

## Bequests

A gift in your will, also known as a bequest, is a meaningful way to support Hebrew Health Care. Bequests are also fully deductible for federal estate tax purposes. A bequest is a gift made through a will, trust or a codicil to a will or trust. Bequests may include cash, marketable securities, closely held stock, real estate, or tangible personal property.

**Sample language:** “I give and bequeath \$\_\_\_\_(sum of money), OR\_\_%(percentage) OR my estate, or all the rest, residue, and remainder of my estate to Hebrew Health Care, Inc. located at 1 Abrahms Boulevard in West Hartford, CT.”

Types of Bequests:

- **Pecuniary** – This is a bequest of a specific dollar amount. For example, “I give and bequeath the sum of \$25,000 to Hebrew Health Care, Inc.” This amount will not fluctuate if your estate increases in value after you have signed your will. Providing your executor has sufficient other assets to pay expenses, debts, taxes, etc., this bequest will not be reduced.
- **Percentage** – This is a bequest of an amount equal to a fixed percentage of the value of your estate at the time of your death. For example, “I give and bequeath to Hebrew Health Care an amount equal to 10% of the total value of the assets in my estate, whatever the amount shall be at the time of my death.”
- **Residuary** – This bequest directs that Hebrew Health Care, Inc. receives all or a portion of the balance of your estate after all necessary costs and pecuniary bequests have been met. For example, “I have left Hebrew Health Care all the residue and remainder of my estate.” If you have more than one residuary beneficiary, then you would make sure that the total amount passing to the residuary beneficiaries equals exactly 100 percent.

## Suggested Bequest Language

While your attorney is responsible for the legal aspects of your planning, we are pleased to provide the following sample language as a courtesy to prospective donors and their attorneys.

### Specific Bequest

I give Hebrew Health Care, Inc. presently located in West Hartford, Connecticut the sum of \_\_\_\_\_dollars (\$\_\_\_\_\_) (or all of my right, title and interest in the following described property\_\_\_\_\_). This gift is to be held in a separate fund to be known as the “\_\_\_\_\_ Fund” and used in such manner as the Board of Trustees of Hebrew Health Care, Inc. shall, in its sole discretion, determine.

### Proportional Bequest

I give Hebrew Health Care, Inc. presently located in West Hartford, Connecticut an amount equal to \_\_\_\_% (\_\_\_\_\_percent) of the total value of the assets in my estate, whatever the amount shall be at the time of my death. This gift is to be held in a separate fund to be known as the “\_\_\_\_\_ Fund” and used in such manner as the Board of Trustees of Hebrew Health Care, Inc. shall, in its sole discretion, determine.

### Residuary Bequest

I give Hebrew Health Care, Inc. presently located in West Hartford, Connecticut all the residue and remainder of my estate. This gift is to be held in a separate fund to be known as the “\_\_\_\_\_ Fund” and used in such manner as the Board of Trustees of Hebrew Health Care, Inc. shall, in its sole discretion, determine.

### Contingent Bequest

In the event that \_\_\_\_\_(name of spouse, child, parents, sibling....) shall not survive me, then I give \_\_\_\_\_ (my home, percentage of estate or specific sum to Hebrew Health Care, Inc. presently located in West Hartford, Connecticut. This gift is to be held in a separate fund to be known as the “\_\_\_\_\_ Fund” and used in such manner as the Board of Trustees of Hebrew Health Care, Inc. shall, in its sole discretion, determine.

**NOTE: You should consult your own attorney to draft your will. We would be pleased to consult in confidence with you and your professional advisor about the specific phrasing of your bequest.**

## Bequest Intention Form

If it is your intention to provide for Hebrew Health Care, Inc. with a bequest or other future gift, we would like to include you in our legacy society, *The 1901 Society*, and properly thank you and acknowledge your gift during your lifetime. Please complete this form and send it to Hebrew Health Care, Inc. c/o Madelene Francese, Chief Development Officer at 1 Abrahms Boulevard, West Hartford, CT 06117. This is a confidential record. This Bequest Intention Form is not a legal document. It simply serves as a way for us to appreciate and recognize your generosity.

- I have already included Hebrew Health Care in my estate plans.
- I intend to include Hebrew Health Care in my estate plans.

If you are willing to provide us with the details of your plan, we thank you. OPTIONAL

**My Bequest will be:**

- |  |   |
|--|---|
| <input type="checkbox"/> A percentage of my estate | <input type="checkbox"/> A specific dollar amount |
| <input type="checkbox"/> The residue of my estate  | <input type="checkbox"/> A specific item of value |
| <input type="checkbox"/> Life Insurance            | <input type="checkbox"/> Retirement Plan Proceeds |

The approximate value of my bequest will be: \_\_\_\_\_

- My Bequest is unrestricted
- It is my intention that my bequest be used for the following purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information About You:**

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Unless you direct otherwise, a member of our staff will call you.

- I look forward to talking with you about this gift intention. I understand that listing this gift may be an incentive for others to give and I am willing to be publicly acknowledged
- I understand you would like to contact me and I would be happy to discuss this with you, but I prefer not be listed or acknowledged publicly.
- I understand you would like to contact me, but I prefer to remain anonymous and request no contact or acknowledgement.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

1 Abrahms Boulevard West Hartford, CT 06117 phone (860)523-3994