



SHILOH MISSIONARY BAPTIST CHURCH *of Flint*

— Est. 1918 —

LEGACY PLANNING GUIDE

Preparing Today. Protecting Tomorrow.



*“A good person leaves an inheritance
to their children’s children.” – Proverbs 13:22*

Prepared for the Shiloh Church Family

Building Legacy Through Faith and Wisdom

TABLE OF CONTENTS

PURPOSE

SECTION 1: PERSONAL INFORMATION

SECTION 2: IMPORTANT CONTACTS

SECTION 3: ASSET INVENTORY

SECTION 4: ESTATE DOCUMENTS

SECTION 5: ADVANCE DIRECTIVES

SECTION 6: HEALTHCARE INFORMATION

SECTION 7: PROPERTY AND HOUSEHOLD INFORMATION

SECTION 8: DIGITAL ASSET PLANNING

SECTION 9: FUNERAL AND FINAL WISHES

SECTION 10: MICHIGAN SPECIFIC PLANNING TOOLS

SECTION 11: YOUR HISTORY

SECTION 12: YOUR HISTORY

SECTION 13: DOCUMENTS

SECTION 16: FORMS

PURPOSE

This workbook is designed to help individuals and families begin organizing their affairs, documenting important information, and taking the first steps toward building a clear and meaningful legacy plan.

Legacy and estate planning is not only about what happens after death. It is also about protecting your voice, honoring your wishes, and providing guidance for your loved ones if you ever become unable to make decisions for yourself. Thoughtful planning today can bring clarity, peace of mind, and protection for the people you care about most.

This guide is intended to serve as a starting point. It will help you gather important information, think through key decisions, and begin conversations with your family about your wishes and your legacy.

Please note that this workbook is not a substitute for professional legal or financial advice.

Every family situation is unique. As you work through this guide, you are strongly encouraged to consult with qualified legal, financial, and estate planning professionals to ensure your plans are properly documented and legally binding.

Additional tools, resources, and suggested next steps can be found in the Resource Section at the back of this book to help you continue the planning process.

Scripture reminds us of the importance of preparing for the future and caring for generations to come:

“A good person leaves an inheritance to their children’s children.”

— Proverbs 13:22

Use this workbook as a place to begin documenting the information your loved ones may one day need and to take meaningful steps toward leaving a legacy of preparation, wisdom, and love.



**REV. DR. DANIEL AND LADY DENISE
MOORE**



HOW TO USE

This workbook is a guideline to help you begin organizing your affairs and documenting important information for your loved ones. You do not have to complete everything at once. Simply work through each section prayerfully and thoughtfully.

1. Complete each section as thoroughly as you can. If you do not have all the information today, you can return and update it later.
2. Share the location of this workbook with a trusted family member or advisor so they know where important information can be found when needed.
3. Review and update this workbook every year or whenever major life changes occur (marriage, births, property changes, etc.).
4. Use this workbook as a starting point, but consult an estate planning attorney or qualified professional to create any official legal documents.

Remember, planning today is a gift of love and clarity for the generations that will follow.



SECTION 1: PERSONAL INFORMATION

Full Legal Name: _____

Date of Birth: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

Email: _____

Marital Status: _____

Spouse Name: _____

Children: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. (Circle)

Names: _____

Emergency Contact: _____

Relationship: _____

Phone: _____



SECTION 2: HOW TO USE

This workbook is designed to help you begin organizing important information and documenting your wishes for your family and loved ones. You do not have to complete it all at once—work through each section at your own pace and update it as your life changes.

1. Complete each section as best as possible.

Fill in the information requested in each section. If you do not have all the details right away, return to it later as you gather the necessary information.

2. Store the workbook in a safe place.

Keep this workbook in a secure location and make sure a trusted family member or loved one knows where it is stored.

3. Review and update regularly.

Update the workbook every 1–2 years or whenever there is a major life change such as a move, marriage, new assets, or changes in your family.

4. Seek professional guidance.

This workbook is a guide to help you get started. It is not a legal document. For wills, trusts, powers of attorney, and other legal matters, consult with a qualified estate planning attorney.

Additional resources are available in the Resource Section at the back of this book.



SECTION 3: ASSET INVENTORY

Real Estate

Property Type: _____

Address / Location: _____

Mortgage Holder (if applicable):

Approximate Value: _____

Name on Deed: _____

Notes:

Property Type: _____

Address / Location: _____

Mortgage Holder (if applicable):

Approximate Value: _____

Name on Deed: _____

Notes:



SECTION 3: ASSEST INVENTORY

Bank Accounts

Financial Institution: _____

Account Type (Checking/Savings/Money Market): _____

Last 4 Digits of Account Number: _____

Account Holder(s): _____

Notes: _____

Financial Institution: _____

Account Type: _____

Last 4 Digits of Account Number: _____

Account Holder(s): _____

Notes: _____

Financial Institution: _____

Account Type: _____

Last 4 Digits of Account Number: _____

Account Holder(s): _____

Notes: _____

Financial Institution: _____

Account Type: _____

Last 4 Digits of Account Number: _____

Account Holder(s): _____

Notes: _____



SECTION 3: ASSET INVENTORY

Investment Accounts

Financial Institution: _____

Account Type (Stocks/Brokerage/Mutual Funds/etc.):

Last 4 Digits of Account Number: _____

Beneficiary Listed: _____

Notes:

Financial Institution: _____

Account Type: _____

Last 4 Digits of Account Number: _____

Beneficiary Listed: _____

Notes: _____

Retirement Accounts

Institution / Company: _____

Account Type (401k, IRA, Pension, etc.): _____

Last 4 Digits of Account Number: _____

Beneficiary: _____

Notes: _____



SECTION 3: ASSET INVENTORY

Insurance Policies

Insurance Company: _____

Type of Policy (Life, Disability, Long-Term Care):

Policy Number (Last 4 digits):

Beneficiary:

Notes: _____

Insurance Company: _____

Type of Policy (Life, Disability, Long-Term Care):

Policy Number (Last 4 digits):

Beneficiary:

Notes: _____



SECTION 3: ASSET INVENTORY

Vehicles and Valuable Property

Type of Asset (Vehicle, Jewelry, Collectibles, etc.):

Description (Make / Model / Details):

Year (if applicable): _____

Location of Asset: _____

Notes: _____

Type of Asset (Vehicle, Jewelry, Collectibles, etc.):

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Description (Make / Model / Details):

Year (if applicable):

Location of Asset:

Notes:

Type of Asset (Vehicle, Jewelry, Collectibles, etc.):

Description (Make / Model / Details):

Year (if applicable):

Location of Asset:

Notes:



SECTION 1: PERSONAL INFORMATION

Vehicles and Valuable Property

Type of Asset (Vehicle, Jewelry, Collectibles, etc.):

Description (Make / Model / Details):

Year (if applicable): _____

Location of Asset: _____

Notes: _____

Type of Asset (Vehicle, Jewelry, Collectibles, etc.):

Description (Make / Model / Details):

Year (if applicable): _____

Location of Asset: _____

Notes: _____

Type of Asset (Vehicle, Jewelry, Collectibles, etc.):

Description (Make / Model / Details):

Year (if applicable): _____

Location of Asset: _____

Notes: _____

Type of Asset (Vehicle, Jewelry, Collectibles, etc.):

Description (Make / Model / Details):

Year (if applicable): _____

Location of Asset: _____

Notes: _____



SECTION 3: ASSET INVENTORY

Business Interests

Business Name: _____

Ownership Percentage: _____

Business Address / Contact: _____

Notes: _____

Digital Assets

Platform or Account: _____

Username or Account Reference: _____

Location of Passwords (Password Manager, Safe, etc.): _____

Notes: _____

Other Assets

Description of Asset: _____

Location: _____

Approximate Value: _____

Notes: _____

Location of Important Documents

Will Location: _____

Trust Documents Location: _____

Insurance Policies Location: _____

Property Deeds Location: _____

Other Important Documents: _____



SECTION 4: ESTATE DOCUMENTS

Do you currently have the following?

Last Will and Testament: Yes / No

Location of Document:

Trust: Yes / No

Location: _____

Financial Power of Attorney: Yes / No

Agent Name: _____

Medical Power of Attorney (Patient Advocate): Yes / No

Agent: _____

Living Will / Advance Directive: Yes / No

Location: _____

HIPAA Authorization: Yes / No

Location: _____

Guardian for Minor

Children: _____



SECTION 5: ADVANCE DIRECTIVES

Advance directives allow your wishes to be followed if you cannot communicate.

Primary Medical Decision Maker:

Phone: _____

Secondary Decision Maker:

Phone: _____

Life Support Preferences: _____

Resuscitation Preferences: _____

Long-Term Care Preferences: _____



SECTION 6: HEALTHCARE INFORMATION

Allergies: _____

Current Medications: _____

Chronic Conditions: _____

Preferred Hospital: _____

Insurance Provider: _____

Policy Number: _____



SECTION 7: PROPERTY AND HOUSEHOLD INFORMATION

Location of Property Deed: _____

Mortgage Company: _____

Home Insurance Provider: _____

Utility Providers:

Electric: _____

Gas: _____

Water: _____

Internet: _____



SECTION 8: DIGITAL ASSET PLANNING

Important Digital Accounts

Email Accounts:

1. _____
2. _____
3. _____
4. _____

Social Media Accounts:

1. ID: _____ Password: _____

(Facebook)

2. ID: _____ Password: _____

(Instagram)

1. ID: _____ Password: _____

(_____)

Online Banking: ID: _____ Password: _____

Password Storage Location: _____

Cellphone Password: _____

Person Authorized to Access Digital Accounts:



SECTION 9: FUNERAL AND FINAL WISHES

Burial or Cremation Preference: _____

Preferred Funeral Home: _____

Do you have a Pre-Paid Plan: Yes/No: _____

Cemetary Preference: _____

Do you have a Pre-Paid plot?: Yes/No: _____

Service Location: _____

Eulogist: 1. _____

2. _____

Favorite Scriptures:

1. _____

2. _____

Songs or Music Preferences:

1. _____

2. _____

Special Instructions: _____



SECTION 10: MICHIGAN-SPECIFIC PLANNING TOOLS

Michigan residents may use the following tools to simplify estate planning.

1. Lady Bird Deed (Enhanced Life Estate Deed)
Allows property to transfer to heirs without probate.
2. Patient Advocate Designation Michigan form
allowing someone to make medical decisions on your behalf.
3. Transfer on Death (TOD) Accounts
Allows bank and investment accounts to pass directly to beneficiaries.

Consult an attorney to determine if these are appropriate for your situation.



SECTION 11: YOUR HISTORY

Document your family history for future generations.

Parents: _____

Grandparents: _____

Children: _____

Grandchildren: _____

Schools attended: _____

Military Service: _____

Employment: _____



SECTION 12: DOCUMENTS

Important Family Records

Birth Certificates Location: _____

Marriage Certificates Location: _____

Military Records Location: _____

Property Records Location: _____

Insurance Policies Location: _____

Safe Deposit Box Location: _____

Key Holders: _____

Safe Location: _____

Combination Holders: _____



SECTION 11: RECORDS LOCATIONS

Important Family Records

Birth Certificates Location: _____

Marriage Certificates Location: _____

Military Records Location: _____

Property Records Location: _____

Insurance Policies Location: _____

Safe Deposit Box Location: _____

Key Holders: _____

Safe Location: _____

Combination Holders: _____



SECTION 11: RECORDS LOCATIONS

Important Family Records

Birth Certificates Location: _____

Marriage Certificates Location: _____

Military Records Location: _____

Property Records Location: _____

Insurance Policies Location: _____

Safe Deposit Box Location: _____

Key Holders: _____

Safe Location: _____

Combination Holders: _____



SECTION 11: RECORDS LOCATIONS

Important Family Records

Birth Certificates Location: _____

Marriage Certificates Location: _____

Military Records Location: _____

Property Records Location: _____

Insurance Policies Location: _____

Safe Deposit Box Location: _____

Key Holders: _____

Safe Location: _____

Combination Holders: _____



SECTION 11: RECORDS LOCATIONS

Important Family Records

Birth Certificates Location: _____

Marriage Certificates Location: _____

Military Records Location: _____

Property Records Location: _____

Insurance Policies Location: _____

Safe Deposit Box Location: _____

Key Holders: _____

Safe Location: _____

Combination Holders: _____



SECTION 11: RECORDS LOCATIONS

Important Family Records

Birth Certificates Location: _____

Marriage Certificates Location: _____

Military Records Location: _____

Property Records Location: _____

Insurance Policies Location: _____

Safe Deposit Box Location: _____

Key Holders: _____

Safe Location: _____

Combination Holders: _____



**Advance Directive
Designation of Patient Advocate
(State of Michigan – Healthcare Power of Attorney)**

This document allows you to appoint someone you trust to make medical decisions for you if you become unable to make those decisions yourself.

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Designation of Patient Advocate

I designate the following person as my Patient Advocate to make medical and mental health decisions on my behalf if I am unable to participate in my own medical care.

Name of Patient Advocate: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (optional): _____

Alternate Patient Advocate (Optional)

If the person named above is unable or unwilling to act, I designate the following person as my Alternate Patient Advocate.

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (optional): _____

Authority Granted to My Patient Advocate

My Patient Advocate may make decisions regarding my medical treatment, including but not limited to:

- Consenting to or refusing medical treatment
- Accessing my medical records
- Arranging hospital or nursing care
- Making decisions regarding life-sustaining treatment
- Authorizing or refusing surgical procedures
- Making decisions regarding mental health treatment if applicable

Additional instructions or limitations:

Life-Sustaining Treatment Preferences

If I have a serious or terminal condition and cannot communicate my wishes, I prefer the following:

- I want all available life-sustaining treatments to be provided.
- I do not want life-sustaining treatments if recovery is unlikely.
- I want my Patient Advocate to decide based on what they believe is best for me.

Additional instructions:

Pain Management

- I want medication or treatment to relieve pain and suffering, even if it may shorten my life.
- Other instructions regarding comfort care:

Organ and Tissue Donation

- I wish to donate my organs or tissues if possible.
- I do not wish to donate my organs or tissues.
- I will allow my Patient Advocate to decide.

Additional instructions:

Spiritual or Religious Preferences (Optional)

If possible, I would like the following spiritual support or practices honored:_____

Signature of Person Making Directive

I understand the purpose of this document and voluntarily sign it.

Signature: _____

Printed Name: _____

Date: _____

Witness Statement

Michigan law requires two adult witnesses who are not the patient advocate, not a spouse, parent, child, grandchild, sibling, or heir.

Witness #1

Name: _____

Signature: _____

Date: _____

Witness #2

Name: _____

Signature: _____

Date: _____

Acceptance by Patient Advocate

I accept the designation as Patient Advocate and agree to act in accordance with the wishes of the person who appointed me.

Patient Advocate Signature: _____

Printed Name: _____

Date: _____

Important:

This form is provided as a planning guide. Laws and requirements may change, and individual circumstances vary. It is strongly recommended that you review your advance directive with a qualified attorney or healthcare professional in the State of Michigan to ensure it is legally valid and properly reflects your wishes.

ADVANCED DIRECTIVE NOTES AND TIPS

In Michigan, an Advance Directive (Designation of Patient Advocate) does NOT need to be notarized to be legally valid.

However, it must meet these requirements:

Michigan Legal Requirements

1. You must sign the document voluntarily.
2. Two adult witnesses must sign it.

Witness Restrictions

Your witnesses cannot be:

- Your patient advocate
- Your spouse
- Your parent, child, grandchild, or sibling
- Your presumed heir
- Your physician
- An employee of your life or health insurance provider
- An employee of the healthcare facility where you are receiving treatment

Important Additional Requirement

Your Patient Advocate must also sign an “Acceptance” of the designation before they can act on your behalf.

Best Practices (Recommended)

Even though it is not required, it is strongly recommended to:

- Give a copy to your Patient Advocate
- Provide copies to your doctor and healthcare providers
- Keep a copy in an accessible place at home
- Inform trusted family members where it is located

Durable Financial Power of Attorney

(State of Michigan)

This document allows you to appoint a trusted person to handle financial and legal matters on your behalf if you become unable to manage them yourself.

1. Principal Information

(The person granting authority)

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

2. Appointment of Agent

(The person authorized to act on your behalf)

I appoint the following person as my Agent (Attorney-in-Fact) to act on my behalf regarding financial and legal matters.

Agent Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (optional): _____

3. Alternate Agent (Optional)

If the person named above is unable or unwilling to serve, I appoint the following individual as my Alternate Agent.

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

4. Powers Granted

I grant my Agent authority to act on my behalf in the following matters.

(Initial each power you wish to grant.)

- Banking transactions
 - Real estate transactions
 - Personal property transactions
 - Stock and investment transactions
 - Retirement accounts
 - Insurance transactions
 - Tax matters
 - Business operations
 - Government benefits
 - Paying bills and managing household expenses
 - Access to safe deposit boxes
 - Other powers (describe below):
-
-

5. Special Instructions or Limitations

You may place limits on the authority of your Agent here.

6. Effective Date

This Power of Attorney becomes effective:

- Immediately upon signing
- Only if I become incapacitated and unable to manage my financial affairs
- Other condition:

7. Duration

This Power of Attorney shall remain in effect until:

- Revoked by me in writing
 - My death
- Other condition:

8. Compensation of Agent

- My Agent will serve without compensation
- My Agent may receive reasonable compensation for services

Additional instructions:

9. Reliance on This Document

Any person or institution may rely upon the authority of my Agent as stated in this document unless they have actual knowledge that it has been revoked.

10. Signature of Principal

I understand the purpose of this document and voluntarily grant these powers.

Signature: _____

Printed Name: _____

Date: _____

11. Witnesses

Witness #1

Name: _____

Signature: _____

Date: _____

Witness #2

Name: _____

Signature: _____

Date: _____

12. Notary Acknowledgment

State of Michigan

County of _____

On this ____ day of _____, 20, before me personally appeared:
who proved to me to be the person whose name is subscribed to this
document.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

13. Agent Acceptance

I accept the appointment as Agent and agree to act in the best interest
of the Principal.

Agent Signature: _____

Printed Name: _____

Date: _____

Important Notice

This document is provided as a planning guide for organizing your
wishes.

For full legal protection, it is strongly recommended that you review
your Financial Power of Attorney with a qualified attorney licensed in
the State of Michigan.