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# Personal Affairs Record

*Helping you document important personal  
information to benefit you and your family  
in the future.*

THE OKLAHOMA UNITED METHODIST FOUNDATION

**The Oklahoma United Methodist Foundation  
Mission Statement**

The Oklahoma United Methodist Foundation serves Oklahoma United Methodist congregations, institutions, and ministries by encouraging stewardship, fostering planned giving, promoting endowment formation, and managing funds and assets to strengthen and support the important work of Christ's church.

**Personal Affairs Record Of:**

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**Name**

**Information is current as of**

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**Date**

**Revised :**

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**Date**

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**Date**

# Welcome to your Personal Affairs Record.

## This Personal Affairs Record has a three-fold purpose:

- To assist you and your advisors in establishing the best possible estate plan for you and your family;
- To aid your executor in the effective administration of your estate; and
- To provide important information to your family in the event of an emergency or your incapacity.

We encourage you to complete, review and update this booklet yearly, and inform the appropriate individuals of its location.

The information in this document was provided by the Oklahoma United Methodist Foundation, and was prepared by Miller Dollarhide, Lawyers of Oklahoma City.

## PERSONAL & FAMILY INFORMATION

1. Husband or Single Man's Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Wife or Single Woman's Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

City

State

Zip

Home Phone Number: \_\_\_\_\_

**4. Children:**

*(Identify any children that are adopted or if the child is only of one spouse. Identify any children that are deceased.)*

Include: Name, date of birth, name of child's spouse and address

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**5. Grandchildren:**

Include: Name, date of birth, name of child's parent and address

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**PLAN OF DISTRIBUTION**

**1. Personal and Household Effects:**

- My personal and household effects are to be distributed to my spouse, if he/she survives me, otherwise equally to my children. If a child does not survive me, such deceased child's children would take their parent's share.
- My personal and household effects are to be distributed to my spouse, if he/she survives me, otherwise equally to my surviving children.

**2. Residuary Estate:**

- All to my spouse, if he/she survives me, otherwise equally to my children. If a child does not survive me, such deceased child's children would take their parent's share.
- All to my spouse, if he/she survives me, otherwise equally to my surviving children.
- All to my spouse, if he/she survives me, otherwise to \_\_\_\_\_

(If single or spouse is deceased) All to my children, in equal shares. If a child does not survive me, such deceased child's children would take their parent's share.

(If single or spouse is deceased) All to my surviving children, in equal shares.

As follows: \_\_\_\_\_

Do you wish to intentionally exclude a child or children of a deceased child? Do you wish to exclude anyone else? If so, give name and relationship:

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**3. Charitable Beneficiary.** If you are leaving a portion of your estate to one or more charities, please state how you want the portion used.

- \_\_\_\_\_ percent of \$\_\_\_\_\_ for \_\_\_\_\_
- \_\_\_\_\_ percent of \$\_\_\_\_\_ for \_\_\_\_\_
- \_\_\_\_\_ percent of \$\_\_\_\_\_ for \_\_\_\_\_
- \_\_\_\_\_ percent of \$\_\_\_\_\_ for \_\_\_\_\_

Name(s) of charities to which this provision will apply: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Ultimate Distribution.** You may want to provide for the distribution of your property if neither your spouse, your children, or other named beneficiaries survive you. Options include leaving all property to a charitable beneficiary or a part to the charitable beneficiary with the remainder to other heirs or beneficiaries.

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

**5. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property.**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Does anyone to whom you are leaving part or all of your estate receive disability payments?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPOINTMENTS FOR LAST WILL AND TESTAMENT

*Note for married couples: Generally spouses nominate each other for the various appointments listed below. If you would like to nominate your spouse, please write "spouse" in the first blank under each appointment.*

**1. Personal Representatives.** The will should name a personal representative to probate the estate. (Personal representative is also something referred to as executor or administrator.) Most people name their spouse as primary personal representative, with a child, relative, or friend as alternate.

Personal Representative: \_\_\_\_\_

Alternate: \_\_\_\_\_

2nd Alternate: \_\_\_\_\_

**2. Guardian.** If you have minor children or an incompetent child, you may express your preference for whom a court should appoint as guardian. The guardian is responsible for the day-to-day care of the child. It may be a good idea to name a person as an alternate guardian in the event your first choice is not appointed by the court or otherwise not able to serve.

Guardian: \_\_\_\_\_

Alternate: \_\_\_\_\_

2nd Alternate: \_\_\_\_\_

**3. Testamentary Trustee.** You may need a trustee to manage assets for children until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the children's money invested wisely and use it for their education, support, etc., until the child reaches the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or it could be a different person or a trust company.

Testamentary Trustee: \_\_\_\_\_

Alternate: \_\_\_\_\_

2nd Alternate: \_\_\_\_\_

**4. Age of Distribution.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as one-half at 25 and the balance at age 30. You may use any age or combination of ages that you choose.

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

### **APPOINTMENT FOR REVOCABLE TRUST**

**1. Successor Trustee.** If you are creating a revocable trust, you should designate who is to serve as successor trustee. The successor trustee would be responsible for managing assets if you, or in the case of a joint trust, neither you nor your spouse could manage the trust's assets. The successor trustee would distribute assets as directed by the trust agreement after your death, or in a joint trust, after the death of you and your spouse.

Successor Trustee: \_\_\_\_\_  
Alternate: \_\_\_\_\_  
2nd Alternate: \_\_\_\_\_

### **APPOINTMENT FOR DURABLE POWERS OF ATTORNEY**

**1. Health Care Agent.** Who should be named to make medical decisions on your behalf, including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? (Typically, the primary agent is the spouse.)

Health Care Agent: \_\_\_\_\_  
Alternate: \_\_\_\_\_  
2nd Alternate: \_\_\_\_\_

### **APPOINTMENT FOR ADVANCE DIRECTIVES**

**1. Durable Power of Attorney for Property.** A durable power of attorney for property is a document that appoints an attorney-in-fact to deal with your property in the event you are unable to do so (e.g. you are ill or otherwise not available). The purpose of this document is to have someone in the position to deal legally with your property if you are unable to do so and to avoid the expensive and difficult process of having a court appoint a guardian to manage your affairs. (Typically, the primary attorney-in-fact is the spouse.)

Attorney-in-Fact: \_\_\_\_\_  
Alternate: \_\_\_\_\_  
2nd Alternate: \_\_\_\_\_

## ASSETS

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Checking Account	\$ _____	\$ _____	\$ _____
2. Savings Account	\$ _____	\$ _____	\$ _____
3. Certificates of Deposit	\$ _____	\$ _____	\$ _____
4. Other Cash Funds	\$ _____	\$ _____	\$ _____
5. Mutual Funds	\$ _____	\$ _____	\$ _____
6. Bonds	\$ _____	\$ _____	\$ _____
7. Listed Stocks	\$ _____	\$ _____	\$ _____
8. Unlisted Stocks	\$ _____	\$ _____	\$ _____
9. Family Corporations			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
10. Partnerships			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
11. Family Home	\$ _____	\$ _____	\$ _____
12. Vacation Home	\$ _____	\$ _____	\$ _____
13. Other Real Estate	\$ _____	\$ _____	\$ _____
14. Oil & Gas Properties	\$ _____	\$ _____	\$ _____
15. Personal Property			
Automobile	\$ _____	\$ _____	\$ _____
Household Items	\$ _____	\$ _____	\$ _____
Jewelry	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
16. Other Assets			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

*Note: Fair market value should not be indicated—do not reduce value by any liability reported. If you believe some circumstances would have an usual effect on valuation of a particular item, explain on a separate sheet. Enter total amounts here as applicable to each category. If several assets are included in category or if other specific information is relevant, give details.*

## INCOME

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Salary	\$ _____	\$ _____	\$ _____
2. Dividend	\$ _____	\$ _____	\$ _____
3. Medicare	\$ _____	\$ _____	\$ _____
4. Disability	\$ _____	\$ _____	\$ _____
5. Social Security	\$ _____	\$ _____	\$ _____
6. Other			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

## LIABILITIES

1. Mortgages:			
Family Home	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
2. Other Debts:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

## LIFE INSURANCE

### 1. Husband

Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Type Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy Loans: \_\_\_\_\_

Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Type Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy Loans: \_\_\_\_\_

Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Type Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy Loans: \_\_\_\_\_

### 2. Wife

Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Type Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy Loans: \_\_\_\_\_

Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Type Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy Loans: \_\_\_\_\_

Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Type Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy Loans: \_\_\_\_\_

## EMPLOYEE BENEFITS

	<u>Husband</u>	<u>Wife</u>
1. Deferred Compensation	\$ _____	\$ _____
Designated Beneficiary _____		
2. Post-Death Salary Continuation	\$ _____	\$ _____
Designated Beneficiary _____		
3. Stock Options	\$ _____	\$ _____
Designated Beneficiary _____		
4. Restricted Stock	\$ _____	\$ _____
Designated Beneficiary _____		
5. Pension Plan	\$ _____	\$ _____
Designated Beneficiary _____		
6. Profit Sharing or Thrift Plan	\$ _____	\$ _____
Designated Beneficiary _____		
7. IRA and Keogh Plans	\$ _____	\$ _____
Designated Beneficiary _____		
8. Other Benefit Plans		
_____	\$ _____	\$ _____
Designated Beneficiary _____		
_____	\$ _____	\$ _____
Designated Beneficiary _____		

**TRUSTS AND INHERITANCES**

**NOTES**

	<u>Husband</u>	<u>Wife</u>	<u>Children</u>
1. Anticipated Inheritance (than from spouse)	\$ _____	\$ _____	\$ _____
2. Existing Trust Funds	\$ _____	\$ _____	\$ _____

Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUPPLEMENTAL INFORMATION**