

# THE OMEGA FILE



ST. MICHAEL'S EPISCOPAL CHURCH  
1520 CANTERBURY ROAD  
RALEIGH, N.C. 27608  
HOLYMICHAEL.ORG



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## INTRODUCTION

- THE OMEGA FILE is offered by St. Michael's Episcopal Church and the Holy Michael Foundation to help bring peace to you and your loved ones during stressful times.
- THE OMEGA FILE is intended to help you organize and prepare documents which will put your desires in one place for your loved ones when you are sick or at your death. This guide is for anyone who wants to ensure their loved ones are informed about his or her will, health care directives, organ donation desires, funeral plans, business affairs, and charitable intentions.
- Please leave THE OMEGA FILE in a place accessible and known to next of kin and/or your executor. Safe deposit boxes are sealed at a person's death and are *not* a good place to place documents needed immediately after death. PLEASE NOTE: THIS IS INTENDED TO BE A GUIDE, AND IS NOT A LEGALLY BINDING DOCUMENT. PLEASE CONSULT AN ATTORNEY.
- It is important to update this information whenever changes are made that affect your finances, desires for end of life health care, bequests, or passwords changes. We recommend reviewing THE OMEGA FILE annually to ensure the information herein is accurate.
- As you make plans, please consider a bequest or other legacy gift to the Holy Michael Foundation, an endowment established for the sole benefit of the mission and ministry of St. Michael's Episcopal Church. Holy Michael Foundation funds cannot be used for St. Michael's operating budget. For more information about end of life planning and/or charitable giving, please contact:

Charlotte Griffin  
Director of Development  
Holy Michael Foundation  
St. Michael's Episcopal Church  
1520 Canterbury Road, Raleigh, N.C. 27608  
griffin@holymichael.org

*"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 well-being 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*

- The Canterbury Circle has been established to recognize the stewards of St. Michael's who have made provisions for the future of this parish through a bequest, donation or other end of life planned gift. The Canterbury Circle will be recognized annually in appreciation of their generosity and dedication to St. Michael's and its ministries.



## BEFORE YOU BEGIN

Before you begin to complete The Omega File, you should gather information concerning your finances, estate planning, family contact information, health care, and the location of other important documents.

Certain documents can ease the burden of caring for you at the end of your life and ensure the appropriate distribution of your assets. Some things you should consider are:

- ❖ Who do you want to have authority to care for you and your assets if you become incapacitated? Please consider having your attorney prepare a Health Care Power of Attorney and a Living Will. The Health Care POA allows you to appoint an agent who can make decisions about your health care in the event that you are not able to do so. A Living Will outlines your wishes regarding a natural death. Please consult your attorney for more information regarding medical directives.
- ❖ Who do you want to inherit your property? If you do not yet have a will, prepare a list of everyone you would like to remember in your will. If you already have a will, ensure the intentions named in the will still match your current wishes.
- ❖ Are there charitable organizations you wish to receive a portion of your property? Please consider including The Holy Michael Foundation in your will or through another form of planned giving.
- ❖ Who do you trust to handle the transfer of your property at your death? Please ask this person if he/she is willing to serve in this capacity.
- ❖ If you have minor children, who do you want to be their guardian? Consult with those persons prior to seeing your attorney and naming them as guardians.
- ❖ What funeral service do you prefer? Have you considered any hymns? Do you want to be buried or cremated?

The disposition of your assets can take several forms:

- ❖ A specific monetary bequest.
- ❖ A percentage of your estate.
- ❖ A trust.
- ❖ A contingent beneficiary, i.e., the church receives your assets if there are no surviving beneficiaries.

*“Do not neglect to do good and to share what you have,  
for such sacrifices are pleasing to God.”*

*-Hebrews 13:16*



## PERSONAL INFORMATION

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_ Password(s): \_\_\_\_\_

Social Media User Names and Passwords: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Church Where Baptized (w/city/state): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

First Person to Notify Upon My Illness or Death (if different from above): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Spouse's Address (if different): \_\_\_\_\_

Spouse's Cell Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Spouse's Date of Birth/Place: \_\_\_\_\_

Name(s) of Deceased or Former Spouse(s): \_\_\_\_\_

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

Father's Full Name: \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_ Living: \_\_\_ Yes \_\_\_ No

Mother's Full Name: \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_ Living: \_\_\_ Yes \_\_\_ No

Phone Number(s): \_\_\_\_\_

Location of House and Car Keys: \_\_\_\_\_

Employer (Company Name, Supervisor, Address, Phone): \_\_\_\_\_

Armed Forces: Date of Service: \_\_\_\_\_ Branch: \_\_\_\_\_

Serial Number: \_\_\_\_\_



## FAMILY INFORMATION

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

Name(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

My children's pediatrician is:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The following person has agreed to care for my pets:

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

My veterinarian is: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons (other than spouse or children) dependent on me for support (Name, contact info, type, and amount):

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## LIVING RELATIVES

Name/Relationship	Address	Phone No.

## OTHER PEOPLE TO NOTIFY

Name	Address	Phone No.



## LOCATION OF IMPORTANT DOCUMENTS

Safe Deposit Box Location: \_\_\_\_\_

Location of Safe Deposit Box Key: \_\_\_\_\_

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

<b>(H) Home, (B) Safe Deposit Box, (O) Office, (A) Attorney, (N/A) Not Applicable</b>	
	Marriage License
	Divorce Decree
	Passport or Citizenship Papers – Passport #:
	Bill of Sale, Title, Registration for Car(s)
	Bank Books/Statements
	Deeds to Property
	Tax Returns, Receipts, Cancelled Checks
	Birth Certificate or Other Legal Proof of Age
	Survivor’s Pension Information
	Life Insurance Policies
	Stock Certificates
	Armed Forces Discharge Certificate
	Power of Attorney
	Advanced Medical Directives
	Health Care Power of Attorney
	Insurance/Medicare/Medicaid Cards
	Social Security Card
	Short and Long Term Disability Policies
	Long Term Care Facility Contract
	Trust Documents
	Homeowners and Auto Insurance Policies
	Adoption Papers
	Excess/Umbrella Liability Policy
	Other (describe)





## LEGAL AND FINANCIAL CONTACTS

### Attorney

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_  
Last Will Executed On: \_\_\_\_\_ Will Location: \_\_\_\_\_

### Accountant

Name and Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_

### Executor of My Will

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_

### Co-Executor of My Will

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_

### Investment Manager

This manager is my contact for the following accounts: \_\_\_\_\_  
\_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_

### Banker

This banker is my contact for the following accounts: \_\_\_\_\_  
\_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_

### Insurance Agent

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_

### Other

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_



## BANKING, SAVINGS AND INVESTMENT ACCOUNTS INFORMATION

Financial Institution	Location & Phone	Account Type	Account No.	Joint Account Holder, Average Balance
<i>Ex. Wells Fargo</i>	<i>Raleigh, 919-555-5555</i>	<i>Checking</i>	<i>xxxxxxxxxxx-xx</i>	<i>John C. Smith \$5,000</i>

ONLINE BANKING PASSWORD(S)



## OTHER ASSETS

*Please be as specific as you can.*

*List institutions, contact information, account numbers, average balances and/or estimated value.*

Stocks and Bonds

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Mutual Funds

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Trust(s) for which I am a beneficiary

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Pensions, Other Retirement Plans

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IRAs and Keoghs

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Autos, Boats, RVs, etc.

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---

Primary Residence

---

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Other Real Estate Holdings

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Mortgages, Credit Cards and/or other loans that carry insurance on balance upon your death

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## CREDITORS

### Credit Cards, Mortgage, Auto Loans, Insurance

Institution/Credit Card	Acct. #, Type, PIN (if applicable)	Company Phone Number
<i>Ex. ABC Mortgage Inc.</i>	<i>Mortgage, 1234-5678-910</i>	<i>1-800-555-1111</i>

Are any of the above debts paid automatically from any accounts? If so, please list the debt and the account from which it is paid. \_\_\_\_\_



## CIVIC AND PROFESSIONAL ORGANIZATIONS

*Include office or position, past or present affiliations, and contact information if organization is to be notified in the event of your death.*

Notify	Organization, Office, Position, Years of Affiliation

Recreational club membership held in your name:

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Notify \_\_\_\_\_ Dues: \_\_\_\_\_



## MEDICAL INFORMATION

### DOCTORS

Doctor's Name	Specialty	Phone Number

### HOSPITALS

HOSPITAL NAME, by preference	Address	Phone Number
1		
2		
3		

### MEDICATIONS

Medication Name	Dosage and Reason for Taking	Date Started



## MEDICAL CONDITIONS

**Complete a copy of this page for yourself and anyone you want to have this information.**

Condition	Yes	No	Condition	Yes	No
Allergies (if yes, explain below)			Asthma		
Heart Failure			Hay Fever		
Heart Disease or Attack			Sinus Problems		
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 Medication			Jaundice		
Drug or Alcohol Addiction			Epilepsy or Seizures		
Stroke			Fainting or Dizzy Spells		
Artificial Joints			Nervous Disorders		
Kidney Disease			Tumors		
Ulcers			Developmental Disability		
Thyroid Disease			Mental Illness		
Glaucoma			Depression		
Emphysema			Celia Disease		
Chronic Cough			Recent Weight gain/loss > 10 lbs.		
Tuberculosis			Pregnant		
Birth Control Pills			Nursing		
Other					



## OTHER MEDICAL INFORMATION

Location of Advanced Medical Directive: \_\_\_\_\_

Health Insurance Company and Phone Number: \_\_\_\_\_

Health Insurance Policy Number(s): \_\_\_\_\_

Medicare Policy Number and location of Medicare Card: \_\_\_\_\_

Location of Health Insurance and Medicare Card(s): \_\_\_\_\_

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

Chronic Illnesses:

\_\_\_\_\_

\_\_\_\_\_

Medication Allergies:

\_\_\_\_\_

\_\_\_\_\_

Other information and/or personal statement regarding your health care:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## MEDICAL HISTORY

List any medical history of parents and other family members which could benefit your children or siblings with your (or their) medical care. This information should include ages and causes of death, as well as possible hereditary, congenital or unusual medical problems or abnormalities.

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



## WRITING A WILL

Writing a will is an essential part of life. It is the only way you can be sure your wishes and desires will be followed after your death. While you must pay an attorney to write your will, the cost is nominal compared to the cost to your estate if you die without a will. If you do not have a will, the state of North Carolina will decide how and to whom your assets are divided. If you already have a will, it is important to review it periodically to ensure it reflects your current wishes. Things that may affect your will include births, death of a spouse, children reaching majority age, retirement, marriage, divorce, and other life changing events.

Preparation on your part is necessary prior to seeing an attorney. Here are some suggestions to help you begin.

### ***A Christian Preamble \****

A Christian preamble to your will provides a significant opportunity to share your faith with family and friends. Through this personal statement of your faith, an important message will be delivered to those who love and know you best. This message of faith comes at a time of grief and loss and serves as a reminder to them to place their trust in Jesus Christ as you have. Remember, this may be the last document they read about you, their loved one.

As you, together with your attorney, prepare your will and estate plan, give prayerful consideration to adding a Christian preamble such as:

*I, \_\_\_\_\_, of the City of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_, being of sound mind and memory and being under no restraint, do make, declare and publish this my last will and testament, hereby revoking all wills and codicils heretofore made by me. In thanksgiving to God for the gifts of life given in baptism, and for the many blessings God has showered upon me; and in thanksgiving to God for the gifts of faith and hope through Jesus Christ; and in thanksgiving to God for the gifts of nurture and love through the Church where we have shared faith and fellowship; I now commend my loved ones to grow in this same faith, being true to their own baptisms, knowing that God will continue to provide for them in their lifetimes; I encourage them to place their faith and trust in our Lord and Savior.*

*\*Preamble reprinted with permission from the Episcopal Church Foundation.*





## FUNERAL INFORMATION

*Please mail or deliver a signed copy of this funeral planning section to:*

Rector  
St. Michael's Episcopal Church  
1520 Canterbury Road  
Raleigh, N.C. 27608

**PLEASE RETAIN A COPY FOR YOUR RECORDS**

**Date:** \_\_\_\_\_

**My Name:** \_\_\_\_\_

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

Telephone and email: \_\_\_\_\_

**Medical directives which I would like to make known to the clergy of St. Michael's  
(may attach copy of directive, if desired):** \_\_\_\_\_

\_\_\_\_\_

**The first person to notify of my illness or death:**

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

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

Telephone and email: \_\_\_\_\_

**The person(s) responsible for making plans for my funeral and burial:**

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

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

Telephone and email: \_\_\_\_\_

**My obituary should be submitted to the following newspapers:**

\_\_\_\_\_

**My attorney:**

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

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

Telephone and email: \_\_\_\_\_

**Funeral director:**

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

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

Telephone and email: \_\_\_\_\_



I have made the following arrangements with the aforementioned funeral director:

---

If cremated, my ashes are to be disposed of or interred in the following manner:

---

I own my cemetery plot.

I have purchased or would like information on purchasing a spot in St. Michael's Memorial Garden.  
(Please contact Lee Hayden, St. Michael's Director of Operations, for more information.)

I would like to be buried in the following cemetery (Name, address): \_\_\_\_\_

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The legal description of my cemetery plot is: \_\_\_\_\_

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Coffin specifications:  least expensive  mid-range  elaborate

My wishes for the headstone, ground plaque, epitaph are: \_\_\_\_\_

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On my casket at the grave, please use:  Church's pall  American Flag  fresh flowers  evergreens in a blanket.

I  do  do not wish to have my coffin open when my friends visit.

I would like to have visitors received at  my home,  the funeral home, or as follows: \_\_\_\_\_

---



## THE FUNERAL SERVICE

If it pleases my family I would like the following type of funeral service:

	Rite I or Rite II
	Burial Office only to be read
	Burial Office and Eucharist
	Church service with burial immediately following for family and friends
	Church service for family and friends with private burial later for family only
	Memorial service in church with burial either public or private as my family prefers
	Graveside service only

I would like the following clergy to officiate and/or assist at my service (if not St. Michael's clergy, please include officiant's church name and location): \_\_\_\_\_

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## OTHER SERVICE PARTICIPANTS

If it suits my family, I would like the following people (8) to be invited to be pallbearers: \_\_\_\_\_

---

You may want to offer suggestions for some of the participants in the church service. If not, the church will gladly have trained parishioners fulfill these duties.

Crucifer (1)	
Acolytes (2)	
Readers (1, 2 or 3)	
Lay Eucharistic Minister(s)	
Ushers	



If possible, I would like to have the following Psalms and Lessons (for further details about the service, see The Book of Common Prayer, pages 469-507):

**SUGGESTED OLD TESTAMENT READINGS (CHOOSE 1)**

- Isaiah 25:6-9 (*He will swallow up death in victory*)
- Isaiah 61:1-3 (*To comfort all that mourn*)
- Lamentations 3:22-26, 31-33 (*The Lord is good unto them that wait for him*)
- Wisdom 3:1-5, 9 (*The souls of the righteous are in the hand of God*)
- Job 19:21-27a (*I know that my Redeemer liveth*)
- Other*

**SUGGESTED NEW TESTAMENT READINGS (CHOOSE 1)**

- Romans 8:14-19, 34-35, 37-39 (*The glory that shall be revealed*)
- 1 Corinthians 15:20-26, 35-38, 42-44, 53-58 (*Raised in incorruption*)
- 2 Corinthians 4:16-5:9 (*Things which are not seen are eternal*)
- 1 John 3:1-2 (*We shall be like him*)
- Revelation 7:9-17 (*God shall wipe away all tears*)
- Revelation 21:2-7 (*Behold, I make all things new*)
- Other*

**SUGGESTED GOSPEL READINGS (CHOOSE 1)**

- John 5:24-27 (*He that believeth hath everlasting life*)
- John 6:37-40 (*All that the Father giveth me shall come to me*)
- John 10:11-16 (*I am the good shepherd*)
- John 11:21-27 (*I am the resurrection and the life*)
- John 14:1-6 (*In my Father's house are many mansions*)
- Other*

**SUGGESTED PSALMS (CHOOSE 1)**

(SEE THE BOOK OF COMMON PRAYER, PP. 471 -475 FOR COMPLETE PSALMS)

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Psalm 42  | <input type="checkbox"/> Psalm 130 | <input type="checkbox"/> Psalm 116 |
| <input type="checkbox"/> Psalm 46  | <input type="checkbox"/> Psalm 139 | <input type="checkbox"/> Psalm 106 |
| <input type="checkbox"/> Psalm 90  | <input type="checkbox"/> Psalm 23  | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Psalm 121 | <input type="checkbox"/> Psalm 27  |                                    |

I would especially like the following hymns: \_\_\_\_\_

\_\_\_\_\_

Other music or readings \_\_\_\_\_

In lieu of flowers, I would like for my family to consider memorial gifts in my name to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am to be an organ donor, the particulars of which are known to, or recorded at:

\_\_\_\_\_

\_\_\_\_\_

Special requests to my church and my clergy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date





## **NOTES**



## **NOTES**

