

Your Life. Your Legacy.

We are pleased to share *Your Life. Your Legacy.* a personal guide to help you record your life's milestones and legacy. We hope this book will be useful in planning and making future life decisions. We realize that these decisions may be difficult and have designed this binder as a resource to help you provide written directions to ensure your wishes are honored and provide a lasting insight into your life and family.

You will notice *Your Life. Your Legacy.* is divided into four sections: Family & Financial, Practical Planning, Your Legacy, and Important Documents. Within each section are several tools to help you. We encourage you to discuss this important information with family, friends, and professional advisors including attorneys and financial planners.


The Presbyterian Villages of Michigan Foundation exists to sustain and advance the mission of Presbyterian Villages of Michigan (PVM) by providing philanthropic support for important innovative solutions to housing and services, wellness programs, and emergency assistance and safety for older adults of all faiths throughout Michigan. If you have any questions or concerns, please do not hesitate to contact us at 248.281.2040.

Thank you for your interest in *Your Life. Your Legacy.* We hope this guide encourages you to consider future plans for your life and your continued involvement with the PVM Foundation.

Best wishes,



Paul J. Miller, CFRE
President
Presbyterian Villages of Michigan Foundation



Devon Meier
Director of Planned Giving
PVM Foundation

Enclosure



Helpful Hints:

- ❖ This guide is designed for use by one person only.
- ❖ If you need help preparing this guide, ask a family member or trusted friend to help.
- ❖ You should review and update this information at least every five years.
- ❖ Use pencil to allow for future changes.
- ❖ Make the following people aware of this document's existence and location: spouse, children, parents, attorney, accountant, clergy and physician.
- ❖ Ask your attorney if he or she would like to keep a copy of this document. Your attorney can advise you as to the best place to keep your legal and financial documents.
- ❖ Try to keep your Will/Trust, Power of Attorney, Advance Directives, etc. all together and easily accessible. Notify your successors of their location.

An important note: *The information presented in this guide is not intended as legal or financial advice. Please consult your attorney or other advisors.*

***Provided to you by:
Presbyterian Villages of Michigan Foundation
26200 Lahser Road, Suite 300
Southfield, Michigan 48033
248.281.2040***

www.pvmf.org

For more information, visit:
PVMF.ORG/LEGACYGIVING

Gathering and recording your information and wishes is a precious gift to your loved ones. It is your opportunity to record your life and leave a legacy for those who follow.

Your Name: _____

Date of Completion: _____

Dates of Revision: _____

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I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *You, your spouse or significant other*

Your Full Name _____

Your Maiden Name (if applicable) _____

Address _____

Phone & Email _____

Date & Place of Birth _____

Social Security Number _____

Are You A Veteran? (yes or no) _____

Branch of Service/Dates _____

Occupation (or if retired, former occupation) _____

Spouse, Significant Other or Other Primary Contact

Full Name _____

Relationship _____

Address _____

Phone & Email _____

Date & Place of Birth _____

Social Security Number _____

Date & Place of Marriage _____

Date & Place of Death (if applicable) _____

Place of Burial _____

! HELPFUL HINT – It's a good idea to list the name of a person who knows all members of the extended family and can get in touch with them if necessary:

Name _____

Address _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Former Spouses*

Former Spouse

Full name _____

Address _____

Phone & Email _____

Date & Place of Birth _____

Date & Place of Marriage _____

Date of Dissolution or Divorce _____

State & Court Where Proceedings Occurred _____

Date & Place of Death _____

Place of Burial _____

Former Spouse

Full name _____

Address _____

Phone & Email _____

Date & Place of Birth _____

Date & Place of Marriage _____

Date of Dissolution or Divorce _____

State & Court Where Proceedings Occurred _____

Date & Place of Death _____

Place of Burial _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Children*

Child's Full Name _____ ☐ Deceased

Address _____

Phone & Email _____

Date & Place of Birth _____

Date & Place of Death _____

Social Security Number _____

Name of Child's Mother or Father If Different from You or Your Spouse

Other information about child _____

Child's Children (Your Grandchildren)

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Children*

Child's Full Name _____

☐ Deceased

Address _____

Phone & Email _____

Date & Place of Birth _____

Date & Place of Death _____

Social Security Number _____

Name of Child's Mother or Father If Different from You or Your Spouse

Other information about child _____

Child's Children (Your Grandchildren)

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Children*

Child's Full Name _____

☐

Deceased

Address _____

Phone & Email _____

Date & Place of Birth _____

Date & Place of Death _____

Social Security Number _____

Name of Child's Mother or Father If Different from You or Your Spouse

Other information about child _____

Child's Children (Your Grandchildren)

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Children*

Child's Full Name _____

☐

Deceased

Address _____

Phone & Email _____

Date & Place of Birth _____

Date & Place of Death _____

Social Security Number _____

Name of Child's Mother or Father If Different from You or Your Spouse

Other information about child _____

Child's Children (Your Grandchildren)

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Brothers & Sisters*

Your Sibling's Full Name _____ ☐ Deceased

Date & Place of Birth _____

Current City of Residence _____

Phone & Email _____

Sibling's Children (Your Nieces & Nephews)

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Brothers & Sisters*

Your Sibling's Full Name _____

☐ Deceased

Date & Place of Birth _____

Current City of Residence _____

Phone & Email _____

Sibling's Children (Your Nieces & Nephews)

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Brothers & Sisters*

Your Sibling's Full Name _____ ☐ Deceased

Date & Place of Birth _____

Current City of Residence _____

Phone & Email _____

Sibling's Children (Your Nieces & Nephews)

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Parents*

Your Father's Full Name _____ ☐ Deceased

Father's Date & Place of Birth _____

Current City of Residence _____

Phone & Email _____

Your Mother's Full Name _____ ☐ Deceased

Mother's Maiden Name _____

Mother's Date of Birth _____

City of Residence _____

Phone & Email _____

Other Family

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

Full Name _____

Date of Birth _____

City of Residence _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

A. FAMILY - *Pets*

Pet's Name _____

Type of Animal & Breed _____

Year of Birth _____ Year Pet Joined Family _____

Notes about Feeding & Care _____

Notes about Medical History & Special Needs _____

Pet's Name _____

Type of Animal & Breed _____

Year of Birth _____ Year Pet Joined Family _____

Notes about Feeding & Care _____

Notes about Medical History & Special Needs _____

Designated Person to Care for Pets if You Become Unable To Do So

(Make sure the person is willing and able)

Designee's Name _____

Address _____

Phone & Email _____

Veterinarian's Name _____

Address _____

Phone _____

I. FAMILY & FINANCIAL INFORMATION

B. Personal Support - *Medical*

Primary Physician

Name _____

Address _____

Phone _____

Specialist Physician (i.e. cardiologist, optometrist, etc.)

Name _____

Specialty _____

Address _____

Phone _____

Specialist Physician

Name _____

Specialty _____

Address _____

Phone _____

Specialist Physician

Name _____

Specialty _____

Address _____

Phone _____

Pharmacy Where Prescriptions Are Filled _____

Address _____

Phone _____

I. FAMILY & FINANCIAL INFORMATION

B. Personal Support - *Medical*

Preferred Hospital For Treatment _____

City _____

Phone _____

Durable Power of Attorney For Health Care

Primary – Name _____

Address _____

Phone & Email _____

First Alternative – Name _____

Address _____

Phone & Email _____

Second Alternative – Name _____

Address _____

Phone & Email _____

Health Care Declaration/Living Will Advocate

Primary – Name _____

Address _____

Phone & Email _____

First Alternative – Name _____

Address _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

B. Personal Support -Legal

Power of Attorney

Primary – Name _____

Address _____

Phone & Email _____

First Alternative – Name _____

Address _____

Phone & Email _____

Executor (Of Your Will)

Primary – Name _____

Address _____

Phone & Email _____

First Alternative – Name _____

Address _____

Phone & Email _____

Trustee (Of Your Trusts)

Primary – Name _____

Address _____

Phone & Email _____

First Alternative – Name _____

Address _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

B. Personal Support - *Legal*

Attorney

Primary – Name _____

Address _____

Phone & Email _____

First Alternative – Name _____

Address _____

Phone & Email _____

Insurance Agent

Name _____

Address _____

Phone & Email _____

First Alternative – Name _____

Address _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION

B. Personal Support - *Financial*

Accountant or Tax Preparer

Name _____

Address _____

Phone & Email _____

Stockbroker

Name _____

Address _____

Phone & Email _____

Investment or Financial Advisor

Name _____

Address _____

Phone & Email _____

Private Banker

Name _____

Banking Office _____

Phone & Email _____

Employee Benefit Administrator

Name of Employer/Former Employer _____

Name of Benefits Administrator _____

Address _____

Phone & Email _____

! HELPFUL HINT – Don't forget to list your pension and insurance benefits in section I-D: – Assets.

I. FAMILY & FINANCIAL INFORMATION

B. Personal Support - *Others*

Church Family

Clergy _____

Church Name _____

Address _____

Phone & Email _____

Others to Notify At Your Death

Name _____

Relationship _____

Address _____

Phone & Email _____

Name _____

Relationship _____

Address _____

Phone & Email _____

Name _____

Relationship _____

Address _____

Phone & Email _____

! HELPFUL HINT – Be sure to notify the Social Security Office

I. FAMILY & FINANCIAL INFORMATION

C. Location of Documents

Document	Location of Document <i>(Write "n/a" if not applicable)</i>
Will	_____
Durable Power of Attorney	_____
Advanced Health Care Directives	_____
Trust Agreements	_____
Birth Certificate	_____
Prenuptial Agreement	_____
Marriage Papers	_____
Divorce Papers	_____
Adoption Papers	_____
Passport	_____
Naturalization Papers	_____
Military Discharge Papers	_____
Social Security Card	_____
Medicare Card	_____
Medicaid Card	_____
Medical Records	_____
Title to Real Estate/ Mortgage Papers	_____
Title(s) To Automobile(s) Lease, Own, Keys	_____
Inventory of Household Goods, Personal Property (including appraisals, pictures, etc.)	_____
Securities (stocks, bonds, U.S. Savings Bonds)	_____

I. FAMILY & FINANCIAL INFORMATION**C. Location of Documents**

Document	Location of Document <i>(Write "n/a" if not applicable)</i>
Insurance policies	
Life	_____
Health	_____
Dental/vision	_____
Automobile	_____
Homeowners'/renters'	_____
Excess liability	_____
Long term care	_____
Other (specify type)	_____
Pre-paid Final Expense Paperwork	_____
Current tax papers & receipts -for filing tax returns	_____
Income tax returns & papers -for current year and past three years	_____
Address book/Phone/Computer Access	_____
Checkbook	_____
Safe deposit box	_____
Bank & location	_____
Location of box keys	_____
Phone & email of any Authorized signors on box	_____
Other essential keys	_____
Combination Locks	_____

I. FAMILY & FINANCIAL INFORMATION

C. Location of Documents

Locations of Other Important Property/Documents

[illegible]

I. FAMILY & FINANCIAL INFORMATION**D. Financial Statement - Assets**

Financial Assets (i.e. mutual funds, bank and credit union accounts, money market funds, stocks, certificates of deposit, bonds, other financial accounts)

Account Type _____

Financial Institution _____

Acct. # _____ Office _____

Name of Joint/Co-owner _____

Name of TOD/POD Beneficiary _____

Account Type _____

Financial Institution _____

Acct. # _____ Office _____

Name of Joint/Co-owner _____

Name of TOD/POD Beneficiary _____

Account Type _____

Financial Institution _____

Acct. # _____ Office _____

Name of Joint/Co-owner _____

Name of TOD/POD Beneficiary _____

Account Type _____

Financial Institution _____

Acct. # _____ Office _____

Name of Joint/Co-owner _____

Name of TOD/POD Beneficiary _____

I. FAMILY & FINANCIAL INFORMATION**D. Financial Statement - Assets**

Retirement, Trusts & Gift Agreements (i.e. pensions, veterans' benefits, IRA's, other retirement plans, Social Security, trusts for which you are a beneficiary, etc.)

Type of Account _____

Financial Institution _____

Acct. # _____ Office _____

Name of Primary Beneficiary/% _____

Name of Contingent Beneficiary/% _____

Type of Account _____

Financial Institution _____

Acct. # _____ Office _____

Name of Primary Beneficiary/% _____

Name of Contingent Beneficiary/% _____

Type of Account _____

Financial Institution _____

Acct. # _____ Office _____

Name of Primary Beneficiary/% _____

Name of Contingent Beneficiary/% _____

Type of Account _____

Financial Institution _____

Acct. # _____ Office _____

Name of Primary Beneficiary/% _____

Name of Contingent Beneficiary/% _____

I. FAMILY & FINANCIAL INFORMATION

D. Financial Statement - *Assets*

Real Estate (i.e. primary residence, vacation property, rental property, timeshare property, commercial property, other real estate, etc.)

Property Address _____

Tax Parcel # _____

Deed Recording Reference _____

Registered Owners _____

Ownership Form (i.e. individual, joint & survivor, tenant in common, individual with TOD beneficiary)

Property Address _____

Tax Parcel # _____

Deed Recording Reference _____

Registered Owners _____

Ownership Form (i.e. individual, joint & survivor, tenant in common, individual with TOD beneficiary)

Property Address _____

Tax Parcel # _____

Deed Recording Reference _____

Registered Owners _____

Ownership Form (i.e. individual, joint & survivor, tenant in common, individual with TOD beneficiary)

I. FAMILY & FINANCIAL INFORMATION

D. Financial Statement - *Assets*

Other Personal Property (i.e. automobiles, boats, recreational vehicles)

Property Description _____

Certificate of Title # _____

Registered Owners _____

Location _____

Property Description _____

Certificate of Title # _____

Registered Owners _____

Location _____

Property Description _____

Certificate of Title # _____

Registered Owners _____

Location _____

Property Description _____

Certificate of Title # _____

Registered Owners _____

Location _____

Property Description _____

Certificate of Title # _____

Registered Owners _____

Location _____

I. FAMILY & FINANCIAL INFORMATION

D. Financial Statement - *Assets*

Amounts Due From Others

Nature of Debt _____

Name of Debtor _____

Address of Debtor _____

Phone & Email of Debtor _____

Original Amount Due _____

Payment Schedule/Amount _____

Final Maturity _____

Security for the Debt _____

Other Assets/Sources of Income

Description of Asset/Source of Income _____

Account Number _____

Name of Contact Person _____

Address _____

Phone & Email _____

Other Assets/Sources of Income

Description of Asset/Source of Income _____

Account Number _____

Name of Contact Person _____

Address _____

Phone & Email _____

I. FAMILY & FINANCIAL INFORMATION**D. Financial Statement - *Liabilities/Debts*****Loans** (i.e. mortgage, second mortgage, home equity loan, auto loan, bank loan, etc.)

Type of Loan _____ Acct. # _____

Lender _____

Lender's Address _____

Lender's Phone & Email _____

Payment Schedule/Amount _____

Final Maturity _____

Type of Loan _____ Acct. # _____

Lender _____

Lender's Address _____

Lender's Phone & Email _____

Payment Schedule/Amount _____

Final Maturity _____

Type of Loan _____ Acct. # _____

Lender _____

Lender's Address _____

Lender's Phone & Email _____

Payment Schedule/Amount _____

Final Maturity _____

I. FAMILY & FINANCIAL INFORMATION**D. Financial Statement - *Liabilities/Debts*****Credit & Debit Cards**

! HELPFUL HINT– If credit or debit cards are lost or stolen, first contact your bank or credit card companies. If you suspect other forms of identity theft, contact the fraud hotlines at these credit reporting companies:

Equifax: 1-888-766-0008

www.Equifax.com

Experian: 1-888-397-3742

www.experian.com

TransUnion: 1-800-680-7289

www.transunion.com

Type of Card _____

Account Number _____

Lender/Card Issuer _____

Number to Call if Card is Lost or Stolen _____

Type of Card _____

Account Number _____

Lender/Card Issuer _____

Number to Call if Card is Lost or Stolen _____

Type of Card _____

Account Number _____

Lender/Card Issuer _____

Number to Call if Card is Lost or Stolen _____

Type of Card _____

Account Number _____

Lender/Card Issuer _____

Number to Call if Card is Lost or Stolen _____

I. FAMILY & FINANCIAL INFORMATION

D. Financial Statement - *Liabilities/Debts*

Support

Person Dependent on You for Support _____

Address _____

Type of Support _____

Identity of the Court _____

Court Order Date _____ Case Number _____

Amount of Support _____

Person Dependent on You for Support _____

Address _____

Type of Support _____

Identity of the Court _____

Court Order Date _____ Case Number _____

Amount of Support _____

Person Dependent on You for Support _____

Address _____

Type of Support _____

Identity of the Court _____

Court Order Date _____ Case Number _____

Amount of Support _____

II. PRACTICAL PLANNING

A. Obituary

Full name _____

Birthday _____

Address (Present and Previous) _____

Family and Friends _____

Employment History _____

Organizations and Affiliations _____

Special Achievements _____

Charitable donations to be made in your memory to: _____

Other information to be included in obituary: _____

II. PRACTICAL PLANNING

B. Preferred Arrangements

Friend or Relative I Wish to Oversee Funeral Arrangements.

Name _____

Address _____

Phone _____

Prepaid or Preplanned Funeral (give location of document) _____

My Preferences Include (check and complete any that apply):

ANATOMICAL GIFTS:

_____ I have completed and filed with the Michigan Donor Registry a designation of those parts of my body that I am donating to help others.

_____ I have donated my body to _____ & the documents concerning my donation are located in _____

_____ I have completed a Michigan Living Will and a Durable Power of Attorney for Health Care confirming my gift of my body or parts of my body.

CREMATION:

_____ Direct cremation (cremation of the body with no viewing or other service at which the body is present)

_____ Cremation after a ceremony
Wishes for cremated remains _____

BURIAL:

Cemetery _____

Location _____ Burial Plot _____

_____ I prefer immediate burial without public viewing

_____ I prefer to have burial after a public viewing

II. PRACTICAL PLANNING

C. Spiritual Service Planning

_____ I wish to have a memorial service

_____ I do not wish to have any service

_____ I wish to have only a graveside committal service

_____ I wish to have a funeral with a viewing

Casket Open _____ Casket Closed _____

Choice of location for service _____

Choice of clothing, jewelry, and special mementos to be kept with me

Choice of flowers _____

Choice of music _____

Choice of scripture or other readings _____

Favorite pictures for display (and location pictures can be found) _____

Other wishes and favorite stories to be shared about my life _____

II. PRACTICAL PLANNING

C. Spiritual Service Wishes

Name of Person to Officiate At Service _____

Funeral Home _____

Director _____

Address _____

Phone _____

Church _____

Clergy _____

Address _____

Phone _____

Suggestions for Pallbearers

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

! Helpful Hint – Keep the original of this document, and give a copy to the person you have chosen to make the arrangements and a copy to the person who will officiate the service.

! Helpful Hint –12-15 copies of the death certificate will be provided by the funeral home. Additional copies are available from the funeral director.

II. PRACTICAL PLANNING

D. Closing Thoughts

This section gives you an opportunity to document personal thoughts and reflections on your life. Think of the joy you will leave your loved ones in leaving important memories, documenting your personal journey as you look back on your life's path and imparting words of encouragement for future generations.

(Use blank pages as needed)

My Life

My Legacy

III. YOUR LEGACY

A. *Specific Gifts & Bequest*

[illegible]

III. YOUR LEGACY....

B. Your Gift Matters!

Your charitable gift to a 501(C)3 nonprofit organization like the **PVM Foundation** is an investment in something you strongly believe in and will support the organization's mission. A charitable contribution is one way that you can ensure you are making a difference today and for many years to come.

Ways to Give Today:

- **Gifts of cash** – Cash gifts are the easiest and most direct way to support a charitable cause, either during or after your lifetime.
- **Gifts of appreciated securities** – Appreciated assets like a stock portfolio is a valuable asset and one that carries capital gains. With careful planning, you can reduce or potentially avoid capital gains tax.
- **Gifts of real estate or personal property** – Real estate, artwork, antiques or collectables are examples of gifts that could be donated to your favorite nonprofit organization. There are special rules and benefits for these types of gifts to qualified organizations.

Ways to Give Tomorrow – Legacy Gifts:

These are gifts that can be designated now, but are not actually given until a later point in time, such as beneficial designations of life insurance policies or qualified retirement plans; gifts in your will (bequests); or assets transferred to a charitable organization or a trust in exchange for current income. Legacy Gifts are often “deferred gifts” and can be very useful in achieving estate planning goals while creating a personal legacy.

Ways to Make a Legacy Gift:

- **Bequest in your will:** A provision in a will that allocates all or part of an individual's estate to a designated charity like the PVM Foundation or charity of choice.

Sample text to include in your will

I give Presbyterian Villages of Michigan Foundation, (_____ percent of my estate) or (the sum of \$_____), to be used by Presbyterian Villages of Michigan Foundation, wherever the need is greatest.

- **Gift through your Retirement Plan/Life Insurance Policy:** Designate a charity as a beneficiary for a specific amount or percentage of your retirement plan or life insurance policy.
- **Gift that Pays You Income for Life (Charitable Gift Annuity):** This type of gift offers a win-win for the charity and you, the donor. You give a donation of cash or transfer assets to the charity in exchange for long-term fixed income, charitable deductions, and other possible tax benefits. The interest rate is based on your age when you begin taking payments.
- **Personal Property:** Gifts of real estate or other personal assets may be accepted, in accordance with the charity's policies and legal guidelines.

There are a number of additional avenues for charitable giving. You should consult with your attorney and/or professional financial advisor.

III. YOUR LEGACY

C. Charitable *Beneficiaries in My Will, Trusts, Qualified Plans, or IRAs*

Name _____

Address _____

Phone & Email _____

Name _____

Address _____

Phone & Email _____

Name _____

Address _____

Phone & Email _____

Name _____

Address _____

Phone & Email _____

Name _____

Address _____

Phone & Email _____

Name _____

Address _____

Phone & Email _____

IV. IMPORTANT DOCUMENTS

Place your copies of important documents for quick, easy reference in this section. Make sure to keep your original documents in a safe place. Please discuss with your attorney and your family the best location to keep your original documents, with copies to keep in this binder and best times to update these copies.

You may wish to include copies of items like:

- Wills and Trusts
- Durable Power of Attorney (health care and living wills)
- Deeds
- Titles (vehicle, real estate)
- Current Statements of Asset Accounts (banks, stocks, etc.)
- Current Month's statement of Debt Accounts (mortgage, credit cards, loans)
- Vital Statistic Certificates (birth, death, marriage, divorce, etc.)
- Other:

MISSION STATEMENT

Guided by our Christian heritage, we serve all seniors creating new possibilities for quality living.

VISION STATEMENT

We will continue to transform senior living and services, enhancing the communities we serve.

BELIEFS and VALUES

- We create meaningful engagement of seniors, staff, and volunteers.
- We believe in the highest standards of ethical conduct and integrity.
- We are respectful and welcoming.
- We embrace and nurture diversity, equity, and inclusion.
- We promote safe and secure environments.
- We strive for diligent stewardship of resources.
- We practice effective communication.
- We advocate for and champion aging related causes.

Creating Possibilities for the Next Generation of Older Adults Through Giving

The Presbyterian Villages of Michigan (PVM) Foundation advances the PVM Mission by providing philanthropic support for resident emergency needs, innovative services, and wellness programs for residents and older adults throughout the state.

Clarence D. Sterling....the spirit of his giving left a legacy.

PVM has relied on the kind gifts of others to fulfill our mission throughout our 75+ year history. This spirit of giving started with one person, Clarence D. Sterling, who saw a need for quality faith-based senior housing and made the first gift to PVM. With his gift, PVM was founded by purchasing the land where The Village of Redford resides. With over 30 Villages throughout Michigan and a few more on the way....what a legacy Mr. Sterling has left!

We all hold the power to leave our own legacy. We hope you'll consider following the footprint of Clarence D. Sterling. His kindness has positively affected thousands of older adults throughout the state. Your gifts, large or small, can do the same. You can help ensure a brighter future for older adults.

Did You Know?

- Anyone can make a legacy gift.
- The easiest way to do it by leaving a gift in your will.
- There is no required amount to make a legacy gift. We have been blessed with gifts of all different sizes.
- You can designate your support to a specific PVM fund, Village, or to the organization as a whole.
- It costs you nothing today, and you can still support your loved ones.
- When you make a legacy gift commitment, you join a fantastic group of people in the PVM Legacy Society.



PVM Legacy Society

[illegible]

PVM Serves Seniors in Villages and Communities throughout Michigan

Alpena

Alpena Pines
989.278.4250

Battle Creek

The Village of Mill Creek
269.962.0605

Bay City

The Village of Hampton Meadows
989.892.1912

Chesterfield

The Village of East Harbor
586.725.6030

Clinton Township

The Village of Peace Manor
586.790.4500

Detroit

Delta Manor
313.259.5140

Hartford Village

313.270.9700

The Thome Rivertown Neighborhood
313.259.9000

The Village of Bethany Manor
313.894.0430

The Village of Brush Park Manor
Paradise Valley
313.832.9922

The Village of Harmony Manor
313.934.4000

The Village of Oakman Manor
313.957.0210

The Village of St. Martha's
313.582.8088

The Village of University Meadows
313.831.6440

The Village of Woodbridge Manor
313.494.9000

Flint

McFarlan Villages
810.235.3077

Fort Gratiot Township

The Village of Lake Huron Woods
810.385.9516

Gibraltar

The Village of Gibraltar Manor
734.676.4802

Harbor Springs

The Village of Hillside
231.526.7108

Perry Farm Village

231.526.1500

Holly

The Village of Holly Woodlands
248.634.0592

Jackson

The Village of Spring Meadows
517.788.6679

Kalamazoo

The Village of Sage Grove
269.567.3300

Onaway

Lynn Street Manor
989.733.2661

Pontiac

The Village of Oakland Woods
248.334.4379

Redford

The Village of Redford
313.541.6000

Rosebush

The Village of Rosebush Manor
989.433.0150

Warren

The Village of Warren Glenn
586.751.5090

Westland

The Village of Our Saviour's Manor
734.595.4663

The Village of Westland
734.728.5222

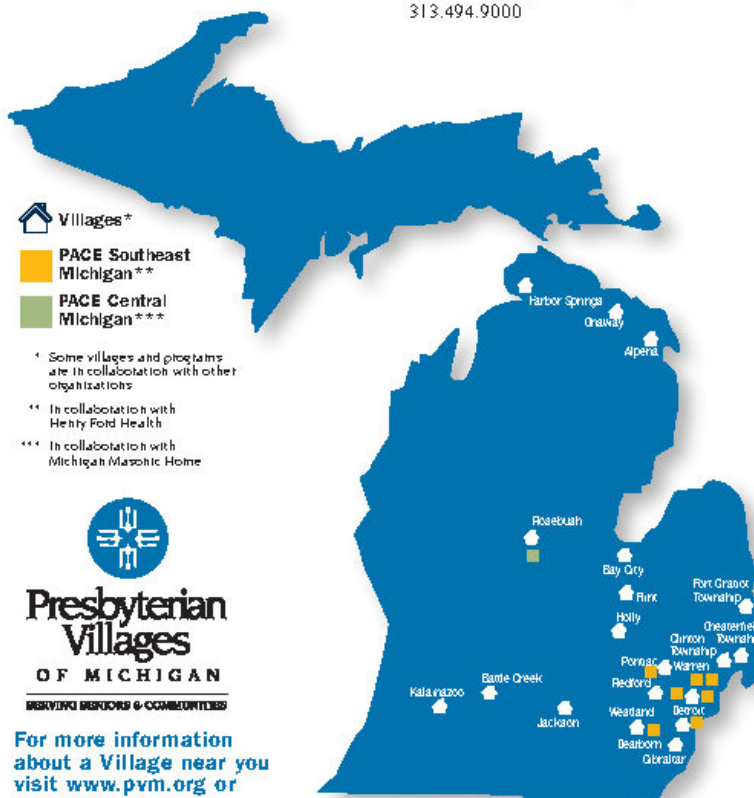
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