-752-8940 • wels.net/foundation |
|---|--|
| LETTER OF INSTRUCTION   |  |
| Gift Description Beneficiary designation from my IRA  |  |
| Donor Name(s)   |  |
| Address   |  |
| City State ZIP  |  |
| This Letter of Instruction is to provide you with notification that mentioned gift to the WELS Foundation, Inc. be distributed in the |  |
| % to  |  |
| % to WELS   |  |
|   |  |

Therefore go and make disciples of all nations. Matthew 28:19

## Summary

Planning for the distribution of your property after you are taken to heaven will help you and your heirs avoid potentially costly pitfalls. The foundation of a good estate plan is your will, carefully constructed by you and your attorney in partnership with your professional counselors.

Remember that God has given you everything, especially his Son Jesus. We respond to his undeserved love with thankful gifts to loved ones, our church, and various charities.

Give thanks to the Lord, for he is good; his love endures forever.

Psalm 107:1



### Information for Your Planners

The remaining pages of this booklet are for noting information that will be useful to your planners (pages 17-24) and family (pages 25-34). After you complete this "Information for Your Planners" section, tear out the forms and make copies for your planners and family.

#### What Is Your Present Situation?

| Do you have a will?  | You:                 | Yes | No |
|--|----------------------|-----|----|
|  | Spouse (if married): | Yes | No |
| Have trusts been created?  |                      | Yes | No |
| Testamentary   |                      | Yes | No |
| Revocable living   |                      | Yes | No |
| Are prenuptial agreements in effect?   |                      | Yes | No |
| Do you have minor children?  |                      | Yes | No |
| Are there children from a previous marriage?   |                      | Yes | No |
| Do you have children who qualify to receive  | government           |     |    |
| support because of special needs?  |                      | Yes | No |
| Do you own property in more than one state   | ?                    | Yes | No |
| Are community property agreements in effec   | t?                   | Yes | No |
| Do you have long-term care insurance?  |                      | Yes | No |
| Do you need an attorney to assist you with y   | our                  |     |    |
| estate planning?   |                      | Yes | No |
| Do you have a durable power of attorney?   |                      | Yes | No |
| Do you have a power of attorney for health of  | care?                | Yes | No |
| Do you expect any inheritance in the near fu   | ture?                | Yes | No |
| Are you now or might you be subject to esta  | te tax?              | Yes | No |
| Do you want to make a gift for the Lord's wo<br>also need income from the assets you wis | •                    | Yes | No |

## Part I: The People in Your Life

| Date:                                 |                              |               |                    |
|---------------------------------------|------------------------------|---------------|--------------------|
| Full name:                            | E                            | Birthdate:    | _                  |
| Address, city, state, zip:            |                              |               |                    |
| Home phone:                           | Cell phone:                  | !             | Best time to call: |
| E-mail:                               | Congregation & cit           | ty:           |                    |
| Employer:                             | Occupation:                  | :             |                    |
| Marital status: 🗖 Married             | ☐ Single ☐ Widowed           | ☐ Separated o | or divorced        |
| Spouse (if married)                   |                              |               |                    |
| Full name:                            | E                            | Birthdate:    | _                  |
| Cell phone:                           | Best time                    | e to call:    |                    |
| E-mail:                               | Congregation & cit           | ty:           |                    |
| Employer:                             | Occupation:                  |               |                    |
| <b>Loved ones to remember</b><br>Name | Relationship                 | Age           |                    |
|                                       |                              |               |                    |
|                                       |                              |               |                    |
|                                       |                              |               |                    |
|                                       |                              |               |                    |
| Do any of your children have s        | necial needs? If so inlease  | explain:      |                    |
| bo any or your children have s        | peciai rieeus: 11 30, piease | елріант       |                    |
|                                       |                              |               |                    |
|                                       |                              |               |                    |

## Part II: Listing the Property God Has Entrusted to You

#### **Current Assets**

|                         | Yourself | Spouse (if married) | Joint or Community |
|-------------------------|----------|---------------------|--------------------|
| Real Estate             |          |                     |                    |
| Home                    | \$       | <b></b> \$          | \$                 |
| Second home             |          |                     |                    |
| Other real estate       |          |                     |                    |
| Cash and Securities     |          |                     |                    |
| Cash                    | \$       | \$                  | \$                 |
| Checking accounts       |          |                     |                    |
| Savings accounts        |          |                     |                    |
| Certificates of Deposit |          |                     |                    |
| Stocks                  |          |                     |                    |
| Bonds                   |          |                     |                    |
| Mutual funds            |          |                     |                    |
| WELS Church Extension F | -und     |                     |                    |
| Other                   |          |                     |                    |
| Personal Property       |          |                     |                    |
| Cars                    | \$       | \$                  | \$                 |
| Recreation/hobby equipm | nent     |                     |                    |
| Jewelry                 |          |                     |                    |
| Collectibles            |          |                     |                    |
| Antiques                |          |                     |                    |
| Other                   |          |                     |                    |
|                         |          |                     |                    |

|  | Yourseit | Spouse (if married) | Joint or Community |
|--|----------|---------------------|--------------------|
| Other Assets                                 |          |                     |                    |
| Personal life insurance - current cash value | \$       | \$                  | \$                 |
| death benefit                                |          |                     |                    |
| Trusts                                       |          |                     |                    |
| Annuities                                    |          |                     |                    |
| Employer life insurance                      |          |                     |                    |
| Profit sharing                               |          |                     |                    |
| Pension(s)                                   |          |                     |                    |
| IRA  |          |                     |                    |
| Roth IRA                                     |          |                     |                    |
| 401(k)/403(b)                                |          |                     |                    |
| Roth 401(k)/403(b)                           |          |                     |                    |
| SEP  |          |                     |                    |
| Keogh  |          |                     |                    |
| Ownership interest in business               |          |                     |                    |
| Potential inheritance or loan repayment      |          |                     |                    |
| Total Assets                                 | \$       | \$                  | \$                 |
|  |          |                     |                    |
| Current Liabilities                          |          |                     |                    |
| Mortgage(s)                                  | \$       | \$                  | \$                 |
| Car loans                                    |          |                     |                    |
| Credit cards                                 |          |                     |                    |
| Personal/student loans                       |          |                     |                    |
| Insurance loans                              |          |                     |                    |
| Taxes due                                    |          |                     |                    |
| Other  |          |                     |                    |
| Total Liabilities                            | \$       | \$                  | \$                 |
| Net Worth                                    |          |                     |                    |
| Total assets                                 | \$       | \$                  | \$                 |
| Minus total liabilities                      |          |                     |                    |
| Not Assats                                   | ¢        | ¢                   | ¢                  |

## Part III: Personal Nominees

(to serve with or without bond)

#### **Nominees**

| A. Personal representative               |                     |
|--|---------------------|
| First choice name:                       | Relationship:       |
| City, state:                             | Phone:              |
| Alternate:                               | Relationship:       |
| City, state:                             | Phone:              |
| Second alternate:                        | Relationship:       |
| City, state:                             | Phone:              |
| B. Guardian                              |                     |
| First choice name:                       | Relationship:       |
| City, state:                             |                     |
| Alternate:                               |                     |
| City, state:                             |                     |
| Second alternate:                        | Relationship:       |
| City, state:                             | Phone:              |
| C. Trustee (for revocable living trust o | r children's trust) |
| First choice name:                       |                     |
| City, state:                             | Phone:              |
| Alternate:                               |                     |
| City, state:                             |                     |
| Second alternate:                        |                     |
| City, state:                             | Phone:              |
| D. Durable power of attorney             |                     |
| First choice name:                       |                     |
| Address, city, state, zip:               |                     |
|  |                     |
|  |                     |
|  |                     |
| Address, city, state, zip:               |                     |

| E. POW  | er of attorney for healthcare           |               |  |
|---------|---|---------------|--|
| First   | choice name:                            | Relationship: |  |
| Add     | ress:                                   |               |  |
| City,   | state:                                  | Phone:        |  |
| Alte    | rnate:                                  | Relationship: |  |
| Add     | ress:                                   |               |  |
|         | state:                                  |               |  |
| Seco    | ond alternate:                          | Relationship: |  |
| Add     | ress:                                   |               |  |
| City,   | state:                                  | Phone:        |  |
| Spous   | e's Nominees (if married)               |               |  |
| A. Pers | sonal representative                    |               |  |
| First   | choice name:                            | Relationship: |  |
| City,   | state:                                  |               |  |
| Alte    | rnate:                                  |               |  |
| City,   | state:                                  |               |  |
| Seco    | ond alternate:                          | Relationship: |  |
| City,   | state:                                  | Phone:        |  |
| B. Gua  | rdian                                   |               |  |
| First   | choice name:                            | Relationship: |  |
| City,   | state:                                  | Phone:        |  |
| Alte    | rnate:                                  | Relationship: |  |
| City,   | state:                                  | Phone:        |  |
| Seco    | ond alternate:                          | Relationship: |  |
| City,   | state:                                  | Phone:        |  |
| C. Trus | tee (for revocable living trust or chil | dren's trust) |  |
| First   | choice name:                            | Relationship: |  |
| City,   | state:                                  | Phone:        |  |
| Alte    | rnate:                                  | Relationship: |  |
| City,   | state:                                  | Phone:        |  |
| Seco    | ond alternate:                          | Relationship: |  |
| City,   | state:                                  | Phone:        |  |

| D. Durable power of attorney        |               |
|-------------------------------------|---------------|
| First choice name:                  |               |
| Address, city, state, zip:          |               |
| Alternate's name:                   |               |
|                                     |               |
|                                     |               |
|                                     |               |
|                                     |               |
| E. Power of attorney for healthcare |               |
| First choice name:                  | Relationship: |
| Address:                            |               |
| City, state:                        |               |
| Alternate:                          |               |
| Address:                            |               |
| City, state:                        |               |
| Second alternate:                   | Relationship: |
| Address:                            |               |
| City, state:                        | Phone:        |

## Part IV: Planning Gifts for the Lord's Work

I/we want to continue Christ's mission through the following organization(s). Please provide full name, city state, and notes/provisions for each that applies:

| Co | ongregation:   |
|----|--|
|    |  |
| Sy | nod:   |
|    |  |
| W  | ELS-affiliated ministry:   |
|    |  |
| Ot | her:   |
| _  |  |
|    |  |
|    |  |
| A  | Iditional Information for My Professional Counselors   |
| 1. | Christian preamble (pages 4-5): Use example # for Will #1 and example # for Will #2. If you have written your own preamble, please attach it here. |
| 2. | Letter of instruction for personal property: If you have one, please attach it here.   |
| 3. | Children's Trust – ages of distribution? First Second Final  |
|    |  |
|    |  |

**Further Notes:** 

## Information for Your Family

| Date:   |
|---|
| are taken home to heaven, the last thing you want to do to your family members is make an ang time more difficult. This section includes important information which, if kept current, will amily manage your affairs after you are gone. After completing this section, tear it out and, along yof the "Information for Your Planners" section, provide it to a family member or keep it in a on. It is not necessary to fill in this section when completing the estate planning process counselor. |
| Arrangements  |
| irector   |
| Phone:  |
| ty, state, zip:   |
| expenses were pre-paid. Contract information:   |
| rial Instructions   |
| y:  |
| y tryi our f copy ocatic your eral : : : : : : : : : : : : : : : : : : :  |

| Funeral Service  |             |
|--|-------------|
| 1. To be held at (check one or both):  |             |
| 2. Location name: City, state:   |             |
| 3. Music: ☐ Soloist ☐ Congregational ☐ Chorus  |             |
| Hymn selections:   |             |
| 4. Scripture passages:   |             |
|  |             |
|  |             |
| 5. Pallbearers:  |             |
|  |             |
| 6. Memorials to be designated to the following groups, organizations, and/or charities:            |             |
|  |             |
|  |             |
| Obituary Information   |             |
| Date of birth:   Place:  |             |
| Date of baptism:     Church:   |             |
| Date of confirmation:   Church:  |             |
| Marriage information:  |             |
| Date:   To whom: Where:  |             |
| Date:   To whom: Where:  |             |
| Education:   |             |
|  |             |
|  |             |
| Places and types of employment:  |             |
|  |             |
|  |             |
| Member of the following clubs, organizations, or branch of military service (indicate any areas of | special     |
| service or honor received):  | -10 0 0 101 |
| ·  |             |

Offices held:

## Survivors (include names and addresses) Spouse: \_\_\_ Children: Number of grandchildren: \_\_\_\_\_ Great-grandchildren: \_\_\_\_\_ Parents: Brothers and sisters: Other relatives and friends of special mention: Preceded in death by (parents, spouse, children, brothers, and sisters): Please call the following individuals and inform them of my death. Name Phone 1.\_\_\_\_\_

## Important Documents

#### **Last Will and Testament/Powers of Attorney**

| 1. Location of my Last Will and Testament, Durable Power of Attorney, and Power of Attorney for          |
|--|
| Health Care:   |
| 2. Date signed:  |
| Trust Information  |
| 1. Types of trusts (check those that apply and list trustee):  |
| ☐ Testamentary   |
| ☐ Charitable remainder   |
| ☐ Revocable living   |
| ☐ Minors   |
| ☐ Special needs  |
| ☐ Funeral  |
| □ Other  |
| 2. For details, including assets, beneficiaries, and terms of disposition, see trust agreements located: |
| Annuity Information  |
| 1. For each annuity, list company/charity, city, state, phone number, account number, and current value  |
| a  |
| b  |
| C  |
| d  |
| e  |
| f  |
| 2. Annuity contracts are located:  |

#### Stocks, Bonds, and Investment Funds

| 1.     | For each fund, list | company, city, state, phone number, | account num | ber, and amount | : |
|--------|---------------------|-------------------------------------|-------------|-----------------|---|
|        | a                   |                                     |             |                 |   |
|        | b                   |                                     |             |                 |   |
|        | C                   |                                     |             |                 |   |
|        | d                   |                                     |             |                 |   |
|        | e                   |                                     |             |                 |   |
|        | f                   |                                     |             |                 |   |
|        |                     |                                     |             |                 |   |
| 2.     |                     |                                     |             |                 |   |
|        | Address:            |                                     | Phone: _    |                 |   |
|        | ☐ Additional list a | attached                            |             |                 |   |
|        |                     |                                     |             |                 |   |
| Banki  | ng Information      |                                     |             |                 |   |
| Banks, | , Credit Unions:    |                                     |             |                 |   |
| 1.     | Name:               | Address:                            |             |                 |   |
|        | Representative:     |                                     | Phone:      |                 |   |
|        | ☐ Savings           | -Account number(s):                 |             |                 |   |
|        | ☐ Checking          | -Account number(s):                 |             |                 |   |
|        | ☐ Loan              | -Loan number:                       |             | _ Amount:       |   |
| 2.     | Name:               | Address:                            |             |                 |   |
|        | Representative:     |                                     | Phone:      |                 |   |
|        | ☐ Savings           | -Account number(s):                 |             |                 |   |
|        | ☐ Checking          | -Account number(s):                 |             |                 |   |
|        | ☐ Loan              | -Loan number:                       |             |                 |   |
| 3.     | Name:               | Address:                            |             |                 |   |
|        | Representative:     |                                     | Phone:      | <del></del>     |   |
|        | ☐ Savings           | -Account number(s):                 |             |                 |   |
|        | ☐ Checking          | -Account number(s):                 |             |                 |   |
|        | ☐ Loan              | -Loan number:                       |             | _ Amount:       |   |

| 4.      | Name:                 | lress:                    |                    |  |
|---------|-----------------------|---------------------------|--------------------|--|
|         | Representative:       |                           | Phone:             |  |
|         | ☐ Savings             | -Account number(s):       |                    |  |
|         | ☐ Checking            | -Account number(s):       |                    |  |
|         | ☐ Loan                | -Loan number:             | Amount:            |  |
| 5.      | Other:                |                           |                    |  |
|         |                       |                           |                    |  |
| Safe c  | deposit box:          |                           |                    |  |
| Lo      | cation:               | Key number:               | Registered signer: |  |
| Bank :  | statements, canceled  | checks, and documents for | tax purposes:      |  |
| Lo      | cation:               |                           |                    |  |
| Persor  | nal safe combination: |                           |                    |  |
|         | Located in safe depos | sit box                   |                    |  |
|         |                       |                           |                    |  |
|         | ,                     |                           |                    |  |
| Insura  | ances                 |                           |                    |  |
| I. Life | · Insurances          |                           |                    |  |
| 1.      | Company:              |                           | Representative:    |  |
|         | Address:              |                           | Phone:             |  |
|         | Policy number:        |                           | Face amount:       |  |
|         | ☐ Loan? Amount: _     |                           |                    |  |
| 2.      | Company:              |                           | Representative:    |  |
|         |                       |                           | Phone:             |  |
|         | Policy number:        |                           | Face amount:       |  |
|         | ☐ Loan? Amount: _     |                           |                    |  |
| 3.      | Company:              |                           | Representative:    |  |
|         | Address:              |                           | Phone:             |  |
|         | Policy number:        |                           | Face amount:       |  |
|         | ☐ Loan? Amount: _     |                           |                    |  |
|         |                       |                           |                    |  |

| 4.       | 4. Company: Representative:   |                     |               | tive:                |
|----------|-------------------------------|---------------------|---------------|----------------------|
| Address: |                               | Phone               | :             |                      |
|          | Policy number:                |                     |               | Face amount:         |
|          | ☐ Loan? Amount:               |                     |               |                      |
| 5.       | Company:                      |                     | Representa    | tive:                |
|          | Address:                      |                     | Phone         | :                    |
|          | Policy number:                |                     |               | Face amount:         |
|          | ☐ Loan? Amount:               |                     |               |                      |
| Policie  | es are located:               |                     |               |                      |
| II. Oti  | her Insurances                |                     |               |                      |
| 1.       | Automobile Insurance: Com     | pany:               |               |                      |
|          |                               |                     |               |                      |
|          | Policy number:                |                     |               | Policy location:     |
| 2.       | Medical Insurance: Compan     | y:                  |               |                      |
|          | Agent:                        |                     | Phone:        |                      |
|          | Policy number:                |                     |               | Policy location:     |
| 3.       | Homeowner's Insurance: Co     | mpany:              |               |                      |
|          | Agent:                        |                     | Phone:        |                      |
|          | Policy number:                |                     |               | Policy location:     |
| 4.       | Business Insurance: Compan    | y:                  |               |                      |
|          | Agent:                        |                     | Phone:        |                      |
|          | Policy number:                |                     |               | Policy location:     |
| 5.       | Special Liability: Company:   |                     |               |                      |
|          | Agent:                        |                     | Phone:        |                      |
|          | Policy number:                |                     |               | Policy location:     |
| III. Sp  | ecial Insurances              |                     |               |                      |
| 1.       | Clubs, Organizations (e.g., A | AA, American Expres | ss, Diners, N | lobil, Shell, etc.): |
|          | A. Policy:                    | Location:           |               | Amount:              |
|          | B. Policy:                    | Location:           |               | Amount:              |
|          | C. Policy:                    | Location:           |               | Amount:              |

| 2. Employer Insurances (hea     | lth, life, accident, etc.):   |                        |  |
|---------------------------------|-------------------------------|------------------------|--|
| A. Policy:                      | Location:                     | Amount:                |  |
| B. Policy:                      | Location:                     | Amount:                |  |
| C. Policy:                      | Location:                     | Amount:                |  |
| 3. Other:                       |                               |                        |  |
| A. Policy:                      | Location:                     | Amount:                |  |
| B. Policy:                      | Location:                     | Amount:                |  |
| C. Policy:                      | Location:                     | Amount:                |  |
| Home Information                |                               |                        |  |
| My/our home is registered unde  | er the following name(s): _   |                        |  |
| The deed can be found:          |                               |                        |  |
| Purchase price:                 | D <sub>1</sub>                | ate:                   |  |
| Estimated value now:            | N                             | Nortgage amount:       |  |
| Other Documents                 |                               |                        |  |
| I. Credit Cards                 |                               |                        |  |
| A. Company:                     |                               | Card number:           |  |
| B. Company:                     |                               | Card number:           |  |
| C. Company:                     |                               | Card number:           |  |
| D. Company:                     |                               | Card number:           |  |
| E. Company:                     |                               | Card number:           |  |
| F. Company:                     |                               | Card number:           |  |
| G. Company:                     |                               | Card number:           |  |
| If cards are lost (missing afte | er an accident, etc.), notify | companies immediately. |  |
| II. General                     |                               |                        |  |
| A. Birth certificate is located | :                             |                        |  |
| B. Title insurance(s) located:  |                               |                        |  |
| C. Automobile/truck titles ar   | nd registrations are locate   | d:                     |  |
| D. Income tax records are lo    | cated:                        |                        |  |
|                                 |                               | :                      |  |
|                                 |                               |                        |  |

| G.      | Special keys and their locations:        |  |  |
|---------|--|--|--|
|         | 1  | 4                                      |  |
|         | 2  | 5                                      |  |
|         | 3  | 6                                      |  |
| Н       | Usernames and passwords for compute      | er programs and on                     | nline accounts (financial,retail,socialmedia):   |
| 11.     | 1  |  | mile decoding (infancial, retail, social media). |
|         | 2  |  |  |
|         | 3  |  |  |
|         |  |  |  |
|         | 4  |  |  |
| f you   | have additional usernames and passwor    | ds, please attach a                    | list of those here.                              |
| My S    | OCIAL SECURITY NUMBER is:                |  |  |
| Му М    | IEDICARE/MEDICAID NUMBER is:             |  |  |
| My VI   | ETERANS BENEFITS NUMBER is               |  |  |
| III. Pe | ension and Retirement Benefits:          |  |  |
| 1.      | Pensions:                                |  |  |
|         | Company                                  |  | Amount   |
|         |  |  |  |
|         |  |  |  |
|         |  |  |  |
|         |  |  |  |
| 2.      | Keogh or IRAs:                           |  |  |
|         | Custodian                                |  | Amount   |
|         |  |  |  |
|         |  | ······································ |  |
|         |  |  |  |
|         |  |  |  |
| Also c  | consult the insurance information on pag | jes 30-32.                             |  |
| Busin   | ess Interests (partnerships, corporati   | ons, proprietorsh                      | ips, etc.)                                       |
| Percei  | ntage of Ownership                       | Description of E                       | Business or Asset                                |
| 1.      |  |  |  |
| 2.      |  |  |  |
| 2       |  |  |  |

#### Real Estate in Addition to My/Our Home

| Nature of Ownership (Title)            | Date Pu           | rchased Cost      | Mortgage                  | Approx.<br>Current Value |
|--|-------------------|-------------------|---------------------------|--------------------------|
| 1                                      |                   |                   |                           |                          |
| 2                                      |                   |                   |                           |                          |
| 3                                      |                   |                   |                           |                          |
| 4                                      |                   |                   |                           |                          |
| 5                                      |                   |                   |                           |                          |
| 6                                      |                   |                   |                           |                          |
| Additional information on thes         |                   |                   |                           |                          |
| For assistance with any of this        |                   |                   |                           |                          |
| Address:                               |                   | Ph                | one:                      |                          |
| <b>Debts Description</b>               |                   |                   |                           |                          |
| Long-term obligations, other th        | nan mortgages and | business partners | hips listed earlier, incl | ude:                     |
| Type of Debt                           | Locatio           | n of Documents    | Terms                     | Present                  |
| and Description                        |                   |                   |                           | Balance                  |
| 1                                      |                   |                   |                           |                          |
| 2                                      |                   |                   |                           |                          |
| 3                                      |                   |                   |                           |                          |
| 4                                      |                   |                   |                           |                          |
| 5                                      |                   |                   |                           |                          |
| 6                                      |                   |                   |                           |                          |
| Covered by insurance? $lacksquare$ Yes | ☐ No              |                   |                           |                          |
| Additional information and inst        | tructions:        |                   |                           |                          |
|  |                   |                   |                           |                          |
|  |                   |                   |                           |                          |
| Debts Owed to Us and By W              | /hom              |                   |                           |                          |
| Owed By                                | Amount            | Terms             | Location of Sup           | oporting Documents       |
| 1                                      |                   |                   |                           |                          |
| 2                                      |                   |                   |                           |                          |
| 3                                      |                   |                   |                           |                          |



#### **LETTER OF INSTRUCTION**

| Gift Description  |                                       |                                       |  |  |
|---|---------------------------------------|---------------------------------------|--|--|
| Donor Name(s)   |                                       |                                       |  |  |
| Address   |                                       |                                       |  |  |
| City  | State                                 | ZIP                                   |  |  |
| This Letter of Instruction is mentioned gift to the WEI |                                       |                                       |  | equest that all assets from our above-<br>ner:   |
| % to  |                                       |                                       |  |  |
| % to  |                                       |                                       |  |  |
| % to  |                                       |                                       |  |  |
|   |                                       |                                       |  |  |
| % to  |                                       |                                       |  |  |
|   |                                       |                                       |  | gifts to WELS Foundation, Inc. be direction with such future gift.   |
| With this Letter of Instruct                            |                                       |                                       | nge this distribution req                        | uest, if we provide another Letter of  |
| n existence or no longer b                              | pe in Christian fe<br>be used in a ma | ellowship with Wanner deemed ap       | /ELS at the termination                          | any of the listed ministries no longer be<br>of the gift, we request that the respective<br>of Directors or other appropriate                                |
| n existence as a qualified manner deemed appropri       | charitable organ<br>ate by the Board  | ization, we requ<br>of Directors or o | lest that the respective other appropriate gover | YELS, should the charity no longer be portion of the distribution be used in a rning body of the WELS Foundation, Inc. nization not in fellowship with WELS. |
| Signed this   | _ day of                              |                                       | ,·   |  |
|   | •                                     | Month                                 | Year   |  |
| Signature (Donor)                                       |                                       |                                       | Signature (Dono                                  | r)   |
| The WELS Foundation, Inc                                | . hereby gratefu                      | lly acknowledge                       | s receipt of this Letter c                       | of Instruction.  |
| Signed this   | _ day of                              |                                       | ,  |  |
|   | ,                                     | Month                                 | Year   |  |
| Signature (WELS Foundation,                             | )                                     |                                       | Signature (WELS                                  | Foundation)  |
|   |                                       |                                       |  | CGC Initials:  |
|   |                                       |                                       |  | MCGD Review:   |

FDN 11/2021

WELS Foundation exists to help God's people support gospel ministry through the Wisconsin Evangelical Lutheran Synod.

It is the foundation of choice for members, entities, and affiliates of WELS.



WELS Foundation, Inc. (EIN #39-6084446) N16W23377 Stone Ridge Drive Waukesha, WI 53188-1108

Phone: 800-752-8940 wels.net/foundation