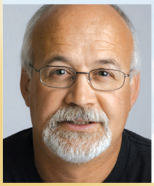

THE KINGDOM KIT

A Personal Record Book for You and Your Family

KINGDOM BUILDER
Foundation

For You and Your Family

The Kingdom Kit personal record book can help you in organizing your valuable papers, important information, possessions, and will also guide you in your will and trust planning. Properly completed, this booklet will provide access to your personal information should the need arise. You should tell members of your immediate family where it is kept. If you want to give a copy to anyone, the Kingdom Builder Foundation is happy to provide you with additional booklets.

You should update your Kingdom Kit, or check it for current accuracy, once a year. The first entry you should make is the date. This should be changed every time you look it over, even if you don't change any of the information inside, to assure the reader of the current accuracy of the entries.

Date:

_____ , 20____
_____ , 20____
_____ , 20____
_____ , 20____
_____ , 20____
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_____ , 20____
_____ , 20____

Family Information and Legal Residence

Many aspects of Wills, marriage, divorce and care and custody of minors are controlled by the laws of the State of residence.

Husband's Full Name _____

Other names by which you are known _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Email _____ Password _____

Date of Birth _____ Birthplace _____

Citizenship _____

Social Security Number _____

Marital Status: _____

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Information on previous marriages _____

_____

_____

Military Statistics _____

Branch of Service _____

Service Serial Number _____

Place of Service _____

Date Entered _____ Date of Separation _____

Grade, Rank or Rating _____

Wars/Conflicts Served _____

Additional Information _____

_____

_____

_____

_____

_____

_____

Wife's Full Name _____

Other names by which you are known _____

Address _____

City _____ State Zip _____

Phone (Home) _____ (Cell) _____

Email _____ Password _____

Date of Birth _____ Birthplace _____

Citizenship _____

Social Security Number _____

Marital Status: _____

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Information on previous marriages _____

_____

_____

Military Statistics _____

Branch of Service _____

Service Serial Number _____

Place of Service _____

Date Entered _____ Date of Separation _____

Grade, Rank or Rating _____

Wars/Conflicts Served _____

Additional Information _____

_____

_____

_____

_____

_____

_____

Children and/or Other Dependents

Child/Dependent #1

Name _____
Relationship _____
Date of Birth _____
Address _____
_____
Phone _____
Email _____

Child/Dependent #2

Name _____
Relationship _____
Date of Birth _____
Address _____
_____
Phone _____
Email _____

Child/Dependent #3

Name _____
Relationship _____
Date of Birth _____
Address _____
_____
Phone _____
Email _____

Child/Dependent #4

Name _____
Relationship _____
Date of Birth _____
Address _____
_____
Phone _____
Email _____

Guardian

If both you and your spouse die while you have minor children, who would you want to appoint as guardian of those children? You may select separate people to be in charge of the children's physical and financial well-being. Be sure to select an alternate in case your primary choice is unable to serve.

Guardian

Name _____
Relationship _____
Address _____
_____
Phone _____
Email _____

Alternate

Name _____
Relationship _____
Address _____
_____
Phone _____
Email _____

Last Will and Testament

If you do not make a Will, your estate will be distributed among your heirs in accordance with the law and the court will appoint such administrators and guardians as may be necessary. This may cause your family difficulty and expense which could be avoided by a properly drawn Will.

I/We have made a Will ☐ I/We have not ☐

The original executed copy of the Will is located at –

_____

_____

The date of the Will is _____

My Will names:

As executors and trustees –

_____

_____

As agent for healthcare decisions –

_____

_____

The lawyer who drew the will is –

_____

Address _____

_____

Phone _____

Email _____

Will Information

Beneficiaries

List the people, group, and/or charitable organizations that you want to benefit when you die.

Beneficiary_____
Address _____
_____
Phone _____ Email _____

Beneficiary_____
Address _____
_____
Phone _____ Email _____

Beneficiary_____
Address _____
_____
Phone _____ Email _____

Beneficiary_____
Address _____
_____
Phone _____ Email _____

Beneficiary_____
Address _____
_____
Phone _____ Email _____

Beneficiary_____
Address _____
_____
Phone _____ Email _____

Beneficiary_____
Address _____
_____
Phone _____ Email _____

Beneficiary_____
Address _____
_____
Phone _____ Email _____

Special Instructions

Include any special instructions to be noted regarding the disposition of unique items.

Existing Trust Funds

Establishing a Trust Fund is one of the common ways of providing for the care of dependents.

-Living Trusts are those established during life.

-Testamentary Trusts are those established by Will, effective after death.

I have created a Living Trust for the benefit of –

_____

_____

It was established on _____

The Trust Agreement is located at –

_____

The trustees are –

_____

_____

_____

The attorney who drew the Trust Agreement is –

_____

Address _____

Phone _____ Email _____

I am a beneficiary under a Trust established by –

_____

Papers are located at _____

_____

_____

If I die, my heirs are beneficiaries of Trust Funds established by

_____

_____

Papers are located at _____

_____

_____

Property Safekeeping Arrangements

A safe deposit box is the least expensive form of protection against fire and theft. Certain records and papers cannot be replaced when lost or destroyed.

I have a safe deposit box - Yes ☐ No ☐

Location _____

_____

The following person has access to the box –

_____

Address _____

_____

Phone _____ Email _____

_____

Personal Employment Arrangements

Benefits supplied by employer and Social Security should not be overlooked by the family when prompt action is vital.

Husband

My employer is _____

Address _____

I commenced my employment on _____

My employer has the following benefit plans in which I participate

_____

_____

Wife

My employer is _____

Address _____

I commenced my employment on _____

My employer has the following benefit plans in which I participate

_____

_____

Financial Information

Thousands of unclaimed accounts are advertised in the papers every year because the depositors do not tell their families about them.

Checking and Savings Accounts

Type	Institution	Account #	Phone

Securities

I own various securities which are located at:

Firm	Account #	Representative	Phone

U.S. Savings Bonds

I own U.S. Savings Bonds under the following ownership registrations –

My name alone ☐

Co-Owner with _____

I am beneficiary at death of _____

At my death, beneficiary is _____

Location of Bonds _____

Other Investments

Business Ownership *(Proprietorship, Partnership, Corporation)*

Name of Business	Share of Ownership

Location of ownership documents

_____

_____

Retirement Accounts *(IRAs, SEPs, Keoughs, SIMPLEs)*

Description	Company	Account #	Phone

Collectibles

Description	Location

Location of authenticity documents

_____

_____

Residence and Other Real Estate

These records are useful if the property is to be sold, mortgaged, or leased and also in connection with inheritance of the property and the preparation of tax returns.

Personal Residence

Address _____

_____

I own my residence - Yes ☐ No ☐

"Yes" – Location of Deed _____

"No" - My landlord is _____

Address _____

_____

Phone _____

Property #2

Description _____

Address _____

_____

Location of Deed _____

Tenants _____

Phone _____

Property #3

Description _____

Address _____

_____

Location of Deed _____

Tenants _____

Phone _____

Tangible Personal Property

I own the following types of tangible personal property -

Household furnishings ☐

Location _____

Jewelry ☐

Location _____

Automobile #1 ☐

Location _____

Automobile #2 ☐

Location _____

Other ☐

_____

_____

Liabilities

Mortgages, Trust Deeds, Loans, etc.

Description	Terms
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Location of loan documents _____

_____

Other Debts

Description	Terms
_____	_____
_____	_____
_____	_____
_____	_____

Life Insurance

An important source of immediate cash for the family. Policies and premium receipts should be preserved in a safe place. A record of the policy numbers, insurance companies, beneficiaries, etc., should be given to your executor with a copy placed in the safe deposit box. All insurance policies carried on my life are listed below.

Policy #1

Company _____ Phone _____

Owner _____ Policy # _____

Policy Type _____

Beneficiary _____

Policy #2

Company _____ Phone _____

Owner _____ Policy # _____

Policy Type _____

Beneficiary _____

Policy #3

Company _____ Phone _____

Owner _____ Policy # _____

Policy Type _____

Beneficiary _____

Policy #4

Company _____ Phone _____

Owner _____ Policy # _____

Policy Type _____

Beneficiary _____

Location of policies _____

_____

Disability Insurance

Knowledge of the location of such policies can help the family make immediate claims if you are disabled. (This is in addition to and exclusive of any such insurance or benefits provided through my employers.)

Policy #1

Company _____ Policy Type _____

Owner _____ Policy # _____

Phone _____

Policy #2

Company _____ Policy Type _____

Owner _____ Policy # _____

Phone _____

Location of policies _____

_____

Other Insurance

It can be helpful for family members to know of any insurance policies related to real estate or tangible personal property.

Type	Company	Policy #	Phone #

Location of policies _____

_____

Tax Returns

Copies of tax returns are often needed in preparing the returns required for settling the estate.

Copies of my income tax returns are located at –

_____

_____

My CPA/Financial Advisor is –

_____

Phone _____

Religion

Churches should be notified in the event of an injury or death, to arrange Pastor visit or Funeral/Memorial services.

I/we are members of –

_____

Address _____

_____

Phone _____

Social Security - Additional Information

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

To facilitate receiving Social Security benefits, you will need the following when contacting the Social Security Office –

1. Social Security Number
2. Marriage License
3. Children's Birth Certificates
4. W2 last two years
5. Proof of widow/widower's age if 62+
6. Death Certificate

Historical Information

Obituary…

Husband

Education	Years	Degrees

Fraternity/Honor Society	Years	Position

Military	Years	Rank

Civic/Public Offices Held	Years	Where

Special Achievements

Other

Wife

Education	Years	Degrees

Fraternity/Honor Society	Years	Position

Military	Years	Rank

Civic/Public Offices Held	Years	Where

Special Achievements

Other

Persons to be Notified

In the event persons need to be notified due to accident or death, it is helpful to have a contact list.

Name _____

Relationship _____

Address _____

Phone _____ Email _____

Name _____

Relationship _____

Address _____

Phone _____ Email _____

Name _____

Relationship _____

Address _____

Phone _____ Email _____

Name _____

Relationship _____

Address _____

Phone _____ Email _____

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Relationship _____

Address _____

Phone _____ Email _____

Name _____

Relationship _____

Address _____

Phone _____ Email _____

Funeral/Memorial Instructions

Your Name: _____

Husband ☐ Wife ☐ Individual ☐

Internment Instructions

Funeral Home _____

Address _____

Phone _____

Services previously purchased Yes ☐ No ☐

Describe _____

Location of documentation _____

Donation of Organs: Yes ☐ No ☐ Describe _____

Organization Name _____

Address _____

Phone _____

Type of Internment: Burial ☐ Cremation ☐

If burial, describe clothing, jewelry, etc.

_____

Location of Internment: Cemetery ☐ Mausoleum ☐ Niche ☐

Other _____ describe _____

Name of location _____

Address _____

Phone _____

Other Instructions _____

_____

_____

_____

_____

Memorial Instructions

Obituary: Yes ☐ No ☐

Placement of Obituary

Name of Newspaper/Journal/etc. _____

Phone _____

Name of Newspaper/Journal/etc. _____

Phone _____

Information to be included _____

_____

_____

_____

Location of Service

Church/synagogue ☐ Funeral Home ☐ Gravesite ☐

Other describe _____

Name _____

Address _____

Phone _____

Service Leader

Clergy ☐ Personal friend ☐

Other, describe _____

Name _____ Phone _____

Veteran Service

Yes ☐ No ☐

Organization _____

Name _____ Phone _____

Service Description

Individuals to participate

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Music/songs to be included

Artist _____ Song _____

Artist _____ Song _____

Artist _____ Song _____

Artist _____ Song _____

Other instructions _____

_____

_____

_____

Commemorative Contributions

Floral ☐ Charitable organization ☐

If charitable, Name _____

Phone _____

Instructions _____

_____

_____

Other Instructions _____

_____

_____

_____

_____

Funeral/Memorial Instructions

Your Name: _____

Husband ☐ Wife ☐ Individual ☐

Internment Instructions

Funeral Home _____

Address _____

Phone _____

Services previously purchased Yes ☐ No ☐

Describe _____

Location of documentation _____

Donation of Organs: Yes ☐ No ☐ Describe _____

Organization Name _____

Address _____

Phone _____

Type of Internment: Burial ☐ Cremation ☐

If burial, describe clothing, jewelry, etc.

_____

Location of Internment: Cemetery ☐ Mausoleum ☐ Niche ☐

Other _____ describe _____

Name of location _____

Address _____

Phone _____

Other Instructions _____

_____

_____

_____

_____

Memorial Instructions

Obituary: Yes ☐ No ☐

Placement of Obituary

Name of Newspaper/Journal/etc. _____

Phone _____

Name of Newspaper/Journal/etc. _____

Phone _____

Information to be included _____

_____

_____

_____

Location of Service

Church/synagogue ☐ Funeral Home ☐ Gravesite ☐

Other describe _____

Name _____

Address _____

Phone _____

Service Leader

Clergy ☐ Personal friend ☐

Other, describe _____

Name _____ Phone _____

Veteran Service

Yes ☐ No ☐

Organization _____

Name _____ Phone _____

Service Description

Individuals to participate

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Music/songs to be included

Artist _____ Song _____

Artist _____ Song _____

Artist _____ Song _____

Artist _____ Song _____

Other instructions _____

_____

_____

_____

Commemorative Contributions

Floral ☐ Charitable organization ☐

If charitable, Name _____

Phone _____

Instructions _____

_____

_____

Other Instructions _____

_____

_____

_____

Other Special Instructions and Information

The following page is provided for you to update the information you have provided in this booklet. We recommend that you date these entries to avoid any possible confusion as to your desires.

Date____ Special Instructions and Information

A Christian's Opportunity

The Christian tradition of giving is both a privilege and an opportunity. What we now enjoy and cherish – our church, our schools, our hospitals – were in large part given by those who came before us. We all have the opportunity to follow this example by giving something of ourselves to assure the future of our Christian witness.

The work of the Kingdom Builder Foundation is always expanding and ever changing to meet new challenges. The Foundation provides many opportunities to support those programs and carry on the Christian tradition of giving "forever." One of the Foundation's objectives is to provide you with resources that will help you and your family to better plan for the future and, eventually, insure the continuance of the Church's work in all areas.

For more information about its services and for additional copies of this booklet, please call or email the Foundation office. God Bless you.

Compliments of

KINGDOM BUILDER
Foundation

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