

Fulfilling your Wishes: End of Life Planning

Diocese of Vermont

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The Episcopal Church Foundation (ECF)

Independent, lay led organization, founded in 1949

Empowers congregations through visioning and planning, leadership development, and raising financial resources for ministry

Through our programs, ECF is helping to build a Church characterized by:

- Lay and clergy leaders work together to transform the Church
- Healthy, vital, vibrant Episcopal communities of faith
- Meaningful opportunities for Christian stewardship and effective fundraising
- Innovative, mission-based ways to be the Church of the future

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What is the Episcopal Church Foundation (ECF)?

Overview:

- Independent and lay-led foundation
- ECF's mission is to strengthen the **leadership** and **financial** capabilities of Episcopal congregations, dioceses, and other institutions
- ECF carries out this mission through a wide array of programs including...



Leadership Resources

- ECF Vital Practices (ecfvp.org)
- Vestry Resource Guide
- Fellowship Partners Program
- Educational Events

Financial Resources

- Strategic Resources
- Planned Giving
- Endowment Management
- Donor-advised Fund



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Fulfilling your wishes

- Reflect
- Remember and Respond
- Record



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Medical Directives & Health Proxies

- Choose your health proxy and alternate
- Review State requirements and forms
- Record wishes to guide decisions



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Planned Giving Brochures and B... x Wills Kit 1.qxd x CNN - Breaking News, Latest Ne... x +

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Please check appropriate boxes:

- 1. Cardiopulmonary resuscitation** (chest compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying).
- 2. Major surgery** (for example, removing the gall-bladder or part of the colon).
- 3. Mechanical breathing** (respiration by machine, through tube in the throat).
- 4. Dialysis** (cleaning the blood by machine or by fluid passed through the belly).
- 5. Blood transfusions or blood products.**
- 6. Artificial nutrition and hydration** (given through a tube in a vein or in the stomach).
- 7. Simple diagnostic tests** (for example, blood tests or x-rays).
- 8. Antibiotics** (drugs used to fight infection).
- 9. Pain medications, even if they dull consciousness and indirectly shorten my life.**

	I want	I want treatment tried. If no clear improvement, please stop.	I am undecided	I do not want


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Planning your funeral/memorial

- Choose your advocate and review wishes
- Record wishes to guide decisions
 - Funeral plans
 - Organ donation
- Where are necessary documents?
 - Grave or columbarium documents
- What do you wish to have in your obituary?



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MY FUNERAL INSTRUCTIONS

Final directions and instructions upon the death of

Full Name (please print) _____ 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.

Full Name (please print) _____ Spouse's Full Name _____

Street Address, PO Box, and/or Apartment # _____ Street Address, PO Box, and/or Apartment # _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Date of Birth _____ Date of Birth _____

Place of Birth _____ Place of Birth _____


Date of Baptism _____ Date of Baptism _____

Father's Full Name (please print) _____ Living Yes No

Date/Place of Birth _____

Mother's Full Name (please print) _____ Living Yes No

Date/Place of Birth _____


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Planning your estate

- Seek appropriate legal, financial & tax advice
- Choose an executor, and an alternate!
- Review all assets, insurance policies, etc.
- Let your family know your wishes
- Making planned gifts
- Review your plans from time to time
- The future of Estate Tax??



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Know your assets!

- **Wills or Living Trusts: Probated Assets**
- Pay on Death arrangements
- Tax Deferred Accounts: IRA, 401k, 403b
- Life Insurance proceeds
- Real estate and titles
- Donor-advised Fund (New ECF option)



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INFORMATION NEEDED FOR MAKING A WILL

1. Full Legal Name:

Name _____ Date of Birth _____ Social Security Number _____

Street Address, PO Box, and/or Apartment # _____ County _____

City _____ State _____ Zip Code _____ Email Address _____

Annual Four Days of Service _____ Discharge Certificate Location _____

Serial Number _____

Marital Status: Single Married Partner/Civil Union Divorced Remarried Separated Widowed

2. Do you have a will? Yes No (If no, go to Family Information)

3. Since making your last will, have you:


Moved to another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sold or bought property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Celebrated the birth of a child or grandchild?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed your marital status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed your mind about your personal representative (executor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed your mind about the guardian for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Done family financial and charitable gift planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is yes to any of the above, your Will may need to be updated. Complete the following questions, then consult with your attorney.

FAMILY INFORMATION

1. Legal Name of Spouse:

Name _____ Date of Birth _____ Social Security Number _____



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FINANCIAL INFORMATION

1. Present Annual Income:

Salary	\$ _____
Investment Income	\$ _____
Other	\$ _____
TOTAL	\$ _____

2. Property (Real Estate):

Description and Location	Original Cost	Present Market Value	Amount of Mortgage
1. _____			
2. _____			
3. _____			
4. _____			

3. Notes and Mortgages:

Name of Debtor	Description	Amount	Interest Rate	Rate of Payment
1. _____				
2. _____				
3. _____				
4. _____				

4. Leases:


1. _____

2. _____

3. _____

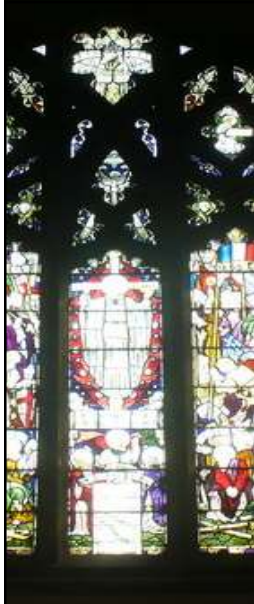
5. Bank Accounts/Retirement Accounts (IRA, etc.)/Other Income-Producing Accounts:

Name of Institution	Type	Account Number
1. _____		



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Fulfilling your wishes

- Review your wishes, responsibilities and passions
- Discuss with family and friends
- Keep good records and inform people where to find them
- Complete all necessary legal and allocation documents

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Questions?

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Upcoming Free Live Webinars

*Check our website, under
Events, for more info.*



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Recorded Webinars to Empower your Leaders

- Basics of Planned Giving for Parish Leaders
- Basics of Endowment Management for Parish Leaders
- Prospective Donors of Planned Gifts
- Basics of a Capital Campaign
- Annual Stewardship
- Vestry Leadership 101

For links to recordings visit: www.ecfvp.org



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At your service

ECF always available to assist at (800) 697-2858
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