

Personal Planning GUIDE



SOUTHERN ILLINOIS
HEALTHCARE



We are dedicated to improving the health and well-being of all of the people in the communities we serve.

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ON THE RECORD

“My father was very good about keeping necessary personal and financial information. Unfortunately, he did not keep it in the same location. Once he took ill and was diagnosed with cancer his health never allowed him to leave the hospital and he passed away a few weeks later. Fortunately, he had worked years earlier with an attorney to create a trust in the event of his death. But locating and pulling together all the needed personal and financial information upon his death became an additional challenge and stress to the family that could have easily been avoided with some pre-planning. Years later we are still searching for those allusive original stock certificates.”

When you spend more time organizing your financial and estate plans, everyone benefits. These plans take a variety of forms – with additional planning options available each year. Having all the information regarding your estate compiled in one place can be beneficial as you make your estate plans today and as a record for future reference. In the event of poor health or death it will be a great aide to your benefactors and/or executor of your estate.

No matter how young or old, this guide is designed to serve a number of purposes. At a glance you will be able to locate most of your important information regarding your estate and other financial history. Family and medical history can also be recorded for reference. Completing the record will help you identify what important information is missing and provide you a central location to record and maintain that data once it is obtained. Keep it in a safe place and continue to update the record as information may change over time.

When working on your estate, financial and tax planning objectives, this record will serve as a valuable resource. Use it as a guide to integrate charitable gifts into your overall planning objectives. This will maximize benefits to both you and the charity. Make sure your loved ones know the location of the guide and how to access it.

As your plan unfolds, please consider ways that you can leave a legacy to help Southern Illinois Healthcare’s hospitals, clinics and programs continue to provide superior patient care for southern Illinoisans for many years to come. If we can be of any assistance in your planning, or answer any questions, please call our Development Office at **618-457-5200 ext. 67843** or email us at **giving.info@sih.net**. There are no fees and no obligations as we are here to assist your planning needs. Your support is always appreciated.

PERSONAL HISTORY

[Full legal name]

[Full legal name]

Last updated __ / __ / __

Date ___/___/___

Primary Address _____

Phone _____

Email _____

Persons(s) to notify in case of emergency:

Name _____

Address _____

Phone _____

Email _____

Name _____

Address _____

Phone _____

Email _____

Citizenship Information

Date of Birth _____

Social Security # _____

Place of Birth _____

Birth Certificate # _____

Location of Documents _____

Passport #/Location _____

Medical Information

Primary Physician _____

Phone _____

Dentist _____

Phone _____

Special medications and/or conditions

Organ donor Yes No

I have executed the following Advanced Directives:

- Power of Attorney for Healthcare
- Living Will
- Power of Attorney for Property
- Do Not Resuscitate Order

FAMILY HISTORY

Spouse's/Partner's name _____

Address _____

Father's name _____

Mother's name _____

Maiden name (if applicable) _____

Children's names, birthdates, addresses

Grandchildren's names, birthdates, addresses

EMPLOYMENT/INCOME INFORMATION

Latest employer _____

Address _____

Phone _____

Dates of employment _____

Position _____

Employment Benefits

(check all that apply)

- _____ Major medical insurance
- _____ Accident and health insurance
- _____ Life insurance
- _____ Stock option
- _____ Pension or deferred compensation plan
- _____ Profit sharing
- _____ Other _____

Contact for benefits _____
 Location of benefits/files _____

Prior Employment Benefits

Previous employer _____
 Contact/phone _____
 Benefits that remain in effect _____

Previous employer _____
 Contact/phone _____
 Benefits that remain in effect _____

Military Service

Branch of service _____
 Dates of service _____
 Rank _____ Service # _____
 Discharge date _____
 Service-connected disability and income _____
 Pensions due _____

Honors and Achievements

Income Sources

(Sources of income should include salary, Social Security, annuities, securities, trusts, pensions, profit-sharing plans, Individual Retirement Accounts (IRA's), Keogh plans, mortgages, rents, or other payments owed to you.)

Source	Amount of Annual Income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Liabilities

Credit Cards	Account #	Balance Due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other Loans	Account #	Balance Due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Income Tax Records

Location _____
Tax advisor/preparer _____
Phone _____

Property and Other Tax Records

Location _____
Years covered _____
Address _____

ASSETS

Bank Accounts

Financial institution/ Account number	Type of account/ Current balance
1. _____ _____	_____ \$ _____
2. _____ _____	_____ \$ _____
3. _____ _____	_____ \$ _____
4. _____ _____	_____ \$ _____

Certificates of Deposits/Other Investments

Financial institution/account number	Type of account/current value
1. _____ _____	_____ \$ _____
2. _____ _____	_____ \$ _____
3. _____ _____	_____ \$ _____

Special information related to ownership of above:

Individual Retirement Plans

(Individual Retirement Accounts/Keogh Plans)

Type of Plan	Financial Institution/ Address/Representative	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(Refer to page 6 on company-sponsored plans)

Securities/Bonds/Mutual Funds

Asset _____
Investment representative/company _____

Phone _____
Date acquired _____
Cost or basis \$ _____ Current value \$ _____
Location of documents _____

Asset _____
Investment representative/company _____

Phone _____
Date acquired _____
Cost or basis \$ _____ Current value \$ _____
Location of documents _____

Real Estate Holdings

Description of property _____
City _____ State _____ County _____
Purchase date _____ Cost \$ _____
Nature of title _____
Mortgage balance \$ _____
If joint ownership, with whom _____
Location of documents _____

Description of property _____
City _____ State _____ County _____
Purchase date _____ Cost \$ _____
Nature of title _____
Mortgage balance \$ _____
If joint ownership, with whom _____
Location of documents _____
(attach any additional real estate holdings)

Other Assets

Description _____
Location _____
Original cost \$ _____ Current value \$ _____

Description _____
Location _____
Original cost \$ _____ Current value \$ _____

Insurance Policies

Life:
Company/agent _____
Phone _____ Policy # _____
Value \$ _____

Company/agent _____
Phone _____ Policy # _____
Value \$ _____

Health/Accident:

Company/agent _____
Phone _____ Policy # _____
Coverage _____

Company/agent _____
Phone _____ Policy # _____
Coverage _____

Disability:

Company/agent _____
Phone _____ Policy # _____
Coverage _____

Automobile:

Company/agent _____
Phone _____ Policy # _____
Coverage _____

Homeowners:

Company/agent _____
Phone _____ Policy # _____
Coverage _____

Other:

Company/agent _____
Phone _____ Policy # _____
Type of policy _____
Coverage _____

Personal Property of Value

(Automobiles, furniture, jewelry, collectibles, artwork, etc.)

Item _____ Location _____
Fair market value \$ _____

Item _____ Location _____
Fair market value \$ _____

Item _____ Location _____
Fair market value \$ _____

Item _____ Location _____
Fair market value \$ _____

Item _____ Location _____
Fair market value \$ _____

(attach additional listings and/or photos as needed in back folder)

Location of safe-deposit box(es) and/keys for access:

Business Interests

Business information: Proprietorship, partnership, corporation, etc.

Description	Share of ownership
_____	_____
_____	_____
_____	_____

Persons to contact regarding business interests (attorneys, accountants, financial advisors)

Name _____
Business _____
Address/phone _____

Name _____
Business _____
Address/phone _____

PROPERTY DISTRIBUTION PLANS

My Will

Location of my will

Date of will _____ Last review _____
Date(s) of any codicils or prior wills _____
Executor or personal representative _____
Address _____
Phone _____

Alternate Executor or personal representative

Address _____
Phone _____

Estate Attorney _____
Address _____
Phone _____

Beneficiaries of My Estate

Item(s)/\$ amount/percentage _____
Beneficiary(ies) _____
Address/phone _____

Item(s)/\$ amount/percentage _____
Beneficiary(ies) _____
Address/phone _____

Item(s)/\$ amount/percentage _____
Beneficiary(ies) _____
Address/phone _____

Item(s)/\$ amount/percentage _____
Beneficiary(ies) _____
Address/phone _____

Item(s)/\$ amount/percentage _____
Beneficiary(ies) _____
Address/phone _____
(attach additional listings as needed on page 18)

Name(s) and address(es) of guardian(s) named in my will for dependents:

Name _____
Address/phone _____

Name _____
Address/phone _____

Special instructions concerning pets:

Once you have designated beneficiaries for specific items, the remainder of your estate may be divided by percentages or dollar amounts. List beneficiaries (individuals or charity) percentage, or dollar amount each one is to receive:

Name/address of person or charity _____
_____ Percentage/\$ amount/item _____

Name/address of person or charity _____
_____ Percentage/\$ amount/item _____

Name/address of person or charity _____
_____ Percentage/\$ amount/item _____

(For free assistance with bequest wording at no obligation, please call our Development Office at 618-457-5200 ext. 67843, or email giving.info@sih.net, or have your attorney call)

Trusts Created by Will

Trustee _____
Address/phone _____
Beneficiary(ies) _____
Location of will/trust _____

Trustee _____
Address/phone _____
Beneficiary(ies) _____

Location of will/trust _____

Revocable Living Trusts

Trustee _____
Successor Trustee _____
Address/phone _____
Trust assets _____
Beneficiary(ies) _____

Location of trust agreement _____

Other Trusts

Trustee _____
Successor Trustee _____
Address/phone _____
Trust assets _____
Beneficiary(ies) _____

FUNERAL INSTRUCTIONS

Arrangements to be made at _____
Address/phone _____
Manner of burial or cremation instructions _____

Cemetery _____
Address/phone _____
Type of service I prefer _____

Please suggest memorial gifts to the following organizations:

Organization _____
Address/phone _____

Organization _____
Address/phone _____

CALCULATING YOUR NET WORTH

Taxes will shrink your estate. Use this worksheet to begin the process to find out how much. The first step is to determine your Net Worth. Once your Net Worth is established (see form below) you can work with us or your financial advisor to estimate estate settlement costs, deductions from your estate, such as charitable bequests to determine your taxable estate. The final step is to refer to the 2011 federal tax tables (page 15) to determine your preliminary federal estate tax.

If you would like assistance completing these forms, would like information on how to eliminate or reduce estate taxes, or have any questions about the benefits of wills and estate planning, please contact us.

Contact our Development Office for free no obligation assistance at **618-457-5200 ext. 67843**.

A. Assets

- | | | |
|-----|--|----------|
| 1. | Cash, savings, and bank accounts | \$ _____ |
| 2. | Mutual funds, stocks, bonds, CD's, other | \$ _____ |
| 3. | Your home (current market value) | \$ _____ |
| 4. | Other real estate (current market value) | \$ _____ |
| 5. | Individually owned personal property (cars, jewelry, collectibles) | \$ _____ |
| 6. | Your share of jointly held property | \$ _____ |
| 7. | Net equity in your business | \$ _____ |
| 8. | Life insurance proceeds | \$ _____ |
| 9. | IRA's, retirement plans, annuities | \$ _____ |
| 10. | Total Assets (add lines 1 through 9) | \$ _____ |

B. Debts

- | | | |
|-----|---|----------|
| 11. | Personal property debts (credit cards, bills) | \$ _____ |
| 12. | Mortgage loans | \$ _____ |
| 13. | Other consumer loans | \$ _____ |
| 14. | Income and property taxes | \$ _____ |
| 15. | Total Debts (add lines 11 through 14) | \$ _____ |

C. Net Worth

- | | | |
|-----|--|----------|
| 16. | Total assets (line 10) | \$ _____ |
| 17. | Total Debts (line 15) | \$ _____ |
| 18. | Net Worth (line 16 minus line 17) | \$ _____ |

DEDUCTIONS

A. Estate Settlement Costs

- | | | |
|-----|--|----------|
| 19. | Administrative expenses (attorney, accountant and executor fees, probate fees, appraisals) | \$ _____ |
| 20. | Funeral Expenses | \$ _____ |
| 21. | Total Settlement Costs (add lines 19 & 20) | \$ _____ |

B. Other Deductions from Your Estate

- | | | |
|-----|---|----------|
| 22. | Marital deduction | \$ _____ |
| 23. | Charitable bequests | \$ _____ |
| 24. | Total Deductions (add lines 22 & 23) | \$ _____ |

CALCULATING YOUR ESTATE TAX

A. Your Taxable Estate

- | | | |
|------------|---|----------|
| 25. | Net Worth (from line 18) | \$ _____ |
| 26. | Taxable gifts (made during your lifetime)* | \$ _____ |
| 27. | Total deductions (add lines 21 & 24) | \$ _____ |
| 28. | Taxable Estate (subtract lines 26 & 27 from line 25) | \$ _____ |

B. Calculating Your Estate Tax

- | | | |
|------------|--|----------|
| 29. | Taxable estate (line 28) | \$ _____ |
| 30. | Preliminary federal estate tax (use line 29 and see the Table below) | \$ _____ |
| 31. | Unified estate tax credit | \$ _____ |
| 32. | Total Estate Tax Due (subtract line 31 from 30) | \$ _____ |

* (line 26)

Under current tax laws (2008), every person may make gifts of up to \$12,000 each year to as many non-charitable persons or entities as he/she wishes. Gifts of more than \$12,000 to a single non-charitable person or entity within a single year are called taxable gifts.

Notes

Notes



Herrin Hospital
Memorial Hospital of Carbondale
St. Joseph Memorial Hospital

www.sih.net/waystogive
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giving.info@sih.net