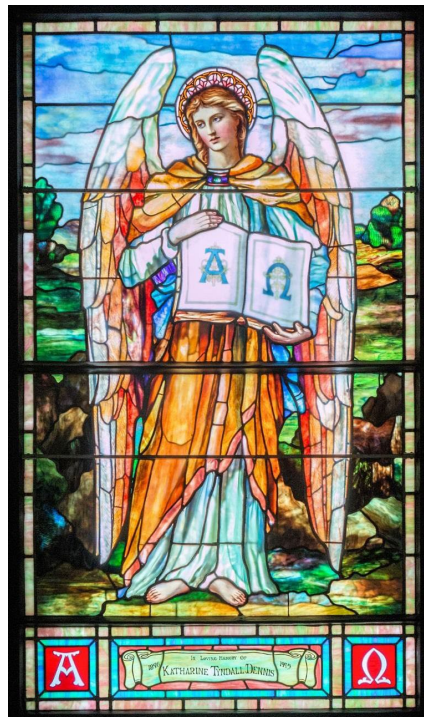


OMEGA FILE PERSONAL ORGANIZER SUPPLEMENT

ST. JAMES'S LIFE-PLANNING AID FOR PARISHIONERS AND THEIR FAMILIES



*[Jesus said,] "I am the Alpha and the Omega,
the First and the Last, the Beginning and the End."*

Revelation 22:13

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INTRODUCTION

- THE OMEGA FILE PERSONAL ORGANIZER SUPPLEMENT is a planning and documentation tool for parishioners offered by St. James's to help bring peace to you and your loved ones during stressful times.
- Please note that THE OMEGA FILE PERSONAL ORGANIZER SUPPLEMENT is not a legal document, and does not take the place of a will. Please put your OMEGA FILE PERSONAL ORGANIZER SUPPLEMENT in a safe place accessible and known to your next of kin and/or executor. Safe deposit boxes are not a good place to leave the documents that need to be used immediately. They are sealed at a person's death.
- We know that the work of end of life planning is emotionally and spiritually draining. The clergy are here to support you. Please reach out to any of the clergy if we can support you during this process.

The Reverend Penny Nash, pnash@doers.org

The Reverend Amelia Arthur, aarthur@doers.org

The Reverend Blake Singer, bsinger@doers.org

- By planning and preparing for death, we honor our family and demonstrate our values by serving those individuals and organizations that have meaning in our life. Please make or update your will and give prayerful consideration to including a bequest or end-of-life gift to The St. James's Endowment Fund, Incorporated. For more information about end-of-life planning and/or charitable giving, contact:

Grace Barrett, Director of Stewardship

804-355-1779, ext. 317 or gbarrett@doers.org

- The St. James's Legacy Society has been established to recognize the stewards of St. James's who have made provisions for the future of this parish. These estate gifts to the St. James's Endowment Fund, Incorporated, include will bequests, special end-of-life gifts, or life income gifts. This group of people will be recognized periodically in appreciation for their devotion to St. James's and its ministry. If a donor prefers to remain anonymous, such a request will gladly be honored. For planning purposes, it is helpful to St. James's and the Endowment Fund to know of your plans for the future of St. James's.
- *"The Minister of the Congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision for the wellbeing of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses." ~ The Book of Common Prayer, page 445.*

PERSONAL INFORMATION

Date of most recent information update: _____

Full Name: _____

Home Address: _____

Second Address (if applicable): _____

Social Security Number: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Birth Date: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Citizenship: _____

Do you have a Will? ___ Yes ___ No If yes, date of last update: _____

Do you have a trust agreement? ___ Yes ___ No

Do you have a power of attorney? ___ Yes ___ No

Do you have an advance medical directive? ___ Yes ___ No

Do you wish to be an Organ Donor? ___ Yes ___ No

If yes, the particulars of which are known to, or recorded at: _____

Are you entitled to Military Benefits? ___ Yes ___ No

Dates of Service: _____ Branch of Service: _____

Serial Number: _____

Veteran's Service Organization to contact: _____

Phone Number: _____

Full Name of Living Spouse: _____

Address (if different): _____

Home Phone Number (if different): _____

Cell Phone Number: _____

Email Address: _____

Birth Date: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Citizenship: _____

Social Security Number: _____

Does your Spouse have a Will? ___ Yes ___ No Last Will Executed on: _____

Full Name(s) of Former or Deceased Spouse(s) _____

Date of Marriage: _____ Place of Marriage: _____

Date of Death: _____ Place of Death: _____

Date of Divorce: _____ Place of Divorce: _____

Social Security Number: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Birth Date: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Citizenship: _____

Father's Full Name: _____

Living: ___ Yes ___ No

Date of Birth/Place: _____

Mother's Full Name: _____

Living: ___ Yes ___ No

Date of Birth/Place: _____

NOTIFICATION INFORMATION

The following person(s) has agreed to be guardian for my children:

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

My children's pediatrician is:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

The following person has agreed to care for my pets:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

My veterinarian is:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

LIVING IMMEDIATE FAMILY MEMBERS

Name/Relationship	Address	Phone Number	Email Address

CLOSE FRIENDS OR SIGNIFICANT OTHERS TO NOTIFY IN CASE OF DEATH

Name/Relationship	Address	Phone Number	Email Address

BUSINESS, PROFESSIONAL AND ESTATE PLAN CONTACTS

Employer

Company Name: _____

Person to contact at Company: _____

Address: _____

Phone Number: _____ Email Address: _____

Attorney

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Financial Advisor/Broker

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Accountant/Tax Advisor

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Banker

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Executor

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Co-Executor

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Trustee

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Power of Attorney Agent

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Advance Medical Directive Agent

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Doctors

1) Name: _____

Specialty: _____

Address: _____

Phone Number: _____ Email Address: _____

2) Name: _____

Specialty: _____

Address: _____

Phone Number: _____ Email Address: _____

3) Name: _____

Specialty: _____

Address: _____

Phone Number: _____ Email Address: _____

Insurance agents/companies

1) Name: _____
Company: _____
Type of Insurance (health, life, disability, homeowners, car): _____
Address: _____
Phone Number: _____ Email Address: _____

2) Name: _____
Company: _____
Type of Insurance (health, life, disability, homeowners, car): _____
Address: _____
Phone Number: _____ Email Address: _____

3) Name: _____
Company: _____
Type of Insurance (health, life, disability, homeowners, car): _____
Address: _____
Phone Number: _____ Email Address: _____

4) Name: _____
Company: _____
Type of Insurance (health, life, disability, homeowners, car): _____
Address: _____
Phone Number: _____ Email Address: _____

5) Name: _____
Company: _____
Type of Insurance (health, life, disability, homeowners, car): _____
Address: _____
Phone Number: _____ Email Address: _____

LOCATION OF IMPORTANT DOCUMENTS

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

(H) Home; (D) Safe Deposit Box; (O) Office; (A) Attorney, (N/A) Not Applicable	
	Will
	General Durable Power of Attorney
	Durable POA for Health Care / Advance Medical Directive
	Trust Agreements
	Adoption Papers
	Military discharge papers
	Social Security card
	Medicare and Medicaid cards
	Real Estate Title
	Mortgage papers
	Inventory of household goods
	Marriage License
	Divorce Decree/Property Settlement
	Passport or Citizenship papers
	Automobile Title (First Vehicle)
	Automobile Title (Second Vehicle)
	Bank books/Checkbooks
	Bank Statements
	Tax papers for current year
	Tax returns for last 5 years
	Birth Certificate
	Survivor's pension info
	Insurance policies:
	Life
	Health
	Disability
	Automobile
	Excess Liability
	Long-term care
	Stock Certificates/investments

	Long-term care facility contract
	Keys to cars and property
	Address book/wallet/cell phone
	Other:

Safe Deposit Box

Box Location: _____

Key Location: _____

Inventory of Box Contents Location: _____

Person with Access:

Name: _____

Address: _____

Phone Number: _____

PASSWORDS

Organization/ Device	Username	Password	Pin
Debit card/online banking			
Computer			
Smartphone			
Email			

MEDICAL INFORMATION

CURRENT MEDICATIONS

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

HEALTH INFORMATION

What is your blood type?	
What are your medication allergies?	

MEDICAL CONDITION

Condition	Yes	No	Condition	Yes	No
Allergies (if yes, explain below)			Asthma		
Heart failure			Hay fever		
Heart disease or attack			Sinus trouble		
Angina pectoris			Radiation therapy		
Congenital heart disease			Chemotherapy		
Heart murmur			Hepatitis A (infectious)		
High blood pressure			Hepatitis B (serum)		
Arteriosclerosis			Venereal disease		
Mitral valve prolapse			AIDS		
Artificial heart valve			HIV positive		
Heart pacemaker			Blood transfusions		
Heart surgery			Hemophilia		
Rheumatic fever			Anemia		
Arthritis			Sickle cell disease		
Rheumatism			Liver disease		
Cortisone medicine			Yellow jaundice		
Drug or alcohol dependency			Epilepsy or seizures		
Stroke			Fainting or dizzy spells		
Artificial joints			Nervous disorders		
Kidney trouble			Tumors		
Ulcers			Developmental disability		
Diabetes			Mental illness		
Thyroid problems			Special diet		

Glaucoma			Weight gain or loss over 10#		
Cancer			Pregnant		
Emphysema			Nursing		
Chronic cough			Taking birth control pills		
Tuberculosis			Other		
Cataracts			Deafness/hearing aids		
Other					

Explanation of conditions:

Immunizations	Date

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

MEDICAL HISTORY

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

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

FINANCIAL INFORMATION

ASSETS - BANKING AND INVESTMENT ACCOUNTS

Financial Institution	Account Number	Location & Phone	Contact Number
Checking Accounts:			
Savings Accounts:			
Money Markets/CDs:			
Stocks:			
Bonds:			
Mutual Funds:			

IRAs/Keogh:			
Pension Plans:			
Trusts:			

ASSETS – PROPERTY

Description of Property	Location of Property	Names on Title	Location/Date of Title
Personal Property (Auto, boat, RV, etc.):			

Other Tangible Property:			
Real Estate:			
Primary Residence			
Other Real Estate Holdings			

LIABILITIES

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

CREDIT CARDS

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

Do you have identity theft insurance on your credit cards?

Policy number: _____ Contact: _____ Phone #: _____

DEBIT CARDS

Bank/ Company	Account Number	Expiration Date	Pin Number

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

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

**BANK ACCOUNTS AND CREDIT CARDS THAT
HAVE AUTOMATIC PAYMENTS DEDUCTED**

Bank or Card	Account Number	Purpose/Payee	Frequency	Amount

BANK ACCOUNTS THAT HAVE AUTOMATIC DEPOSITS MADE

Bank	Account Number	Purpose/Payee	Frequency	Amount

