

# Catholic Estate & End-of-Life *Planning Guide*



Catholic  
Foundation  
*of the South Plains*

*Gather, Grow, Give*

*Note: This Guide is not a legal document and should not substitute for a will or an estate plan. You are strongly advised to consult your lawyer, account, and financial advisor during the estate planning process.*



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## ***Estate & End-of-Life Planning Guide for Catholics***

As Catholics, each of us is called to be a good steward of the gifts that God has entrusted to our care. We are simply caretakers and custodians of what belongs exclusively and entirely to God.

For people of faith, thoughtful and careful estate planning is a key component of stewardship. Having a charitable estate plan can be considered a final act of stewardship.

This guide is intended to serve as a tool to organize essential information for your estate planning as well as an invaluable resource for family and friends upon your death. Our hope is that your estate plan will reflect your lifetime of love for them, your Catholic faith, and generosity to others. May it give glory to God!

“Each of you should use whatever gift you have received to serve others, as faithful stewards of God’s grace in its various forms.” 1 Peter 4:10



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## End of Life Stewardship

The United States Conference of Catholic Bishops instructs us in their pastoral letter, *Stewardship: A Disciple's Response*, that “a Christian steward is one who receives God’s gifts gratefully, cherishes and tends them in a responsible and accountable manner, shares them in justice and love with others, and returns them with increase to the Lord.” Ideally, Christian stewardship impacts all phases of our life, including our plans for the use of our worldly goods and resources even after our death. We ask for your prayerful consideration of a planned gift to further build Christ’s kingdom in your legacy.

Planned gifts can take the form of cash, securities, life insurance, real estate, or other personal property. A planned gift not only gives you a tax advantage, but it also can leave a legacy to a cause that is important to you. For example, you may wish to include seminarian education, support for the St. Francis Mission Sisters, the Nurturing Center, Catholic education, or your parish in your estate plan.

These gifts may be attractive for several reasons:

- It is a further demonstration of your response to our Lord in thanksgiving for His many blessings during your lifetime.
- It can provide you with the satisfaction of knowing that your gift will have a major impact on the benefiting charity.
- Your estate will be entitled to a charitable income tax deduction.
- It can provide for favorable capital gain tax results.
- It can assist in minimizing estate taxes.

There are different ways to make a planned gift; consider these options:

- Bequest
- Charitable Gift Annuities
- Life Insurance Policy

It is easy to arrange a planned gift. We recommend you consult with your legal and financial advisors as a first step. The Catholic Foundation of the South Plains is available to assist in your efforts to finalize your plans.



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## Personal Info

Your full legal name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Home phone/cell phone: \_\_\_\_\_

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

Date of birth/birthplace: \_\_\_\_\_

Location of birth certificate/adoption documents: \_\_\_\_\_

Social security number/location of card: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Spouse's full legal name: \_\_\_\_\_

Date of marriage/location of certificate: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Home phone/cell phone: \_\_\_\_\_

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

Date of birth/birthplace: \_\_\_\_\_

Location of birth certificate/adoption documents: \_\_\_\_\_

Social Security number/location of card: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_



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## Employment and Military Service

Are you retired?  Yes  No

### Employer contact information

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

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

Supervisor: \_\_\_\_\_

Current Benefits and Location of Documents: \_\_\_\_\_

Position: Start Date (and end date, if retired): \_\_\_\_\_

Ownership interest?  Yes  No

### Employer contact information

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

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

Supervisor: \_\_\_\_\_

Current Benefits and Location of Documents: \_\_\_\_\_

Position: Start Date (and end date, if retired): \_\_\_\_\_

Ownership interest?  Yes  No

### Military Service

Veteran?  Yes  No Active Duty or Reserve? \_\_\_\_\_

Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Service Number: \_\_\_\_\_

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

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



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## Family Information

First Child's Full Name: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_

Social security number/Driver's license number and state: \_\_\_\_\_

Second Child's Full Name: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_

Social security number/Driver's license number and state: \_\_\_\_\_

Third Child's Full Name: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_

Social security number/Driver's license number and state: \_\_\_\_\_

Fourth Child's Full Name: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_

Social security number/Driver's license number and state: \_\_\_\_\_

\*Attach additional sheet for information on more than four children.



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## Advisor Information

Primary Physician: \_\_\_\_\_

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

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

Attorney: \_\_\_\_\_

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

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

Accountant: \_\_\_\_\_

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

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

Investment Planner: \_\_\_\_\_

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

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

Life Insurance Agent: \_\_\_\_\_

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

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



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## Important Documents

Keep these documents together in a safe place:

- Your legal name in full
- Will
- Living will
- Durable power of attorney
- Obituary (if pre-written)
- Safe deposit box number/location of safe deposit box key
- Loans and other liabilities
- Marriage certificate
- Family birth certificates
- Investment/bank account info
- Health insurance policy
- Long Term Care policy
- Disability insurance policy
- Funeral policy
- Deed for cemetery property
- Mortgages and notes
- Valuables and other assets
- Military discharge papers (DD-214)
- Deeds and titles
- Homeowner's insurance policy
- Auto insurance policy
- Income tax records
- Business cards of professionals who prepared any estate documents



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## Wills and Trusts

Do you have a will?  Yes  No

Document title: \_\_\_\_\_

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

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

Executor or personal representative: \_\_\_\_\_

Alternate executor or personal representative: \_\_\_\_\_

Are you the creator or beneficiary of any trusts?  Yes  No

If you checked yes above:  Creator  Beneficiary

Type of trust:  Revocable  Irrevocable

Document title: \_\_\_\_\_

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

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

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

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



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## Financial Power of Attorney

Have you signed a financial durable power of attorney?  Yes  No

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

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Effective date for power holder to act:

Immediately  Upon your incapacity  Other

Are you the creator or beneficiary of any additional trusts?  Yes

If you checked yes above:  Creator  Beneficiary

Type of trust:  Revocable  Irrevocable

Document title: \_\_\_\_\_

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

Prepared by (name, title, contact information): \_\_\_\_\_

Location of original document: \_\_\_\_\_

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

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



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## Living Will & Power of Attorney

Based on the principle of human dignity, the Catholic Church believes that the right to make medical decisions belongs to the individual. Human life is a gift from God and each person is a steward of that gift. The Church provides specific guidelines on which means to preserve life may be accepted or rejected. The *Catechism of the Catholic Church* states that “Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of ‘over-zealous’ treatment. Here one does not will to cause death; one’s inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.” (#2278)

### **A LIVING WILL or ADVANCE MEDICAL DIRECTIVE**

An advance medical directive (AMD) is a legal document that allows a person to specify the medical treatment he wants and does not want if he is unable to verbalize his wishes.

There are generally four parts:

1. Naming another person to act as your health care agent in the event you are incapacitated
2. Detailed instructions on what types of health care you do and do not want
3. Preferences regarding organ and tissue donation
4. Your witnessed signature.

The Pro-Life Committee of the United States Conference of Catholic Bishops has published a pamphlet entitled “*Advance Medical Directives: Planning for Your Future*,” which is helpful with the decisions made for these documents. It is available at [Advance-Medical-Directives-RLP2014-Bulletin.pdf \(uscgb.org\)](http://Advance-Medical-Directives-RLP2014-Bulletin.pdf)



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## Health Care Power of Attorney

A *Health Care Power of Attorney* or Health Care Proxy is a document that allows you to name an adult who will make health care decisions for you if you become unable to do so. This means that if you are incapacitated or too ill to communicate your health care preferences to your doctors, this individual has your authority to speak for you. Catholics will want to ask individuals whom they know will respect the Church's teachings regarding end-of-life care.

A *Living Will* and Health Care Power of Attorney will help to ensure that your wishes regarding life-sustaining treatment are followed regardless of your age and that your prior decisions are followed or made for you by the person you choose. As a Catholic, you will want to direct this person to request the Sacraments of Anointing of the Sick/Viaticum. It would be helpful to name the priest to administer this and information on how to contact him.

It is important to fill out both documents because they address different aspects of your medical care. A Living Will applies only when you are terminally ill and unable to communicate your wishes for treatment. A Health Care Power of Attorney becomes effective when you are unconscious and medical decisions need to be made by your designated proxy.



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## Living Will and Health Care Power of Attorney

**Do you have a living will?**     **Yes**     **No**

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

Prepared by (name, title, contact information): \_\_\_\_\_

Location of document: \_\_\_\_\_

Name of Contact Person(s) in Living Will: \_\_\_\_\_

**Do you have a health care power of attorney or Health Care Proxy?**

**Yes**     **No**

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

Prepared by (name, title, contact information): \_\_\_\_\_

Location of document: \_\_\_\_\_

Name of Health Care Power of Attorney: \_\_\_\_\_



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## Long Term Care

\_\_\_\_\_ I do not have long term care insurance, which would provide financial assistance for my personal care at home or in a nursing home.

\_\_\_\_\_ I have long term care insurance.

Name of insurance company: \_\_\_\_\_

My insurance agent is: \_\_\_\_\_

Office and Phone Number: \_\_\_\_\_

\*I have attached the business card to this page.

If I need assistance in my present living situation, I prefer to have assisted care professionals help me so that I can stay in my present residence as long as possible. I recognize that my financial situation and ability to care for myself may place limits on this option. If I were no longer able to live at my present residence due to financial and/or medical reasons, I would prefer to live at the following places. I ask that they be considered in the following order:

**My family member(s) listed below with whom I have discussed this option:**

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

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

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

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

**The following personal care, assisted living residence(s), or nursing facility**

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

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

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

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



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## Funeral Services

"At the death of a Christian, whose life of faith was begun in the waters of Baptism and strengthened at the Eucharistic table, the Church intercedes on behalf of the deceased because of its confident belief that death is not the end, nor does it break the bonds forged in life. The Church also ministers to the sorrowing and consoles them in the funeral rites with the comforting Word of God and the Sacrament of the Eucharist." (*Order of Christian Funerals*, no. 4)

The Catholic funeral rite is divided into parts: the vigil, the funeral liturgy, and the committal.

### **Vigil Service (*Wake*)**

"At the Vigil, the Christian community keeps watch with the family in prayer to the God of mercy and finds strength in Christ's presence" (*Order of Christian Funerals*, no. 56). The Vigil Service allows family and friends to remember together the life of the deceased. In these prayers we ask God to console us in our grief and give us strength to support one another. The *Order of Christian Funerals* has a ritual to prayerfully celebrate the vigil. It can include the rosary, Scripture readings, music, and a video tribute.

### **Funeral Liturgy** (or Memorial if a body is not present)

The Church encourages the celebration of the funeral liturgy at a Mass. The funeral Mass should ordinarily be held in the parish where the deceased was a member; it is in this parish community where the family and friends can receive support for the grieving process. At the funeral liturgy, the Church gathers to give praise and thanks to God for Christ's victory over sin and death, to commend the deceased to God's tender mercy and compassion, and to seek strength in the proclamation of the Paschal Mystery. The funeral liturgy, therefore, is an act of worship, and not merely an expression of grief.

When Mass cannot be celebrated, a funeral liturgy outside Mass can be celebrated at the church or in the funeral home. A funeral without a Mass still celebrates the mystery of God and commends the deceased to His care.



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## **Rite of Committal (Burial or Interment)**

The Rite of Committal is the final act of the community of faith in caring for the body of its deceased member. At the graveside or crematorium, the community relinquishes the body and lovingly turns it over to God in its final resting place. The Rite of Committal is an expression of the communion that exists between the Church on earth and the Church in heaven.

## **Cremation**

Cremation has been an acceptable alternative to ground burial for Catholics since 1963. The *Order of Christian Funerals* instructs that the cremated remains be brought to the church for the funeral. A picture of the deceased can be placed beside the cremated remains. If the cremation will take place after the funeral, arrangements can be made for a temporary casket to have the body present during the vigil and funeral.

The Catholic Church teaches that the remains are not just ashes but are sacred as a body created in God's image. The cremated remains are not to be scattered openly or kept in an urn at home. They should be placed in a crematorium to which people may return for remembrance and prayer.

## **Obituary**

Writing your own obituary can be part of your end-of-life planning and a way that you would like to be remembered. It is an opportunity to reflect on your life, your accomplishments, your passions, and your quirks.

Your loved ones will thank you. Pulling together an obituary after someone dies can be difficult. They would need to track down a resume, find dates and other important facts while at the same time grieving and planning services, and preferably within 72 hours. If there is something prepared, even a start, it could be a big help to those family members who are still in the early stages of grief.



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## Funeral Services

I desire to have a Vigil Prayer Service and Rosary at the funeral home or church.

I desire to have a Funeral Mass and Rite of Committal offered at my grave.

Church: \_\_\_\_\_

Cemetery: \_\_\_\_\_

I desire a Funeral Liturgy (not a Mass) at the funeral home with Rite of Committal offered at my grave.

**I would like to have the following persons involved in my funeral services if possible:**

Priest: \_\_\_\_\_

Deacon: \_\_\_\_\_

Lectors (two are recommended): \_\_\_\_\_

\_\_\_\_\_

Eucharistic Ministers: \_\_\_\_\_

Pall bearer 1 (optional): \_\_\_\_\_

Pall bearer 2 (optional): \_\_\_\_\_

Pall bearer 3 (optional): \_\_\_\_\_

Pall bearer 4 (optional): \_\_\_\_\_

Pall bearer 5 (optional): \_\_\_\_\_

Pall bearer 6 (optional): \_\_\_\_\_



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**Other Funeral Service Considerations:**

Music selections (consult with clergy):

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Readings (consult with clergy):

First reading: \_\_\_\_\_

Responsorial Psalm: \_\_\_\_\_

Second reading: \_\_\_\_\_

Gospel: \_\_\_\_\_

**Donation to Church/Priest:**

I suggest a donation be made to the Church for my funeral service. Amount: \_\_\_\_\_

I suggest a stipend for the priest assisting with the Mass or services. Amount: \_\_\_\_\_

**Memorial Gifts:** (please check one)

I request that no memorial gift options be offered.

In lieu of flowers, I request that memorial gifts be suggested to:

Name of charity #1: \_\_\_\_\_

Name of charity #2: \_\_\_\_\_

Do you wish to donate your body, organs or tissues?  Yes  No

Receiving organization's name and contact information: \_\_\_\_\_

While not binding, please make every attempt to honor these, my final requests.

*\*Please note: This is not a legal form. Please consult your doctor and attorney to create the appropriate documents.*



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**Funeral Home** (please check one of the below)

I have **not** made preliminary arrangements with a funeral home for my funeral; please use the funeral home listed below.

I have PRE-PAID and arrangements with the funeral home listed below.

Location of documents: \_\_\_\_\_

I have arrangements with the funeral home listed below but have made no payments.

Funeral home: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Staff person: \_\_\_\_\_

**Cemetery** (please check one of the below)

I have not made preliminary arrangements with a cemetery for my burial; please use the cemetery listed below.

I have PRE-PAID and made arrangements with the cemetery listed below.

Location of documents: \_\_\_\_\_

I have arrangements with the cemetery listed below but have made no payments.

Cemetery: \_\_\_\_\_

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

\*Advantages of pre-planning for funeral services:

- Plan together as a family
- Spare loved ones the stress of making difficult decisions
- Ensure your wishes are well documented and carried out
- Help control costs (if services are pre-paid)



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## Burial/Grave Instructions

Type of disposition (please check)

- Ground burial  Ground plot  Cremation  Mausoleum  Custom Burial Chamber  
 Other (explain): \_\_\_\_\_

Type of service (please check)

- Church  Graveside  Funeral Chapel  Other (explain):

To the best of your ability, please offer guidance in the following areas:

Type of casket: \_\_\_\_\_

Type of vault: \_\_\_\_\_

Type of grave memorial marker: \_\_\_\_\_

Memorial markers include name, dates of birth and death. Memorial marker special inscription or thoughts may include emblems/symbols of faith, hobbies, or interests.

***\*Please remember to consult your attorney if you wish to create legally binding instructions regarding your funeral.***



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## **The Legacy Society for the Catholic Foundation**

By making a commitment to The Catholic Foundation through a planned giving method, you automatically become a member of The Legacy Society of the Catholic Foundation of the South Plains. Members are permanently enrolled in the Book of Life in the chapel of the Catholic Pastoral Center and their intentions are remembered in the Bishop's daily Masses.

***Wills and Bequests*** – By naming the Catholic Foundation of the South Plains as a beneficiary of your estate, you leave a permanent gift or legacy for the future of parishes and organizations that minister in the Diocese of Lubbock.

***Gift Annuities*** – By establishing a gift annuity, you can receive an annual lifetime income in exchange for a cash gift, securities, or property, and at the same time possibly reduce capital gains taxes and even provide tax-free returns of the principal. Gift annuities are available through Catholic Extension.

***Life Insurance Policies*** – By donating a life insurance policy to the Catholic Foundation, you can direct the proceeds, cash value of the policy, or any portion of it to benefit the Foundation for either restricted or unrestricted purposes.



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**Resources** used in the preparation of this document:

- Catechism of the Catholic Church
- United States Catholic Conference of Bishops
- Order of Christian Funerals
- LaMendola, Salvatore. “Estate Planning for Catholics.”
- Koehler, Rev. Kenneth. “Preparing a Catholic Funeral.”

To establish a planned gift, make a donation, or learn more, please contact Tricia Vowels, Managing Director, by email to [tvowels@catholicfoundationlubbock.org](mailto:tvowels@catholicfoundationlubbock.org).



Catholic  
Foundation  
*of the South Plains*

We are here to help you plant seeds of generosity to grow the Catholic Church in the South Plains of Texas. Let this important work become your legacy!



