

# "PUTTING YOUR HOUSE IN ORDER" WORKSHOP

Presented By:

Stewardship Committee

First United Methodist Church  
Marble Falls

May 25, 2022

# Workshop Schedule

<b>Time</b>	<b>Subject</b>	<b>Presenter</b>	<b>Organization</b>
10:00	Welcome and Introduction	Gregg Blake	Stewardship Comm FUMCMF
<b>Section 1</b>			
10:10	Estate Planning	Tom Stanton	Texas Methodist Foundation
10:35	Wills and Legal Documents	Mandy McCary	McCary & McCary P.C.
11:05	Break		
<b>Section 2</b>			
11:15	Family Records	Ken Blake	Stewardship Comm FUMCMF
11:35	Bank Accounts/Financial Acct	Jeff Bingham	Pres. Security State Bank
11:55	What To Do If Your Loved One Passes	Kim Kankel	Stewardship Comm FUMCMF
12:15	Lunch		
<b>Section 3</b>			
1:00	Funeral Services Information	Eddie Snider	Clements - Wilcox
1:30	Memorial and Church Services	Rev Tommie Tucker	Visitation Pastor – FUMCMF
2:00	Break		
<b>Section 4</b>			
2:10	Hospice Care	Audra Cunningham	Generation Hospice
2:40	Healing and Forgiveness	Rev Ellen Ely	Senior Pastor - FUMCMF

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## Section 1

Estate Planning  
Wills and Legal Documents  
Long-term Care

## Section 2

Family Records  
Bank Accounts – Best Designation  
What To Do If a Loved One Passes

## Section 3

Funeral Services Information  
Memorial and/or Church Services

## Section 4

Hospice Care  
Healing and Forgiveness

# "Putting Your House In Order" Workshop

## Introduction

*Several dictionaries define the phrase "to put your house in order" as someone who gets their house in order or puts their house in order by arranging their affairs and solving their problems. In the Bible, there are several verses dealing with putting one's house in order, including **"This is what the LORD says: "Put your affairs in order, for you are about to die" (2 Kings 20:1)".***

*Another part of arranging our affairs is planning for when we are gone. We all have something of value to leave our family, not always financial. Sentimental value is as essential to some people as monetary value. Yet, more than half (55%) of all Americans will die without a will or trust, according to the American Bar Association. This lack of planning is also covered by the Scriptures, **"If anyone does not provide for his own, that is his own household, he is denied the faith and is worse than an unbeliever" (1 Timothy 5:8)".***

*Various websites covering topics on estate planning list key financial and legal components associated with estate planning:*

- *Making a will. ...*
- *Considering a trust. ...*
- *Making health care directives. ...*
- *Finding a financial power of attorney. ...*
- *Protecting your children's property. ...*
- *Storing your documents.....*
- *Filing beneficiary forms. ...*
- *Considering life insurance. ...*

*Many of these items will be discussed in this workshop. It is our hope that this workshop and booklet will provide useful information and will be a place to record the necessary details and your wishes in advance of the time they are needed. We believe that by putting your house in order, you will help to minimize the anxiety and stress that comes at the time of a loved one's death.*

# Section 1

## ESTATE PLANNING

**Did you know** that more than 50% of all people do not have a will or living trust at the time of their death? You may have heard that you need to make an "estate plan," but what does an estate plan cover, and how do to make one?

When reviewing the information from several websites that discuss the estate planning process, there are around six steps that are necessary as a framework to document your wishes. These steps include but are not limited to the following:

- Creating an inventory of what you own and what you owe ....
- Develop a contingency plan for your assets ....
- Providing for your children and dependents .....
- Protecting your assets ....
- Documenting your wishes .....
- Appointing fiduciaries.....

Procrastination associated with estate planning is often due to a lack of knowledge. Today there are many resources covering estate planning and how to start the process. These resources range from financial experts and estate attorneys to various websites and books explaining the various economic, legal, and tax aspects. A current study has confirmed that 50 to 60 percent of most adults do not have their estate plan in place or up to date. An estate plan must be current, especially with the changing estate tax code and changing family dynamics.

Have you remembered your church in your will? Noting a bequest in your will doesn't have to be complicated. You can share your faith beyond your lifetime by careful estate planning, including your church in your will. As good Christian stewards, we must provide for our church not only now but in the future. Through your estate planning, you can be sure the assets you worked a lifetime to acquire are used to help our church, an organization meaningful to you and your family.

This workbook contains limited information in this part of Section 1. Because of the complexities associated with estate planning, it is recommended that you consult either a financial expert and/or a tax attorney for more information and guidance on the long-term planning of your estate. Equally important is your will, which will be covered in the next section. Without a will, state laws will determine who receives your estate, and no charity will receive a gift from your estate.

# NOTES

# WILLS AND LEGAL DOCUMENTS

## Importance of Wills

It has been said that "wills are for rich people?" But they are also "for poor people" and for everyone in between. There are many obvious reasons to have a "will" as part of your estate planning. Every adult who owns anything and cares about what happens to it, everyone who cares about their family, and everyone who wants to include specific beneficiaries, such as a favorite charity or their church, needs a will. Without a legal will, the nest egg you have worked a lifetime to accumulate could be divvied up by the state? Both spouses should have a will. Since women usually live longer than men, in many cases, the final plans for an estate often become the responsibility of a widow.

As we will highlight in this workshop, don't delay having your will drawn. If you wait until you need a will, it's too late to have one drawn. Make sure your estate plans are in place so that your wishes will be carried out to benefit your family and your community with any gifts you plan for your church, charity, or service group.

Be sure your estate planning documents are properly prepared. A homemade will *might* work, but unless properly written, it might cause unnecessary expenses and delays—and worst of all, it might not accomplish what you want to happen. Are you leaving a legacy of "red tape" for your heirs? A legal will drawn by your attorney will cut out the "red tape" and accomplish what you want to happen following your death. Having your will drawn by an attorney can be a terrific bargain in the long term. The upfront costs associated with making a will may save taxes and administrative expenses to your heirs many times over that initial expense.

Even if a will was prepared earlier in life, does it reflect your current views, desires, and life circumstances? When was the last time your will had a check-up? Does it still express your wishes? Is your existing will keeping up with you? Does it reflect all your potential commitments? It is vital to make sure your will is always up-to-date.

Have you named a residual beneficiary in your will (to receive what remains when all other bequests are fulfilled)? Have you considered including your church as the residual beneficiary? Your will relates to everything God has entrusted with you, and it can be a powerful statement of your Christian stewardship.

## Other Legal Documents

**Statutory Durable Power of Attorney** - Gives another person (usually your spouse) the power to act for you even if you later become disabled or incapacitated in conducting business affairs.

**Medical Power of Attorney for Health Care and HIPAA Authorization** - Gives another person (usually your spouse or child) the authority to make health-care decisions for you if you become unable to do so, and your physician has certified that fact. A HIPAA authorization is consent obtained from an individual that permits a covered entity or business associate to use or disclose that individual's protected health information to someone else for a purpose that would otherwise not be allowed by the HIPAA Privacy Rule.

**Directive to Physicians & Family** - also called a Living Will, deals with your expression of wishes regarding prolonging your life artificially when death is imminent.

**Appointment of Guardian – Adult & Children** – Gives another person (usually your spouse or close family member) the authority to make legal, financial, and health care decisions.

**Appointment of Agent to Control Disposition of Remains** – Gives another person (usually your spouse or close family member) the authority to make decisions or follow your wishes regarding the handling of your remains. This is particularly important if you desire cremation.

**Do Not Resuscitate Order** - A do-not-resuscitate order, or DNR order, is a medical order written by a doctor. It instructs health care providers not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if their heart stops beating.



WILLS AND LEGAL DOCUMENTS

And

LONG-TERM CARE

The Basics  
by  
Mandy McCary

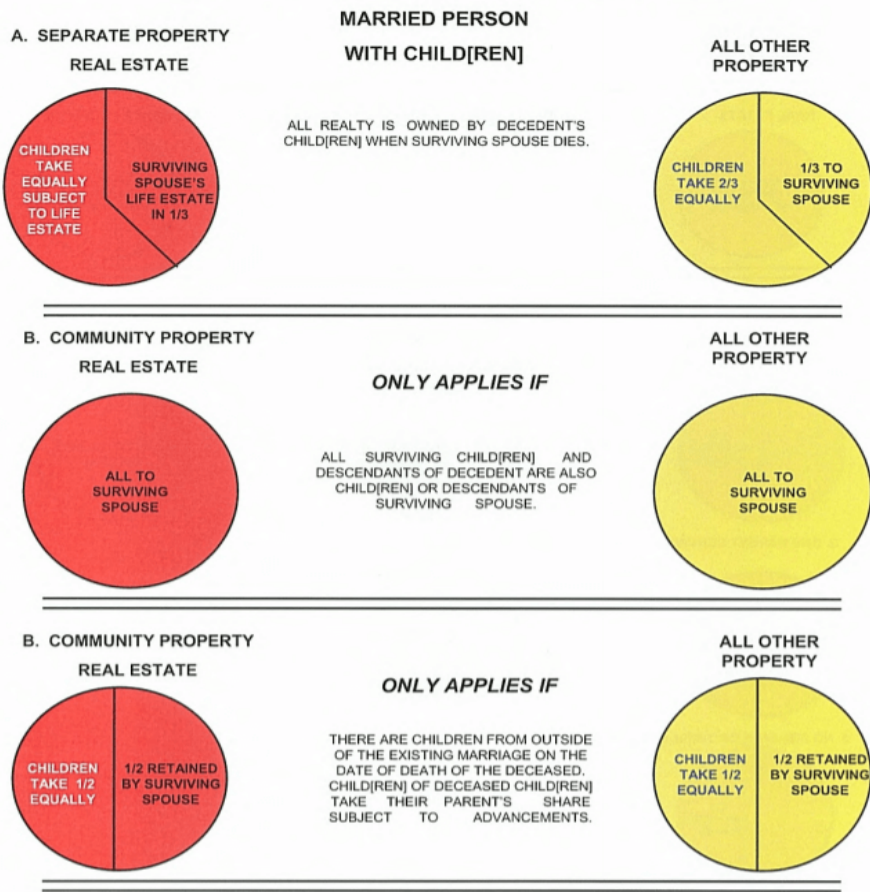
McCary & McCary PC  
P.O. Box 275 (600 Avenue G)  
Marble Falls, Texas 78654

## What Documents do I need?

You don't "need" a Will. The probate court has rules under the Estates Code it can use to decide what happens with your assets after you die.

You **WANT** a Will. So you can decide what happens with your assets and who's in charge of your estate.

# INTESTATE SUCCESSION



# POWERS OF ATTORNEY

These are documents that decide who takes care of you while you are still alive.

Statutory Durable Power of Attorney - this document gives an individual, and alternate individuals, the power to handle all financial and business matters you have. This person can sell your house, argue with Medicare, clean out your bank accounts, etc.

# POWERS OF ATTORNEY (cont.)

## Medical Power of Attorney with HIPAA Release

- this document gives an individual the power to make medical decisions for you, when you cannot make them. This is also the person who will sign the orders to have life support shut off, in the event that decision has to be made. The HIPAA release allows doctors to tell them what is wrong with you.

# OTHER MISCELLANEOUS DOCUMENTS

Living Will/Directive to Physicians - this is the document used to convey your end-of-life decisions concerning life support. It conveys your wishes in writing to your family. However, it can be overridden by your medical power-of-attorney.

Declaration of Guardian - this document tells a Court who you do NOT want to serve as your Guardian in the event you need one appointed.

# OTHER MISCELLANEOUS DOCUMENTS

DNRs- “do not resuscitate” orders. There are two kinds:

- In-hospital DNR - must be signed by a physician and keeps the hospital from reviving you if you quit breathing.
- Out-of-hospital DNR - keeps EMS from performing CPR or intubating you if you quit breathing. Must be easily found. Freezer?

# TRUSTS

Please do NOT go to a hotel ballroom and get conned into setting up a Living Trust!

Probate is easy and inexpensive in Texas, and very few people really need a trust.

Here's when we recommend a trust:

1. Estate Tax Concerns-current cap is \$11.58 million per person.
2. Own Real Property in another state.
3. Questionable Heirs-they need protecting.



# WHAT IF I HAVE NONE OF THESE DOCUMENTS?

A Texas County Judge will decide who makes these decisions for you while you are still alive through a Guardianship proceeding.

A Texas County Judge has to approve every action taken by your guardian on your behalf \$\$\$\$\$

Typically costs \$5,000, to \$10,000 just to set up.

# Long-Term Care Vocabulary

- LTC=Long Term Care
- DADS=Texas Department of Aging and Disability Services
- IS=Institutionalized Spouse (the one in the nursing home)
- CS=Community Spouse (the one not in a nursing home)
- UTMA=Uniform Transfer to Minors Act
- MERP=Medicaid Estate Recovery Program

# Why should I do any planning?

- Lifetime probability of needing some type of long-term care if you reach age 65 is 70%.
- Average cost for care for 1 month in Texas:
  - Homemaker (non-medical) Services=\$21/per hour
  - Home Health Aides=\$18/per hour
  - Adult Day Care (Respite Care)=\$70 per day
  - Assisted Living Facility=\$3,795
  - Nursing Home Care=\$4,502 (\$6,540 for a private room)
- The average middle-class individual is indigent within 6-months of paying for care.
- The majority of in home care is provided by spouses and daughters and 70% of all caregivers die before the person they are caring for.

# How will I pay for my care?

- 1) Long term care insurance. If you don't already have it, it's probably too late to get it.
- 2) Self-pay. You have enough monthly income or assets to pay for it. \$10,000 or so a month, if you stay in your own home and approximately \$3,000 to \$4,000 a month for assisted living. \$5,500 to \$8,000 a month for nursing home care.
- 3) Your kids pay for it.
- 4) The government/taxpayers pay for it.

# How do you qualify for LTC Medicaid Benefits? (or get the government to pay for my care?)

1. You have to be over 65 or disabled.
2. You need to be at least a permanent resident of the US and a resident of Texas.
3. You need a doctor's order saying you have a medical reason for being in a skilled nursing facility, nursing home.
4. You have resided in a nursing home for at least 30-days prior to applying for Medicaid and the facility has a "Medicaid Bed."
5. You complete the 19-page Medicaid Application for Long-Term Care Benefits.
6. You have to pass an income and an asset/resource test.

# Income Test

- The maximum amount of monthly income is \$2,523 as of Jan. 1, 2022. This amount goes up every year based on the Social Security cost of living increase.
- Income is only attributed to the person who's name is on the check (Name on the check rule.)
- Only consists of regular monthly income, not irregular income like mineral interest lease payments, etc.

# Asset Test

- If you are unmarried you can have \$2,000 in countable assets, this is the same amount since 1989.
- If you are married you can have \$137,400 in countable assets, and this amount may be increased under certain circumstances, for example, if the CS has less than \$3,435 a month income.
- The key to this test is “countable assets.”

# Assets That Are NOT Counted

- Your homestead (MEDICAID DOES NOT WANT YOUR HOUSE) up to \$636,000 in value, or an unlimited value if you are married.
- Burial spaces or prepaid funeral or burial contracts.
- Automobile for each driver who needs an automobile at your house, even if they have no driver's license. (No cap in value.)
- Household goods and personal effects.
- Life Insurance Policies with no cash value.
- Property essential to self-support, eg. Livestock, business property, ranch leased for grazing.
- UTMA Gifts and gifts to Adult Disabled Children.



# ASSUME EVERYTHING ELSE COUNTS

- Cash in the bank, annuities, CDs, IRAs, etc.
- Stocks, investment accounts, etc.
- Gifts to anyone in the past 5-years (except UTMA gifts and gifts to Adult Disabled Children).
- Any transfer of property for less than fair market value to any person or entity in the past 5-years.
- Medicaid will add up all of these gifts and transfers and divide the amount by \$213.71 and the resulting number is the number of days you will NOT qualify for Medicaid.
- Second homes, lots, RVs, boats, etc.
- Mineral interests.

# SPENDING DOWN

YOU CAN NOT GIVE YOUR MONEY AWAY! But you can spend it:

- improvements to your house, or kid's house if you live there.
- A car that makes it easier for you to be taken to Dr.'s visits (and a Lamborghini is fine).
- A prepaid burial plan.
- Transfers to your grandchildren who are under 21, UTMA gifts.
- A trip around the world. It's your money, you just have to get fair market value for whatever you spend it on.
- Care that Medicaid LTC will not pay for, eg. Home health and assisted living.

# Medicaid Estate Recovery Program

- THESE ARE THE GUYS WHO WANT YOUR HOUSE.
- After you pass away, your family gets a bill from the Medicaid Estate Recovery Program “MERP” for the amount of LTC benefits paid on your behalf.
- There are hardship exceptions that keep the bill from being paid from your estate.
- There are also deeds that can be used to prevent you from having an estate at all. Lady Bird Deed or Transfer on Death Deed (TODD).

# Other Ways to Pay for LTC Besides Medicaid

- Veteran's and their surviving spouses may be eligible for Aid and Attendance Benefits up to \$1,800 a month to pay for home health, assisted living, or nursing home care.
- Medicare will pay for the first 20-days or so of nursing home care if you are in the hospital for at least 3-days immediately prior to entering a nursing home. A supplement may pay for more days.
- Long-term care insurance may pay for all or a portion of your nursing home care.
- You can always be self-pay, it's your money, not your kids.

# NOTES

# Section 2

## FAMILY RECORDS

### Vital Statistics

#### HUSBAND/PARENT

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street

City

County

State

Zip

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Where and when were you and your spouse married? \_\_\_\_\_

If divorced, date of divorce: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

High School Education: \_\_\_\_\_

(School, location, degree/year)

College Education: \_\_\_\_\_

(School, location, degree/year)

\_\_\_\_\_  
(School, location, degree/year)

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ In what country were you born? \_\_\_\_\_

If you are a naturalized citizen, when did you acquire citizenship? \_\_\_\_\_

If you are not a U.S. Citizen, in what country are you a citizen? \_\_\_\_\_

Military Service: Branch: \_\_\_\_\_ Service serial number: \_\_\_\_\_  
Date entered Service: \_\_\_\_\_ Place: \_\_\_\_\_  
Date of separation: \_\_\_\_\_ Place: \_\_\_\_\_  
Highest Grade, Rank, or Rating Received: \_\_\_\_\_  
Wars / Conflicts served: \_\_\_\_\_

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WIFE/PARENT

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Street City County State Zip  
Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
If divorced, date of divorce: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
High School Education: \_\_\_\_\_  
(School, location, degree/year)  
College Education: \_\_\_\_\_  
(School, location, degree/year)  
\_\_\_\_\_  
(School, location, degree/year)

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ In what country were you born? \_\_\_\_\_

If you are a naturalized citizen, when did you acquire citizenship? \_\_\_\_\_

If you are not a U.S. Citizen, in what country are you a citizen? \_\_\_\_\_

Military Service: Branch: \_\_\_\_\_ Service serial number: \_\_\_\_\_

Date entered Service: \_\_\_\_\_ Place: \_\_\_\_\_

Date of separation: \_\_\_\_\_ Place: \_\_\_\_\_

Highest Grade, Rank, or Rating Received: \_\_\_\_\_

Wars / Conflicts served: \_\_\_\_\_

List of Family Members

<u>Name</u>	<u>Relationship</u>	<u>Living or Deceased</u>	<u>Address</u>	<u>Phone</u>



## Estate Inventory

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

Address/Phone: \_\_\_\_\_

Location of Will: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Certified Public Accountant: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Location of Past Tax Returns: \_\_\_\_\_

Safe Deposit Box#: \_\_\_\_\_

Location of Box and Key: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Contents of Box: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Suggested Box Contents**

Adoption Papers

Deeds

Promissory Notes

Birth Certificates

Insurance Policies

Pension Certificates

Bonds

Jewelry

Savings Certificates

Certificates of Deposits

Marriage Certificates

Stock Certificates

Contracts

Military Discharge Papers

Trust Agreements

Court Decree

Mortgages

Vehicle Titles

Copy of Will

Naturalization Papers



## Asset Information

### Valuable Possessions

This includes any artistic or intrinsic value property such as jewelry, furs, silverware, vases, oriental rugs, paintings, antiques, rare books, guns, coins, or stamps. If any of the items has a value of more than \$3,000, you need to get appraisals of the property. You do not have to list everyday household items, furniture, and personal effects separately unless they have significant monetary value, such as antiques, jewelry, etc.

<u>Property</u>	<u>Value</u>	<u>How/When Acquired</u>

### Business Accounts

<u>Institution</u>	<u>Address/Phone</u>	Account Type/Number

Checking or Savings Accounts

Account #1

Bank: \_\_\_\_\_

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

Type: \_\_\_\_\_

Acct no.: \_\_\_\_\_

Amount: \_\_\_\_\_

Name(s): \_\_\_\_\_

Account #2

Bank: \_\_\_\_\_

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

Type: \_\_\_\_\_

Acct no.: \_\_\_\_\_

Amount: \_\_\_\_\_

Name(s): \_\_\_\_\_

Int rate: \_\_\_\_\_

Account #3

Bank: \_\_\_\_\_

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

Type: \_\_\_\_\_

Acct no.: \_\_\_\_\_

Amount: \_\_\_\_\_

Name(s): \_\_\_\_\_

Int rate: \_\_\_\_\_

Account #4

Bank: \_\_\_\_\_

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

Type: \_\_\_\_\_

Acct no.: \_\_\_\_\_

Amount: \_\_\_\_\_

Name(s): \_\_\_\_\_

Int rate: \_\_\_\_\_

Account #5

Bank: \_\_\_\_\_

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

Type: \_\_\_\_\_

Acct no.: \_\_\_\_\_

Amount: \_\_\_\_\_

Name(s): \_\_\_\_\_

Int rate: \_\_\_\_\_

Account #6

Bank: \_\_\_\_\_

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

Type: \_\_\_\_\_

Acct no.: \_\_\_\_\_

Amount: \_\_\_\_\_

Name(s): \_\_\_\_\_

Int rate: \_\_\_\_\_

Certificates of Deposit

Bank #1

Bank: \_\_\_\_\_

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

Acct no.: \_\_\_\_\_

Name(s): \_\_\_\_\_

Face amt: \_\_\_\_\_

Int rate: \_\_\_\_\_

Maturity date: \_\_\_\_\_

Interest payable: \_\_\_\_\_

Bank #2

Bank: \_\_\_\_\_

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

Acct no.: \_\_\_\_\_

Name(s): \_\_\_\_\_

Face amt: \_\_\_\_\_

Int rate: \_\_\_\_\_

Maturity date: \_\_\_\_\_

Interest payable: \_\_\_\_\_

Real Estate Information

Real Property

Estimated Value

How/When Acquired

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Mortgages

Mortgage #1

Property: \_\_\_\_\_

Original principal amount: \_\_\_\_\_

Unpaid balance: \_\_\_\_\_

Date of the mortgage: \_\_\_\_\_

Date of maturity: \_\_\_\_\_

Amount of payment: \_\_\_\_\_

Due date of payment: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

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

Mortgage #2

Property: \_\_\_\_\_

Original principal amount: \_\_\_\_\_

Unpaid balance: \_\_\_\_\_

Date of the mortgage: \_\_\_\_\_

Date of maturity: \_\_\_\_\_

Amount of payment: \_\_\_\_\_

Due date of payment: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

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

Mortgage #3

Property: \_\_\_\_\_

Original principal amount: \_\_\_\_\_

Unpaid balance: \_\_\_\_\_

Date of the mortgage: \_\_\_\_\_

Date of maturity: \_\_\_\_\_

Amount of payment: \_\_\_\_\_

Due date of payment: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

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



Automobiles

Vehicle #1

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
VIN: \_\_\_\_\_

Name(s) in which registered:

\_\_\_\_\_

Vehicle #2

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
VIN: \_\_\_\_\_

Name(s) in which registered:

\_\_\_\_\_

Vehicle #3

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
VIN: \_\_\_\_\_

Name(s) in which registered:

\_\_\_\_\_

Vehicle #4

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
VIN: \_\_\_\_\_

Name(s) in which registered:

\_\_\_\_\_

# Investments

## Publicly Traded Stock

### Broker #1

Name of broker:

Name of firm: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

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

Account number: \_\_\_\_\_

### Broker #2

Name of broker:

Name of firm: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

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

Account number: \_\_\_\_\_

### Broker #3

Name of broker:

Name of firm: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

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

Account number: \_\_\_\_\_

Publicly Traded Stock  
(Continued)

The following list identifies the information required regarding any stocks:

1. The name of the corporation that issued the shares.
2. The number of shares.
3. Whether the shares were common or preferred.
4. The exchange on which the stock is listed.
5. The CUSIP numbers of the shares. (This is the number found on the face of the stock certificate, usually in the upper right hand corner.)

	Name of Corporation	No. of Shares	Common or Preferred	Exchange on Which Stock is Listed	CUSIP Number
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____

## Publicly Traded Bonds

The following list identifies the information we need regarding any bonds that the Decedent owned:

1. The issuer of the bonds.
2. The quantity and denomination of the bonds.
3. The series and issue dates of the bonds.
4. The maturity dates of the bonds.
5. The interest rates on the bonds.
6. Whether the interest is payable quarterly, semiannually, or annually and on what dates it is payable.
7. The CUSIP numbers on the bonds. (This is the number found on the face of the bond certificate, usually in the upper right hand corner.)

Since some of this information can be obtained from the bond certificates themselves, we request that you provide us with copies of all the certificates that were being held by the Decedent. We ask, in addition, that you fill in the information below:

Name of Issuer	Quantity/ Denomination	\$ Amt	Series	Date	Issue Date	Mat. Rate	Int. Payable	How Payable	Date Payable Number	CUSIP
1.	_____									
2.	_____									
3.	_____									
4.	_____									
5.	_____									
6.	_____									
7.	_____									
8.	_____									

## Notes Receivable

### Note #1

Maker: \_\_\_\_\_

Original payee: \_\_\_\_\_

Original amt: \_\_\_\_\_

Unpaid balance: \_\_\_\_\_

Date of note: \_\_\_\_\_

Interest rate: \_\_\_\_\_

Amt of payment: \_\_\_\_\_

Due date: \_\_\_\_\_

### Note #2

Maker: \_\_\_\_\_

Original payee: \_\_\_\_\_

Original amt: \_\_\_\_\_

Unpaid balance: \_\_\_\_\_

Date of note: \_\_\_\_\_

Interest rate: \_\_\_\_\_

Amt of payment: \_\_\_\_\_

Due date: \_\_\_\_\_

Insurance

Personal Life Insurance

Policy #1

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

Life ins co: \_\_\_\_\_

Policy number: \_\_\_\_\_

Face amount: \_\_\_\_\_

Loan: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policy #2

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

Life ins co: \_\_\_\_\_

Policy number: \_\_\_\_\_

Face amount: \_\_\_\_\_

Loan: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policy #3

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

Life ins co: \_\_\_\_\_

Policy number: \_\_\_\_\_

Face amount: \_\_\_\_\_

Loan: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Automobile/Casualty Insurance

Policy #1

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

Policy number: \_\_\_\_\_

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

Insurance Amount: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Coverage: \_\_\_\_\_

Policy #2

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

Policy number: \_\_\_\_\_

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

Insurance Amount: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Coverage: \_\_\_\_\_

Policy #3

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

Policy number: \_\_\_\_\_

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

Insurance Amount: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Coverage: \_\_\_\_\_

Property / Liability Insurance

Policy #1

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

Policy number: \_\_\_\_\_

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

Insurance Amount: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Coverage: \_\_\_\_\_

Policy #2

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

Policy number: \_\_\_\_\_

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

Insurance Amount: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Coverage: \_\_\_\_\_

Policy #3

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

Policy number: \_\_\_\_\_

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

Insurance Amount: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Coverage: \_\_\_\_\_



Health/Accident Insurance

Policy #1

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

Policy number: \_\_\_\_\_

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

Benefits: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policy #2

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

Policy number: \_\_\_\_\_

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

Benefits: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policy #3

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

Policy number: \_\_\_\_\_

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

Benefits: \_\_\_\_\_

Premium Due: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Other Businesses

Does either spouse own an interest in any of the following:

Sole proprietorship: Yes \_\_\_\_\_ No \_\_\_\_\_

Partnership: Yes \_\_\_\_\_ No \_\_\_\_\_

Unincorporated business: Yes \_\_\_\_\_ No \_\_\_\_\_

### Business #1/Partnership #1

Business name: \_\_\_\_\_

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

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

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

Type of entity: \_\_\_\_\_

No. of units or  
Ownership percentage: \_\_\_\_\_

Other Business Owners: \_\_\_\_\_

### Business #2/Partnership #2

Business name: \_\_\_\_\_

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

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

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

Type of entity: \_\_\_\_\_

No. of units or  
Ownership percentage: \_\_\_\_\_

Other Business Owners: \_\_\_\_\_

Non-Probate Assets

- 401-k
- 403-b
- IRA
- Revocable Living Trust
- Joint checking /saving account with rights of survivorship or pay on death designation

<u>Company</u>	<u>Contact Phone#</u>	<u>Account Type</u>	<u>Beneficiary</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Individual Retirement Accounts

Account #1

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

Account No.: \_\_\_\_\_

Type of acct.: \_\_\_\_\_

Rate of Interest: \_\_\_\_\_

Institution: \_\_\_\_\_

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

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

Beneficiary: \_\_\_\_\_

Account #2

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

Account No.: \_\_\_\_\_

Type of acct.: \_\_\_\_\_

Rate of Interest: \_\_\_\_\_

Institution: \_\_\_\_\_

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

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

Beneficiary: \_\_\_\_\_

Account #3

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

Account No.: \_\_\_\_\_

Type of acct.: \_\_\_\_\_

Rate of Interest: \_\_\_\_\_

Institution: \_\_\_\_\_

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

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

Beneficiary: \_\_\_\_\_

Account #4

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

Account No.: \_\_\_\_\_

Type of acct.: \_\_\_\_\_

Rate of Interest: \_\_\_\_\_

Institution: \_\_\_\_\_

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

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

Beneficiary: \_\_\_\_\_

## Pension and Profit-Sharing Plans

### Plan #1

Name of plan: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Name of Plan Administrator: \_\_\_\_\_

Address of Plan Administrator: \_\_\_\_\_

### Plan #2

Name of plan: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Name of Plan Administrator: \_\_\_\_\_

Address of Plan Administrator: \_\_\_\_\_

### Plan #3

Name of plan: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Name of Plan Administrator: \_\_\_\_\_

Address of Plan Administrator: \_\_\_\_\_

## Liabilities

### Automobile

<u>Lendor</u>	<u>Balance</u>	<u>Payment</u>	<u>Due Date</u>	<u>Current Balance</u>
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### Credit Cards/Charge Accounts

<u>Card/Store Name</u>	<u>Balance</u>	<u>Payment</u>	<u>Due Date</u>	<u>Current Balance</u>
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### Furniture/Appliances/Home Furnishings

<u>Lendor</u>	<u>Balance</u>	<u>Payment</u>	<u>Due Date</u>	<u>Current Balance</u>
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### Personal Loans/Other

<u>Lendor</u>	<u>Balance</u>	<u>Payment</u>	<u>Due Date</u>	<u>Current Balance</u>
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# NOTES

# BANKING ACCOUNT OWNERSHIP

## **Account Ownership Information**

The type of account you select may determine how property passes on your death. Your Will may not control the disposition of funds held in some of the following accounts. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as a P.O.D. payee or trust account beneficiary.

### **Ownership Types:**

- **SINGLE-PARTY ACCOUNT WITHOUT “P.O.D.” (PAYABLE ON DEATH) DESIGNATION:**  
The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party’s estate under the party’s Will or by intestacy.
  - **SINGLE-PARTY ACCOUNT WITH “P.O.D.” (PAYABLE ON DEATH) DESIGNATION:**  
The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party’s estate.
  - **MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP:**  
The parties to the account own the account in proportion to the parties’ net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the party, the party’s ownership of the account passes as a part of the party’s estate under the party’s Will or by intestacy.
  - **MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP:**  
The parties to the account own the account in proportion to the parties’ net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the party, the party’s ownership of the account passes to the surviving parties.
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- **MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D. (PAYABLE ON DEATH) DESIGNATION:**

The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D. beneficiaries.

- **CONVENIENCE ACCOUNT:**

The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party's estate under the last surviving party's Will or by intestacy. The financial institution may pay funds in the account to a convenience signer before the financial institution receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties' ownership of the account.

- **TRUST ACCOUNTS:**

The parties named as trustees to the account own the account in proportion to the parties' net contributions to the account. A trustee may withdraw funds from the account. A beneficiary may not withdraw funds from the account before all trustees are deceased. On the death of the last surviving trustee, the ownership of the account passes to the beneficiary. The trust account is not a part of a trustee's estate and does not pass under the trustee's Will or by intestacy, unless the trustee survives all of the beneficiaries and all other trustees.

# NOTES

## WHAT TO DO WHEN A LOVED ONE DIES

After a loved one dies, especially a spouse or parent, several different actions have to be taken and organizations to contact. Below is a summary of activities to be completed and businesses and government agencies to be contacted.

### Background Information

Name of Executor \_\_\_\_\_

Address \_\_\_\_\_

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

Loction of Will \_\_\_\_\_

### Action Steps

1. Contact individuals on the Personal Contact list
  - a. Children / Other Family members
  - b. Pastor
  - c. Work Supervisor or other work-related contacts
  - d. Key organizations person was affiliated with, such as Rotary, Kiwanis, 100 Club, etc.
  
2. Locate the list of user names and passwords for all internet accounts
  - a. Email accounts
  - b. Bank accounts
  - c. Utility bills
  - d. Autopay accounts
  - e. Credit card payments
  - f. Social media accounts
  
3. Locate important financial papers
  - a. Bank Statements
  - b. Brokerage accounts
  - c. Insurance policies
  - d. Last year's tax statement
  - e. Bills and creditcards
  - f. Family trust documents

4. Contact pharmacy to cancel any recurring prescriptions
5. Access a calendar to cancel any planned or recurring appointments, such as doctor appointments, dental appointments, etc.
6. Make an appointment with a lawyer to begin probate

### Government Agencies

1. Contact the Social Security Administration ([www.ssa.gov](http://www.ssa.gov))
  - a. Notification of decedent death
  - b. Find out about any eligible benefits
2. Contact Veterans' Administration ([www.va.gov](http://www.va.gov))
  - a. Notification of decedent death
  - b. Find out about any eligible benefits
3. Contact County Recorder Office
  - a. Should obtain at least 10 copies of death certificates
  - b. These will be needed to change or close accounts

### Businesses & Companies

1. Contact company about pensions and retirement plans
2. Notify life insurance companies and file claims
3. Notify banks and brokerage companies and remove the deceased's name from any joint accounts
4. Close credit card accounts in the deceased's name & destroy cards

# NOTES

# **Section 3**

## **FUNERAL SERVICES**

### **(Information From “Resources” section on the Clements-Wilcox Website)**

When someone dies, the aftermath can be overwhelming for the person left in charge, and handling a death can seem very confusing and emotional. Regardless of whether a death is expected or unexpected, emotional struggles and feelings of disbelief can cloud thinking, making planning a funeral difficult.

#### **What to do before meeting with a funeral planner**

Designate the main point of contact or executor. This might be you or someone else, but whoever it is should also have a friend or family member who can be nearby and help with important decisions and more.

Gather any documents specifying pre-planned or prepaid funeral arrangements, and obtain the personal information you need for an obituary and death certificate.

Contact any religious or military affiliations of your loved one to determine whether burial benefits or specific funeral plans and services are available. If your loved one was a veteran, visit the U.S. Department of Veterans Affairs website at [benefits.va.gov/benefits](http://benefits.va.gov/benefits) or call 800-827-1000 to explore options for veterans. Your funeral director can also inform you of these benefits or help you get the correct information.

Start an obituary. Your funeral director can help you write an obituary, or you may choose to write it yourself. Have at least one person proofread the obituary before submitting it for publication.

#### **What to do before the funeral**

Enlist family and friends as pallbearers, greeters, decorators, or food servers.

Check on the home of your loved one if necessary (another good task to delegate). Water plants, throw out perishable food, collect mail, and ensure all the doors and windows are closed and locked.

Plan for a post-funeral gathering, such as a reception or visitation. Ask your funeral director about the options for catered and non-catered gatherings that will offer comfort to friends and family.

Share the details of the Service. Once the date, time, and location of the funeral have been set, let those close to you know, and have them share the information with friends and community members. A dedicated Dignity Memorial obituary lets you direct people to one site for the obituary, service details, floral options, and a virtual condolence registry.

# NOTES

## PLANNING THE MEMORIAL OR CHURCH SERVICES

### **Funeral/Memorial Service Wishes**

This section will provide the needed information for those responsible for planning and handling the services, such as a funeral, memorial, graveside, and disposition of ashes, after your death following your wishes.

Services desired:

- A traditional funeral service (with body/ashes followed by graveside service)
- Memorial Service (soon after or later; without body or ashes present)
- Graveside Service only
- Graveside service for family only, followed by a memorial service
- Veteran Service

Other items included at the Service (slide show, display table, military or first responder service, etc.)

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Send Flowers   Yes   No

In lieu of flowers, memorial gifts may be sent to \_\_\_\_\_  
\_\_\_\_\_

Selection of Favorite Scripture Passages (For Funeral/Memorial Service or Gravesite)

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Selection of Favorite Hymns and Songs (For Use in Funeral/Memorial Service)

_____	Performed or Recorded: _____
_____	Performed or Recorded: _____
_____	Performed or Recorded: _____
_____	Performed or Recorded: _____

Favorite Organ or Other Instrumental Music: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who to conduct the Service? Current Pastor or a previous Pastor:

_____	_____	_____
Name	Address	Phone

Other:

_____	_____	_____
Name	Address	Phone

For the Service, I want the following persons to be invited to speak/share remembrances

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone

For the Service, I want the following persons to be Pallbearers

Name	Relationship	Phone

**Obituaries**

I \_\_\_\_\_ want newspaper notices published for \_\_\_\_\_ days with Photo \_\_\_\_\_  
(Do/Do Not) (Yes/No)

in \_\_\_\_\_  
(Names of Newspapers and Cities)

I would like the following person(s) to write my obituary: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Other Information I Want Known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# NOTES

# **Section 4**

## **HOSPICE CARE**

(From Generations Health Care, Inc. Hospice Services Website)

### **What is Hospice?**

Hospice is considered the model for quality, compassionate care for individuals facing a life-limiting illness or injury. Hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support specifically tailored to the patient's needs and wishes. Support is provided to the patients as well as their loved ones.

Hospice relies on the belief that each of us can spend our final moments pain-free and with dignity and that our loved ones will receive the necessary support to allow us to do so. The cornerstone of hospice is caring, not curing, and in most cases, it is provided in the comfort of your own home. The definition of a home may be in facilities, hospitals, nursing homes, assisted living facilities, private residences, and foster homes. Eligible individuals may be someone of any age, religion, or race experiencing a life-limiting diagnosis/condition.

Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

### **How Does Hospice Work?**

Hospice care is for any person who has a life-limiting or terminal illness. Most reimbursement sources require a prognosis of six months or less if the illness runs its normal course. Patients with both cancer and non-cancer illnesses are eligible to receive hospice care. All hospices consider the needs of both the patient and family when providing hospice services.

"Home" is where the patient resides, whether at home, a nursing or assisted living facility, or a foster/personal care home. The majority of hospice patients are cared for in their own homes or the homes of a loved one.

Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the patient. The hospice staff members make regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call, 24 hours a day, seven days a week.

### **Who is the Hospice Team?**

Hospice care is a family-centered approach that includes, at a minimum, a team of doctors, nurses, hospice aides, social workers, spiritual counselors, and trained volunteers. They work together, focusing on the patient's needs: physical, psychological, and spiritual. The goal is to help keep the patient as pain-free as possible, with loved ones nearby throughout care. The

hospice team develops a care plan that meets each patient's individual pain management and symptom control needs.

Though the Hospice Medical Director becomes the primary physician responsible for the care plan, we work closely with the patient's physician to be an active member of the care team. Both the patient's physician and the hospice medical director may coordinate the patient's medical care, especially when symptoms are difficult to manage. The hospice medical director is always available to answer questions you or the patient may have regarding hospice medical care.

Hospice care is managed by an Interdisciplinary Team of professionals that will tailor a plan specific to the patient's goals for comfort and care:

### **What service does the Hospice Team provide?**

Among its primary responsibilities, the interdisciplinary hospice team:

- Manages the patient's pain and symptoms
- Provides needed medications, medical supplies, and equipment related to the hospice diagnosis
- Educates the family on how to care for the patient
- Assists the patient with the emotional, psycho-social, and spiritual aspects of end of life.
- Delivers special services like therapy (speech, physical, and occupational), dietician, nursing, wound care, and many other treatments when needed
- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home or the caregiver needs respite time
- Provides bereavement care and counseling to surviving family and friends as requested

In most cases, family members or loved ones are the patient's primary caregivers. Additionally, hospice recognizes that loved ones have their own unique needs for support. As a relationship with the hospice begins, hospice staff will want to know about the primary caregiver's priorities. They will also want to know how best to support the patient and family during this time. Support can take many different forms, including visits with the patient and family members; telephone calls to loved ones, including family members who live at a distance, about the patient's condition; and the provision of volunteers to assist with patient and family needs.

Counseling services for the patient and loved ones are essential for hospice care. After the patient's passing, bereavement support is offered to families for at least one year. These services are also tailored specifically to your level of need and can take various forms, including telephone calls, visits, and written materials about grieving and support groups. Individual counseling may be offered by the hospice or the hospice may make a referral to a community resource.

# NOTES

## HEALING AND FORGIVENESS

### Resources for Grief and Healing

The pastors of First UMC are always eager to pray with and help walk through grief with members and friends of the congregation. We welcome the opportunity to pray with and help plan appropriate memorial and funeral services, but we are not equipped to do in-depth counseling. We are blessed to have many gifted counseling resources in the Highland Lakes.

Some of these include:

Galyon Counseling Services, LLC  
Marble Falls  
[www.galyoncounselingservices.com](http://www.galyoncounselingservices.com)  
830-201-3028

First Baptist Church Counseling Services  
Marble Falls  
[www.discoverfirst.com](http://www.discoverfirst.com)  
830-693-4381

Cari Foote & Associates  
Marble Falls  
[www.professionalcounseling.us](http://www.professionalcounseling.us)  
830-693-0530

In addition to these resources, there are several area grief recovery groups:

- First UMC Marble Falls hosts various grief groups twice a year.

Grief share is a copyrighted grief recovery curriculum. It is used at both:

- First Baptist Church  
901 LaVentana  
Marble Falls  
[www.discoverfirst.com](http://www.discoverfirst.com)  
830-201-4450

- Fellowship Baptist Church  
2702 Mormon Mill Rd  
Marble Falls  
www.fmf.life  
830-693-0710

Grief books:

- Healing After Loss  
by Martha Whitmore Hickman
- Journeying Through Grief (4-Book set)  
by Kenneth C. Haugk
- I Wasn't Ready to Say Goodbye: Surviving, Coping and Healing after the Sudden Death of a Loved One  
by Brook Noel & Pamela D. Blair
- Good Grief  
by Granger E. Westberg

## **NOTES**