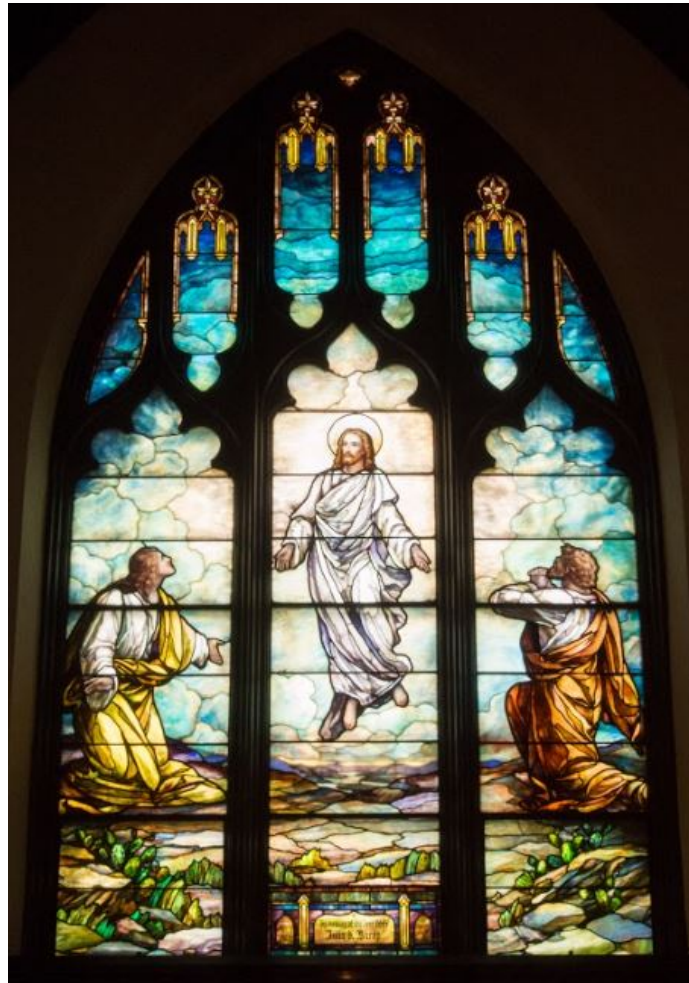


# *The Omega File*

*A Life-Planning Aid for Christians and their Families*



*Jesus said, " I am the Alpha  
and the Omega, the first and  
the last, the beginning and the  
end."*

*Revelations 22:13*

**Saint James Episcopal Church  
Warrenton, Virginia**

# The Omega File

(Revised February 2017)

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# INTRODUCTION

THE OMEGA FILE is offered by St. James' to help bring peace to you and your loved ones during stressful times. It is also intended to help you make provisions for your affairs as directed on page 445 of the Book of Common Prayer.

*“The Minister of the Congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision for the wellbeing of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses.”*

THE OMEGA FILE is intended to help you organize and prepare documents, which will put your affairs and desires in one place for your loved ones when you are sick or when you die. This is a book for anyone who wants to make things easier for family and friends in case of emergency or death. Included are documents to help your loved ones know about your Will, health care directives, organ donation desires, funeral plans, business affairs, charity intentions, and most anything else you want people to know when you are not able to personally tell them.

PLEASE NOTE THAT NONE OF THIS INFORMATION IS A LEGAL DOCUMENT, AND THE OMEGA FILE DOES NOT TAKE THE PLACE OF A WILL. Plan to leave your OMEGA FILE in a place accessible and known to your next of kin and/or executor. Safe deposit boxes are sealed at a person's death and are not a good place to leave documents which need to be used immediately after death.

**By planning and preparing for our death, we honor our family and demonstrate our values by serving those individuals and organizations that have meaning in our life. Please make or update your Will and give prayerful consideration to leaving a bequest or end-of-life gift to The St. James' Endowment Fund.**

**It is a wonderful opportunity to make a positive difference in the world!**

For more information about end-of-life planning and/or charitable giving, contact:

Barry Hamilton, Chairman  
St. James' Endowment Fund  
73 Culpeper Street  
Warrenton, Virginia  
(540) 347-4342

# PERSONAL INFORMATION

(Date of most recent information update : \_\_\_\_\_)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Second Address (if applicable): \_\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Do you have a Will? \_\_\_ Yes \_\_\_ No – If yes, date of last update: \_\_\_\_\_

Do you have a trust agreement? \_\_\_ Yes \_\_\_ No

Do you have a power of attorney? \_\_\_ Yes \_\_\_ No

Do you have an advance medical directive? \_\_\_ Yes \_\_\_ No

Do you wish to be an Organ Donor? \_\_\_ Yes \_\_\_ No – If yes, the particulars of which are known to, or recorded at: \_\_\_\_\_

Are you entitled to Military Benefits? \_\_\_ Yes \_\_\_ No

Dates of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Veteran's Service Organization to contact: \_\_\_\_\_

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

**Spouse's Full Name:** \_\_\_\_\_

Living: \_\_\_ Yes \_\_\_ No – If No, Date of Death \_\_\_\_\_

Former Spouse: \_\_\_ Yes \_\_\_ No – If yes, Name \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_

Citizenship: \_\_\_\_\_

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

Does your Spouse have a Will? \_\_\_ Yes \_\_\_ No; Last Will Executed on: \_\_\_\_\_

**Deceased or Former Spouse's Full Name:** \_\_\_\_\_

Date and Place of:

Marriage \_\_\_\_\_

Death \_\_\_\_\_

Divorce \_\_\_\_\_

Former Spouse's:

Social security number \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone Number \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

Living: \_\_\_ Yes \_\_\_ No

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth/Place: \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

Living: \_\_\_ Yes \_\_\_ No

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth/Place: \_\_\_\_\_

**Other Living Relatives:**

1) Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

2) Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

3) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

4) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

5) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

6) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

7) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

# NOTIFICATION INFORMATION

**First Person to Contact in case of Illness or Death:**

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

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Second Person to Contact in case of Illness or Death:**

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

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Persons to be Notified:**

1) Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3) Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

4) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

5) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**The following person has agreed to care for my children:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**My children's pediatrician is:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**The following person has agreed to care for my pets:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Names/Types of Pets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My veterinarian(s) is:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_



# BUSINESS AND PROFESSIONAL INFORMATION

**My Employer is:**

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

Address: \_\_\_\_\_

Person to contact at Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Attorney is:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Financial Advisor/Broker is:**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Accountant/Tax Advisor is:**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Banker is:**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Executor is:**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Co-Executor is:**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Trustee is:**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Power of Attorney is:**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Advance Medical Directive Agent is:**

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

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Doctors are:**

1) Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2) Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3) Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My Insurance agents/companies are:**

1) Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

4) Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

5) Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## LOCATION OF IMPORTANT DOCUMENTS

The following documents may be necessary in establishing rights to insurance, pensions, Social Security, ownership, relationship, etc. Indicate location for each item listed.

**Code: (H) Home (D) Safe Deposit Box (O) Office (A) Attorney**

Document	Code	Other Location
Will		
General Durable Power of Attorney		
Durable POA for Health Care / Advance Medical Directive		
Trust Agreements		
Adoption Papers		
Military discharge papers		
Social Security card		
Medicare and Medicaid cards		
Real Estate Title		
Mortgage papers		
Inventory of household goods		
Marriage License		
Divorce Decree/Property Settlement		
Passport or Citizenship papers		
Automobile Title (First Vehicle)		
Automobile Title (Second Vehicle)		
Bank books/Checkbooks		
Bank Statements		
Tax papers for current year		
Tax returns for last 5 years		
Birth Certificate		
Survivor's pension info		
Insurance policies:		
Life		
Health		
Disability		
Automobile		
Excess Liability		
Long-term care		
Stock Certificates/investments		
Long-term care facility contract		
Keys to cars and property		
Address book/wallet/cell phone		
Other		



# FUNERAL INFORMATION

Please mail or deliver a signed copy of this section to:

The Rector  
St. James' Episcopal Church  
73 Culpeper Street  
Warrenton, Virginia 20186

Date: \_\_\_\_\_

**My Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

**Medical directives which you would like to make known to the clergy of St.**

**James's:** \_\_\_\_\_

**Location of advance plans for my funeral and burial:** \_\_\_\_\_

**The first person to notify of my illness or death:**

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

Address: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

**The person responsible for making plans for my funeral and burial:**

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

Address: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

**My attorney:**

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

Address: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

**Funeral director:**

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

Address: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

I have made the following arrangements with this funeral director on (date): \_\_\_\_\_

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

I am to be an organ donor: \_\_\_ Yes \_\_\_ No, the particulars of which are known to, or recorded at:

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

**Cremation:**

Do you wish to be cremated? \_\_\_\_\_ Yes \_\_\_\_\_ No.

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

My ashes are to be buried or disposed of in the following manner (Note: Cremation does not affect the nature of service or the place of burial.): \_\_\_\_\_

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

**Coffin:**

If you do not wish to be cremated, where would you like to be buried?

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

The legal description of my cemetery lot is: \_\_\_\_\_

Coffin specifications: \_\_\_least expensive \_\_\_mid-range \_\_\_elaborate

My wishes for the headstone, ground plaque, epitaph are: \_\_\_\_\_

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

I \_\_\_ do, \_\_\_ do not wish to have my coffin open when my friends visit.

I would like to have visitors received at \_\_\_my home, \_\_\_the funeral home, or

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

**THE FUNERAL SERVICE**

If it pleases my family I would like the following type of funeral service:

\_\_\_\_\_ Rite I or \_\_\_\_\_ Rite II

\_\_\_\_\_ Burial Office w/o Eucharist (communion)

\_\_\_\_\_ Burial Office w/Eucharist (communion)

\_\_\_\_\_ Church service with burial immediately following for family and friends

\_\_\_\_\_ Church service for family and friends with private burial later for family only

\_\_\_\_\_ Memorial service in church with burial either public or private as my family prefers

\_\_\_\_\_ Reception following the service in the parish hall

\_\_\_\_\_ Graveside service only

\_\_\_\_\_ Other requests: \_\_\_\_\_

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

## Scripture Readings and Hymns:

### Suggestions From the Old Testament

- \_\_\_\_\_ Isaiah 25:6-9 (“He will swallow up death for ever...”)  
\_\_\_\_\_ Isaiah 61:1-3 (“To comfort those who mourn...”)  
\_\_\_\_\_ Lamentations 3:22-26,31-33 (“The Lord is good to those who wait for him...”)  
\_\_\_\_\_ Wisdom 3:1-5,9 (“The souls of the righteous are in the hands of God...”)  
\_\_\_\_\_ Job 19:21-27a (“I know that my Redeemer lives...”)

Other: \_\_\_\_\_

Suggested Psalms to follow the Old Testament: \_\_\_42:1-7, \_\_\_46, \_\_\_90:1-12, \_\_\_121, \_\_\_130,  
\_\_\_139:1-11, Other \_\_\_\_\_

### Suggestions From the New Testament

- \_\_\_\_\_ Romans 8:14-19,34-35,37-39 (“The glory that shall be revealed...”)  
\_\_\_\_\_ Corinthians 15:20-26,35-38,42-44,53-58 (“The imperishable body...”)  
\_\_\_\_\_ 2 Corinthians 4:16--5:9 (“Things that are unseen are eternal...”)  
\_\_\_\_\_ 1 John 3:1-2 (“We shall be like him...”)  
\_\_\_\_\_ Revelation 7:9-17 (“God will wipe away every tear...”)  
\_\_\_\_\_ Revelation 21:2-7 (“Behold, I make all things new...”)

Other: \_\_\_\_\_

Suggested Psalms to follow the New Testament: \_\_\_23, \_\_\_27, \_\_\_106:1-5, \_\_\_116

Other: \_\_\_\_\_

### Suggestions From The Gospel

- \_\_\_\_\_ John 5:24-27 (“He who believes has everlasting life...”)  
\_\_\_\_\_ John 6:37-40 (“All that the Father gives me will come to me...”)  
\_\_\_\_\_ John 10:11-16 (“I am the good shepherd...”)  
\_\_\_\_\_ John 11:21-27 (“I am the resurrection and the life...”)  
\_\_\_\_\_ John 14:1-6 (“In my Father's house are many rooms...”)

Other: \_\_\_\_\_

### Suggestions for Hymns:

Hymn Suggestions for Omega File:

- |   |   |
|---|---|
| 208 – <i>The Strife is O'er</i>                     | 671 – <i>Amazing Grace</i>                |
| 287 – <i>For All the Saints</i>                     | 680 – <i>O God Our Help in Ages Past</i>  |
| 293 – <i>I Sing a Song of the Saints of God</i>     | 685 – <i>Rock of Ages</i>                 |
| 383 – <i>Fairest Lord Jesus</i>                     | 688 – <i>A Mighty Fortress is Our God</i> |
| 405 – <i>All Things Bright and Beautiful</i>        | Other Hymns:                              |
| 482 – <i>Lord of All Hopefulness</i>                | <i>Great is Thy Faithfulness</i>          |
| 488 – <i>Be Thou My Vision</i>                      | <i>I'll Fly Away</i>                      |
| 490 – <i>I Want to Walk as a Child of the Light</i> | <i>When We All Get to Heaven</i>          |
| 555 – <i>Lead on, O King Eternal</i>                | <i>What A Friend We Have in Jesus</i>     |
| 645 – <i>The King of Love, My Shepherd Is</i>       | <i>Blest Are They (Beatitudes)</i>        |
| 657 – <i>Love Divine, All Loves Excelling</i>       | <i>On Eagle's Wings</i>                   |

Other: \_\_\_\_\_



**Service Participants:**

I would like the following clergy to officiate and/or assist at my service: \_\_\_\_\_

\_\_\_\_\_

If it suits my family, I would like the following people (8) to be invited to be pallbearers:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

You may want to offer suggestions for some of the participants in the church service. If not, the church will gladly have trained parishioners to take care of these for you.

Crucifer (1) \_\_\_\_\_

Acolytes (2) \_\_\_\_\_

Readers (1, 2 or 3) \_\_\_\_\_

\_\_\_\_\_

Lay Eucharistic Minister \_\_\_\_\_

Ushers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other:**

On my casket at the grave, please use the: \_\_\_\_\_ Church's pall  
\_\_\_\_\_ American flag \_\_\_\_\_ fresh flowers \_\_\_\_\_ evergreens in a blanket.

In lieu of flowers, I would like for my family to consider memorial gifts in my name to:

\_\_\_\_\_

\_\_\_\_\_

Special requests to my church and my clergy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My obituary should be in the following newspapers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## MEDICAL INFORMATION

### DOCTORS

Doctor's Name	Specialty	Address	Telephone

### HOSPITALS

Hospital Name	Address	Telephone

### DRUGS TAKING

Date started	Drug name and reason for taking	Dosage and number each day	Physician

**THINGS TO KNOW**

<b>Question</b>	<b>Answer</b>
Where is your Durable POA for Health Care located?	
Who is named to have authority under this document? What is their contact information?	
What is your blood type?	
What are your medication allergies?	

**HEALTH INSURANCE POLICIES**

<b>Type of Coverage and location of policy and cards</b>	<b>Company and contact information</b>	<b>Policy Number</b>

**Complete a copy of this page for yourself and anyone dependent on you for their medical care.**

### MEDICAL CONDITION

Condition	Yes	No	Condition	Yes	No
Allergies (if yes, explain below)			Asthma		
Heart failure			Hay fever		
Heart disease or attack			Sinus trouble		
Angina pectoris			Radiation therapy		
Congenital heart disease			Chemotherapy		
Heart murmur			Hepatitis A (infectious)		
High blood pressure			Hepatitis B (serum)		
Arteriosclerosis			Venereal disease		
Mitral valve prolapse			AIDS		
Artificial heart valve			HIV positive		
Heart pacemaker			Blood transfusions		
Heart surgery			Hemophilia		
Rheumatic fever			Anemia		
Arthritis			Sickle cell disease		
Rheumatism			Liver disease		
Cortisone medicine			Yellow jaundice		
Drug or alcohol dependency			Epilepsy or seizures		
Stroke			Fainting or dizzy spells		
Artificial joints			Nervous disorders		
Kidney trouble			Tumors		
Ulcers			Developmental disability		
Diabetes			Mental illness		
Thyroid problems			Special diet		
Glaucoma			Weight gain or loss over 10#		
Cancer			Pregnant		
Emphysema			Nursing		
Chronic cough			Taking birth control pills		
Tuberculosis			Other		
Cataracts			Deafness/hearing aids		
Other					

Immunizations:	Date:

**Describe any illnesses, surgeries, treatments or circumstances which should be known to anyone providing you medical care.**

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**List any medical history of parents and grandparents which could benefit your children or siblings with their medical care. This information should include ages and cause of deaths as well as possible hereditary, congenital or unusual medical problems or abnormalities.**

**MEDICAL HISTORY**

<b>Name and Relationship</b>	<b>Current Health</b>	<b>Date/Age at Death</b>	<b>Medical Information or Cause of Death</b>
<b>Father</b>			
<b>Mother</b>			
<b>Maternal Grandmother</b>			
<b>Maternal Grandfather</b>			
<b>Paternal Grandmother</b>			
<b>Paternal Grandfather</b>			
<b>Sibling</b>			

# FINANCIAL INFORMATION

## ASSETS - BANKING AND INVESTMENT ACCOUNTS

Name/Financial Institution	Account Number	Contact Name	Contact Number
Checking Accounts:			
Savings Accounts:			
Money Markets/CDs:			
Stocks:			
Bonds:			
Mutual Funds:			
IRAs/Keogh:			
Pension Plans:			
Trusts:			



### ASSETS – PROPERTY

Description of Property	Location of Property	Names on Title	Location/Date of Title
<b>Personal Property (Auto, boat, RV, etc.):</b>			
<b>Other Tangible Property:</b>			
<b>Real Estate:</b>			
<b>Primary Residence</b>			
<b>Other Real Estate Holdings</b>			

### LIABILITIES

Loan	Lien Holder	Original Amount	Term	Begin Date	End Date
Home Mortgage					
Auto					
Bank					
Other					

### CREDIT CARDS

Company	Visa, MC, Other	Account Number	Expiration Date	Pin Number

Do you have identity theft insurance on your credit cards?

Policy number: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

### DEBIT CARDS

Bank/ Company	Account Number	Expiration Date	Pin Number

Credit cards and loans which carry insurance on balance in case of death:

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Persons dependent on you for support (name, type, amount, and contact information):

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Bank Accounts and Credit Cards that have automatic payments deducted:

Bank or Card	Account Number	Purpose/Payee	Frequency	Amount

Bank Accounts that have automatic deposits made:

Bank	Account Number	Purpose/Payee	Frequency	Amount

# PLANNED GIVING AT ST. JAMES'

## What is the St. James' Endowment Fund?

The St. James' Endowment Fund, Incorporated, a nonprofit corporation, was established by the St. James' Vestry in 1994. Income from the Endowment Fund is available for:

- Capital needs of the Church
- Seed money for new ministries and special one-time projects or expenses
- Such other purposes as are specifically designated by donors

It is the policy of the St. James' Endowment Fund Committee and the St. James' Vestry that the income of the Endowment Fund will not be used for general operating expenses.

As we plan for the future, it is helpful to St. James' and the Endowment Fund to know of your plans for the future of St. James's.

. By building on the 200 Year foundation of our church and giving to benefit future generations, we practice responsible stewardship of all that God has entrusted to us.

## How do I make a gift to the St. James' Endowment Fund?

First you should contact your attorney or financial advisor. St. James' is not engaged in providing legal or tax advice. The ways to give include:

- **Outright Lifetime Gifts** of cash, securities or other valuables.
- **Bequests** are made by naming St. James' Endowment Fund as a beneficiary in your Will, codicil, or trust agreement.
- **Life Insurance** policies may name St. James' Endowment Fund as beneficiary and as the owner for which you pay the premiums.
- **Charitable Gift Annuity** guarantees a fixed annual payment to the donor or designee for life in exchange for the donor's transfer of a certain amount of cash or securities to the church. The asset is an immediate tax deduction, and a part of the income received by the donor each year may be tax free.
- **Charitable Remainder Trust** allows the donor to transfer appreciated assets to the trust and receive a charitable income or estate tax deduction. An annuity or unit trust amount is paid to an individual beneficiary for a term of years or until death at which time the assets are distributed to St. James' Endowment Fund free of estate taxes.
- **Charitable Lead Trust** allows the donor to provide for the Endowment Fund for a predetermined number of years. At the end of the period, the assets will pass to the donor's designee at a reduced gift tax rate.
- **Retirement Plan Benefits and IRAs** designating the St. James' Endowment Fund, Incorporated, as beneficiary will pass funds to the Endowment Fund free of income tax and estate tax.

## Where can I get more information about planned giving?

Contact Barry Hamilton, Chairman, St. James Endowment Fund Committee, 73 Culpeper Street, Warrenton, VA 20186

# **LEGACY GIFT FOR THE FUTURE OF ST. JAMES'**

TO: St. James' Episcopal Church and The St. James' Endowment Fund Committee

FROM: \_\_\_\_\_

A. I am pleased to make known my legacy gift for the future life and ministry at St. James' which will be made to the St. James' Endowment Fund. My gift is one of the following (Please check appropriate box):

A will bequest or trust distribution naming St. James' Endowment Fund, Incorporated, as a beneficiary in my will dated \_\_\_\_\_ or in a codicil to my will dated \_\_\_\_\_.

I estimate today's value of the bequest to be \$\_\_\_\_\_.

Another type of planned gift as described below.

\_\_\_\_\_

The value or estimated value of this planned gift to the Endowment Fund is:

\$\_\_\_\_\_

B. The people of St. James' Episcopal Church and the St. James' Endowment Fund, are grateful for your legacy gift to St. James's. In appreciation of your generosity and devotion, we would like to recognize you as a having made a planned gift to St. James'.

\_\_\_\_\_ I give permission to include my name only on a list of donors \_\_\_\_\_ I would prefer that my gift remain anonymous

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This information will remain confidential.**

**It will be acknowledged and a copy of this form returned to you for your files.**

Please return a signed copy of this to:

Laura Cline  
Accountant  
St. James Episcopal Church  
Warrenton, VA 20186