HOLSTON FOUNDATION

PERSONAL INFORMATION RECORD BOOK

LEGACY BEGINS WITH A PLAN

Planning for the future is one of the greatest gifts we can give the people we love.

As a daughter, a wife, and a mother, I know the importance of making thoughtful plans for the future. Taking time to organize important documents, record your wishes, and communicate your plans is an act of love. It eases burdens, provides direction, and gives your loved ones the gift of peace and assurance when they need it most.

Faithful planning is also an expression of faithful stewardship. The decisions we make today can bless both the people we love and the ministries that have shaped our lives. That's one reason I am honored to serve as President and CEO of the Holston Foundation and grateful to continue its legacy of trust. Churches, clergy, lay leaders, and generous individuals have entrusted us with strengthening the ministries they love. We are committed to serving you with resources like this one because stewardship extends beyond financial giving — it also means preparing well for the future.

Legacy is not simply what we leave behind. It is what we intentionally pass forward through faithful planning, generous living, and thoughtful stewardship. By taking the time to prepare, you are offering a lasting gift to your family and to the causes that reflect your faith and values.

At the Holston Foundation, our mission is to inspire generosity, strengthen ministries, and help faithful people make a lasting impact. My prayer is that this resource will help you plan well today so that your loved ones are cared for and the ministries you cherish continue to be strengthened for generations to come.

This resource is made possible through the generosity of the Margaret Grizzell Loving Trust, whose vision helps provide this gift to individuals and families. Thank you for allowing the Holston Foundation to walk alongside you as you plan for the future. May God bless you as you prepare a legacy of faith, love, and generosity.

LeRae Edwards Collins
President & CEO
Holston Foundation

“And now faith, hope, and love remain, these three, and the greatest of these is love.”
— 1 Corinthians 13:13

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THE HOLSTON FOUNDATION

For nearly 50 years, the Holston Foundation exists to inspire generosity, strengthen ministries, and help faithful people make a lasting impact. We partner with individuals, families, churches, and ministries throughout the Holston Conference to encourage thoughtful stewardship and faithful planning for the future.

Our experienced staff provides confidential, personalized guidance at no cost to help individuals explore charitable giving, estate planning, and legacy gifts that reflect their values and support the ministries they love. We also work alongside professional advisors to develop charitable plans that meet each donor's unique goals.

In addition to serving individuals and families, the Holston Foundation is a trusted resource for local churches and ministries. We assist church leaders with establishing and strengthening endowments, developing stewardship strategies, managing invested funds, and understanding the policies that guide faithful financial stewardship within The United Methodist Church.

The Foundation also serves as trustee, custodian, and investment manager for charitable funds and endowments. We are committed to managing every gift with integrity, care, and long-term vision so that today's generosity continues to support ministry for generations to come.

Whether you are considering a legacy gift, establishing an endowment, or simply beginning the conversation about your hopes for the future, we are here to help. Our mission is to provide trusted guidance so you can make informed decisions with confidence, knowing your generosity will continue to strengthen the ministries and communities you cherish.

https://www.holstonlegacy.org/

PERSONAL INFORMATION

Full Legal Name: _____

Today's Date (start of this booklet): _____

Home Address: _____

_____

Phone Number: _____

Date of Birth: _____

Location of Birth: _____

State of Legal Residence: _____

U.S. Citizen: Yes ◯ No ◯

Social Security Number: _____

Do you have any identifying marks or scars? _____

_____

Date of Baptism: _____

Church Membership: _____

Physical Address of Church: _____

_____

Current Marital Status: _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY OR DEATH:

1. Name: _____

Home Address: _____

_____

Phone Number: _____

Email Address: _____

2. Name: _____

Home Address: _____

_____

Phone Number: _____

Email Address: _____

3. Name: _____

Home Address: _____

_____

Phone Number: _____

Email Address: _____

IMPORTANT CONTACTS

List the professionals and trusted advisors who help manage your financial, legal, medical, and personal affairs. This information can help your loved ones know who to contact when needed. Leave any sections blank that don't apply.

Attorney Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Accountant/Tax Preparer Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Banker Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Work Contact Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Insurance Agent Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Stock Broker Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Minister Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Primary Care Physician Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Other Professional Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Other Professional Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

Other Professional Name: _____

Business Address: _____

_____

Phone Number: _____

Email Address: _____

FAMILY INFORMATION

Record the full names and dates of birth of your immediated family members. Use an asterisk (*) to indicate if someone isd deceased.

Spouse: _____

Date of Birth: _____

Father: _____ **Mother:** _____

Date of Birth: _____ Date of Birth: _____

Child 1: _____ **Child 2:** _____

Date of Birth: _____ Date of Birth: _____

Child 3: _____ **Child 4:** _____

Date of Birth: _____ Date of Birth: _____

Child 5: _____ **Child 6:** _____

Date of Birth: _____ Date of Birth: _____

Child 7: _____ **Child 8:** _____

Date of Birth: _____ Date of Birth: _____

FAMILY INFORMATION

Sibling 1: _____ **Sibling 2:** _____

Date of Birth: _____ Date of Birth: _____

Sibling 3: _____ **Sibling 4:** _____

Date of Birth: _____ Date of Birth: _____

Sibling 5: _____ **Sibling 6:** _____

Date of Birth: _____ Date of Birth: _____

Grandchild 1: _____ **Grandchild 2:** _____

Date of Birth: _____ Date of Birth: _____

Grandchild 3: _____ **Grandchild 4:** _____

Date of Birth: _____ Date of Birth: _____

Grandchild 5: _____ **Grandchild 6:** _____

Date of Birth: _____ Date of Birth: _____

Grandchild 7: _____ **Grandchild 8:** _____

Date of Birth: _____ Date of Birth: _____

OTHER IMPORTANT FAMILY MEMBERS

Name: _____

Contact Info: _____

Name: _____

Contact Info: _____

Name: _____

Contact Info: _____

Name: _____

Contact Info: _____

Name: _____

Contact Info: _____

Name: _____

Contact Info: _____

MARRIAGE AND FAMILY RECORDS

Present marital status:

Single ◯ Married ◯ Divorced ◯ Separated ◯ Widowed ◯

If married:

Current spouse's full name: _____

Date of marriage: _____

Place of marriage: _____

Location of marriage certificate: _____

If previously married:

Former spouse's name: _____

Date of marriage: _____

Place of marriage: _____

Marriage ended by:

Divorce ◯ Annulment ◯ Separation ◯ Death ◯

Date of Termination: _____

Location of divorce decree, annulment papers, or death certificate: _____

EDUCATION AND TRAINING

List the schools, colleges, universities, or training programs you attended, along with any degrees, certifications, or credentials earned.

School/Institution Attended: _____

Degrees, Certification, or Program: _____

School/Institution Attended: _____

Degrees, Certification, or Program: _____

School/Institution Attended: _____

Degrees, Certification, or Program: _____

School/Institution Attended: _____

Degrees, Certification, or Program: _____

PROFESSIONAL, CIVIC, AND FAITH ORGANIZATIONS

List organizations, clubs, professional associations, or community groups that have been important to you or may need to be notified.

Name of Organization: _____

Contact Info: _____

Name of Organization: _____

Contact Info: _____

Name of Organization: _____

Contact Info: _____

Name of Organization: _____

Contact Info: _____

Name of Organization: _____

Contact Info: _____

Name of Organization: _____

Contact Info: _____

MILITARY SERVICE INFORMATION

This information may be needed to request military honors, veteran benefits, or funeral services.

Branch of Service: _____

Dates of Service: _____

Highest Rank Achieved: _____

Service Number (if known): _____

Do you have a service-connected disability?

Yes ◯ No ◯

Location of DD-214 (discharge papers) or other military records:

Document: _____

Location: _____

Document: _____

Location: _____

Document: _____

Location: _____

EMPLOYMENT INFORMATION

Current Employer: _____

Position: _____

Employer Contact Information: _____

_____

Location of employment
records or benefits information: _____

Former Employers

Company Name: _____

Dates Employed: _____

Pension or Benefits? _____

Company Name: _____

Dates Employed: _____

Pension or Benefits? _____

Company Name: _____

Dates Employed: _____

Pension or Benefits? _____

BUSINESS OWNERSHIP AND INTERESTS

List any businesses you own or have an ownership interest in, such as a sole proprietorship, partnership, corporation, or limited liability company (LLC). This information can help your family identify business assets, locate important records, and understand your ownership interests.

Business Name: _____

Business Type: _____

Ownership Share: _____

Location of Records: _____

Business Name: _____

Business Type: _____

Ownership Share: _____

Location of Records: _____

Business Name: _____

Business Type: _____

Ownership Share: _____

Location of Records: _____

CURRENT INCOME SOURCES

Check all current sources of income and investments that generate income. This information can help your family identify benefits, payments, and financial accounts that may require attention.

- ☐ Employment
- ☐ Social Security
- ☐ Pension
- ☐ Disability Benefits
- ☐ Veterans Benefits
- ☐ IRA(s)
- ☐ Annuities
- ☐ Trust Distributions
- ☐ Interest
- ☐ Dividends
- ☐ Rental Income
- ☐ Mortgage Income
- ☐ Securities
  (Stocks, Bonds, Mutual Funds)
- ☐ Other: _____

BANKING/CREDIT UNION INFORMATION

Record your bank and credit union accounts to help your family identify financial institutions and locate important account information.

1. Financial Institution: _____

Branch Address: _____

Type of Account: _____

Account Number: _____

Ownership:

◯ Individual Account

◯ Joint Account

Joint Owner (if applicable): _____

Beneficiary on File (if known): _____

2. Financial Institution: _____

Branch Address: _____

Type of Account: _____

Account Number: _____

Ownership:

◯ Individual Account

◯ Joint Account

Joint Owner (if applicable): _____

Beneficiary on File (if known): _____

3. Financial Institution: _____

Branch Address: _____

Type of Account: _____

Account Number: _____

Ownership:

◯ Individual Account

◯ Joint Account

Joint Owner (if applicable): _____

Beneficiary on File (if known): _____

IMPORTANT DOCUMENTS

Record the location of your important documents and records. Add any additional items that may be helpful for your family to locate.

Location of:

Birth Certificate _____

Social Security Card _____

Driver's License _____

Vehicle Titles and Registrations _____

Deeds and Property Titles _____

Insurance Policies _____

Tax Records _____

Military Records _____

Naturalization / Citizenship Papers _____

Adoption Papers _____

Patents and Copyrights _____

Important or Spare Keys _____

Other: _____

Other: _____

Other: _____

SAFETY DEPOSIT BOX OR HOME SAFE

Record the location of any safe deposit box or home safe, along with information that will help your family access its contents.

Safe Deposit Box

Financial Institution: _____

Box Number: _____

Key Location: _____

Joint Owner (if applicable): _____

Home Safe or Strong Box

Location: _____

Combination: _____

Key Location: _____

Person with Access: _____

Inventory of Contents

_____

_____

_____

_____

_____

_____

_____

_____

ONLINE ACCOUNTS AND LOGIN INFORMATION

Record your online accounts, including email, social media, financial, and other websites, and where your login information is stored. This information can help your family identify important digital accounts and manage or close them when appropriate.

Password Manager

Name: _____

Emergency access or location of master password:

_____

Computer Login(s)

Computer: _____

User Name: _____

Password or Location: _____

Computer: _____

User Name: _____

Password or Location: _____

Computer: _____

User Name: _____

Password or Location: _____

EMAIL ACCOUNTS

Email Address: _____

User Name: _____

Password: _____

Email Address: _____

User Name: _____

Password: _____

Email Address: _____

User Name: _____

Password: _____

Email Address: _____

User Name: _____

Password: _____

Email Address: _____

User Name: _____

Password: _____

SOCIAL MEDIA ACCOUNTS

(Facebook, X, Instagram, LinkedIn, etc.)

Platform: _____

User Name: _____

Password: _____

Platform: _____

User Name: _____

Password: _____

Platform: _____

User Name: _____

Password: _____

Platform: _____

User Name: _____

Password: _____

Platform: _____

User Name: _____

Password: _____

Platform: _____

User Name: _____

Password: _____

OTHER ONLINE ACCOUNTS

(Streaming services, shopping websites, cloud storage, subscriptions, utilities and apps on auto-pay, etc.)

Website: _____

User Name: _____

Password: _____

Website: _____

User Name: _____

Password: _____

Website: _____

User Name: _____

Password: _____

Website: _____

User Name: _____

Password: _____

Website: _____

User Name: _____

Password: _____

INSURANCE

Record your insurance policies, retirement accounts, and investment accounts to help your family identify important financial resources.

Life Insurance

Company: _____ Face Value: _____

Policy Number: _____

Beneficiary: _____

Company: _____ Face Value: _____

Policy Number: _____

Beneficiary: _____

Company: _____ Face Value: _____

Policy Number: _____

Beneficiary: _____

Auto Insurance

Company: _____ Policy Number: _____

_____

Homeowner's Insurance

Company: _____ Policy Number: _____

_____

INSURANCE

Long Term Care Insurance

Company: _____ Policy Number: _____

Annuity

Company: _____ Policy Number: _____

Qualified Retirement Plans

Type: _____ Estimated Value: _____

Financial Institution: _____

Beneficiary: _____

Type: _____ Estimated Value: _____

Financial Institution: _____

Beneficiary: _____

Type: _____ Estimated Value: _____

Financial Institution: _____

Beneficiary: _____

Type: _____ Estimated Value: _____

Financial Institution: _____

Beneficiary: _____

BROKERAGE ACCOUNTS

Record brokerage and investment accounts to help your family identify financial assets and locate account information.

Firm or Financial Advisor: _____

Account Number: _____

Approximate Value: _____

Date Recorded: _____

Joint/Individual Ownership: _____

OTHER INVESTMENTS

List any investments that are not included above.

Investment: _____

Account/Certificate Location: _____

Approximate Value: _____

Investment: _____

Account/Certificate Location: _____

Approximate Value: _____

Investment: _____

Account/Certificate Location: _____

Approximate Value: _____

PROPERTY DEEDS

Record information about your real estate and property ownership.

Residence Address: _____

Date Purchased: _____

Approximate Purchase Price: _____

Approximate Current Value: _____

Ownership:

◯ Individual

◯ Joint

Joint Owner (if applicable): _____

OTHER REAL ESTATE

Property Address: _____

Date Purchased: _____

Approximate Mortgage Balance: _____

Approximate Current Value: _____

Property Address: _____

Date Purchased: _____

Approximate Mortgage Balance: _____

Approximate Current Value: _____

Property Address: _____

Date Purchased: _____

Approximate Mortgage Balance: _____

Approximate Current Value: _____

Property Address: _____

Date Purchased: _____

Approximate Mortgage Balance: _____

Approximate Current Value: _____

MONEY OWED TO YOU

List any money owed to you, including personal loans, promissory notes, or other amounts you expect to receive. This information can help your family identify assets that might otherwise be overlooked.

Amount: _____

Owed By: _____

Location of Note or Agreement: _____

Amount: _____

Owed By: _____

Location of Note or Agreement: _____

Amount: _____

Owed By: _____

Location of Note or Agreement: _____

Amount: _____

Owed By: _____

Location of Note or Agreement: _____

DEBTS AND LIABILITIES

List your outstanding debts and financial obligations to help your family identify accounts that may need to be paid or managed.

Amount: _____

Owed to: _____

Account Information or Notes: _____

Amount: _____

Owed to: _____

Account Information or Notes: _____

Amount: _____

Owed to: _____

Account Information or Notes: _____

Amount: _____

Owed to: _____

Account Information or Notes: _____

Amount: _____

Owed to: _____

Account Information or Notes: _____

Amount: _____

Owed to: _____

Account Information or Notes: _____

PERSONAL PROPERTY

Record where your inventory of valuable personal property is kept.

I maintain a written or digital inventory of valuable personal property (such as jewelry, artwork, collectibles, vehicles, or household furnishings).

Yes ◯ No ◯

Location of Inventory: _____

FUNERAL AND BURIAL PREFERENCES

Use this section to record your wishes for your funeral, burial or cremation, and memorial service.
Sharing your preferences can provide guidance and comfort to your loved ones during a difficult time.

I own a cemetery plot: Yes ◯ No ◯

I own a cemetery vault: Yes ◯ No ◯

Cemetery name/location: _____

Location of deed to plot: _____

I have prepaid for funeral services: Yes ◯ No ◯

Preferred funeral home: _____

Address: _____

Phone Number: _____

I wish to donate my body for medical education or research. Yes ◯ No ◯

Instructions: _____

_____

_____

_____

FUNERAL/BURIAL PREFERENCES

I consent to an autopsy if medically or legally appropriate. Yes ◯ No ◯

I request cremation of my remains. Yes ◯ No ◯

Disposition of ashes as follows: _____

_____

_____

I request burial in the following manner and location:

_____

_____

I wish to have a memorial service with no casket present. Yes ◯ No ◯

I desire a funeral with my remains present. Yes ◯ No ◯

Special Requests: _____

_____

_____

_____

FUNERAL SERVICE

Use this space to record the details of the funeral or memorial service you would like your loved ones to consider.

Location: _____

Officiant(s): _____

Funeral Home: _____

Music or hymns: _____

_____

_____

Favorite Bible verses or readings: _____

_____

_____

Flower preferences: _____

_____

_____

Pallbearer preferences (if applicable): _____

_____

_____

FUNERAL SERVICE

Visitation notes and preferences:

Memorial gifts made to:

Additional service notes:

OBITUARY

Use this section to record information that will help your family prepare an obituary that reflects your life, interests, accomplishments, and values.

Location(s) where obituary should be published:

Hobbies, interests, organizations, or accomplishments to include:

OBITUARY

Additional information or personal reflections (you may also choose to write your own obituary):

LAST WILL AND TESTAMENT

Preparing a Last Will and Testament is an act of love and faithful stewardship. It gives you the opportunity to care for your family, support the ministries and organizations that matter to you, and ensure your wishes are clearly understood.

If you do not have a will, state law — not you — determines how your estate will be distributed. By taking time to create a will, you can provide clarity for your loved ones and decide how your legacy will be carried forward.

I have made a will. Yes ◯ No ◯

Date of my last will: _____

Personal Representative: _____

Alternate Personal Representative: _____

Contact Information: _____

Attorney who prepared my last will: _____

Contact Information: _____

Location of my last will (all copies): _____

Names of those with copies: _____

_____

_____

LAST WILL AND TESTAMENT

I have a durable power of attorney. Yes ◯ No ◯

Individuals who have copies: _____

_____

_____

I have a living will. Yes ◯ No ◯

LEAVING AN ETHICAL WILL

A Last Will and Testament provides instructions for distributing your property and assets. An ethical will is different. It is a personal expression of your values, faith, hopes, life lessons, and blessings for those you love.

An ethical will is not a legal document. It can be a letter to your children or grandchildren, words of encouragement to future generations, a reflection on your life's journey, or an explanation of the values that guided your decisions. For centuries, people of faith have shared stories, wisdom, and blessings as a way of passing along a legacy that cannot be measured in dollars.

Use the following pages to write your own ethical will. Share what matters most to you, express your hopes for those who come after you, explain the reasons behind your financial or charitable decisions, or leave helpful guidance for your loved ones or the person serving as your executor.

Your greatest legacy may not be what you leave behind — it may be the wisdom, faith, and love you pass on.

TRUSTS

If you have established a trust, record the information below to help your family locate important documents and contact the appropriate individuals.

I have established living trusts. Yes ◯ No ◯

1. Trustee: _____

Contact Information: _____

Attorney Who Prepared the Trust: _____

Contact Information: _____

Location of Original Trust Agreement: _____

2. Trustee: _____

Contact Information: _____

Attorney Who Prepared the Trust: _____

Contact Information: _____

Location of Original Trust Agreement: _____

3. Trustee: _____

Contact Information: _____

Attorney Who Prepared the Trust: _____

Contact Information: _____

Location of Original Trust Agreement: _____

ADDITIONAL NOTES:

Use this space to record any additional information, instructions, or reminders that may be helpful to your family, personal representative, or trusted advisors.

FREQUENTLY ASKED QUESTIONS

The following information is provided for general educational purposes and is not intended as legal or tax advice. Because every person's circumstances are unique, we encourage you to consult an attorney and other professional advisors when creating or updating your estate plan.

1. Why do I need an estate plan?

An estate plan helps ensure your wishes are carried out, your loved ones are cared for, and important financial and healthcare decisions can be made if you are unable to make them yourself.

2. Is a will enough?

A will is an important part of an estate plan, but many people also benefit from documents such as financial and healthcare powers of attorney, an advance directive, and, in some cases, a trust. An attorney can help determine what is appropriate for your situation.

3. What is the difference between a will and a trust?

A will directs how your assets are distributed after your death and allows you to name guardians for minor children. A trust may provide additional benefits, such as avoiding probate for certain assets, managing property during your lifetime, or providing ongoing care for beneficiaries. Not everyone needs a trust, but it may be appropriate depending on your circumstances.

4. Do I still need a will if I have beneficiary designations?
Yes. Beneficiary designations control assets such as retirement accounts and life insurance, but they do not replace a will. A will helps to ensure the rest of your estate is distributed according to your wishes.

5. Who should I choose to make decisions for me?
Select people you trust to serve as your executor, financial agent under a power of attorney, healthcare agent, trustee (if needed), and guardian for minor children. Talk with them beforehand so they understand your wishes and are willing to serve.

6. What is an advance directive?
An advance directive allows you to express your healthcare wishes and appoint someone to make medical decisions if you cannot speak for yourself. The name and requirements vary by state.

7. What documents should I keep together?
Keep your will, trust documents, powers of attorney, advance directive, insurance policies, deeds, account information, and other important records in a secure location. Let your executor or a trusted family member know where these documents can be found.

8. How often should I review my estate plan?
Review your estate plan every three to five years, or whenever you experience a major life event such as marriage, divorce, the birth of a child or grandchild, retirement, or the death of a loved one.

9. How often should I review my beneficiary designations?
Review beneficiary designations whenever you update your estate plan or experience a significant life event. Retirement accounts, life insurance policies, and many financial accounts pass directly to the named beneficiaries, regardless of what your will says.

10. Can I include my church or favorite ministry in my estate plan?
Yes. Many people choose to include their local church, the Holston Foundation, or other ministries they care about as part of their legacy. Even a small percentage of your estate can make a lasting difference for future generations.

11. Can I leave a percentage of my estate instead of a specific dollar amount?
Yes. Many charitable bequests are written as a percentage of an estate, a percentage of the remaining estate after other gifts have been made, or a specific asset. Your attorney can help determine the best approach for your goals.

12. How can the Holston Foundation help?

Review your estate plan every three to five years, or whenever you experience a major life event such as marriage, divorce, the birth of a child or grandchild, retirement, or the death of a loved one.

The Holston Foundation is available to help you explore charitable giving options, provide sample bequest language, and discuss ways your legacy can support the churches and ministries you care about most. We are happy to work alongside you and your professional advisors as you make these important decisions.

More Questions?

The Holston Foundation is available to provide confidential, no-obligation assistance as you consider your charitable legacy. While we do not provide legal or tax advice, we are happy to help you explore giving options, discuss your charitable goals, and provide sample language to share with your attorney or financial advisor.

Whether you choose to establish an endowed fund, create a donor-advised fund, include a charitable bequest in your will, or explore other planned giving options, the Holston Foundation can help you create a gift that reflects your values and strengthens ministry for generations to come. You may choose to support your local church, a favorite ministry, the ministries of the Holston Conference, Methodist Universities, or other Methodist causes that are meaningful to you.

HOLSTON FOUNDATION

On behalf of your loved ones, thank you for taking the time to work through this booklet. We know it can be overwhelming, and we want you to know that we are here to help.

A planned gift is an opportunity to create a lasting legacy!

Our team is available to answer your questions, provide sample bequest language, and work alongside you and your professional advisors as you plan your legacy.

The HOLSTON FOUNDATION

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