

INSTRUCTIONS FOR MY FAMILY AT MY DEATH

Arrangement for Disposition of Remains

NAME: _____

FUNERAL HOME

Address _____ Phone _____

Funeral Director _____

CONTACTS

Church/Synagogue to notify _____

Clergy _____

Address _____ Phone _____

Persons to Notify	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEMORIAL SERVICE

Memorial Service : Private/Public _____ Flowers _____

Pallbearers: 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Organist _____ Soloist _____

Music Selections _____

Reader _____ Selected Readings _____

Clothes _____

Jewelry _____ Stays on/Return to _____

Special Instructions _____

DISPOSITION

Cemetery _____

Cemetery Address _____ Phone _____

Crypt/Plot _____ Lot Number _____ Cremation _____

Deed to plot location _____

If Cremation, Ashes: Buried Entombed Scattered where _____

Given to _____

Address _____ Phone _____

Casket: Yes ___ No ___ Purchase at _____ Cost _____

Vault: Yes ___ No ___ Purchase at _____ Cost _____

Stone marker: Yes ___ No ___ Purchase at _____ Cost _____

Other _____

I have donated my _____ to _____

Location of agreement for donation _____

OBITUARY

_____ died at the age of _____ due to _____

_____ at _____ on _____, _____.

Services will be held at _____ on _____ at _____ o'clock.

Burial will be at _____ on _____ at _____ o'clock.

The deceased will be best remembered for the following activities and contributions:

Mr./Mrs./Ms. _____ is survived by _____

Remembrances may be sent to _____

II. ASSET INFORMATION

1. Stocks and Bonds

2. Cash, Bank Accounts, Certificates

3. Real Estate

4. Retirement accounts

5. Other (trusts, partnerships, sole proprietorships)

6. Liabilities

7. Employer contact information

LIFE INSURANCE POLICIES

1. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured/Annuitant _____
Face Value _____ Premium Amount _____
Primary Beneficiary _____ Secondary Beneficiary _____
Location of Policy _____

2. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured/Annuitant _____
Face Value _____ Premium Amount _____
Primary Beneficiary _____ Secondary Beneficiary _____
Location of Policy _____

3. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured/Annuitant _____
Face Value _____ Premium Amount _____
Primary Beneficiary _____ Secondary Beneficiary _____
Location of Policy _____

**OTHER INSURANCE
(Major Medical, Homeowners, Auto, Disability)**

4. Name of Insurance Company _____
Type of Policy _____ Policy Number _____

Owner of Policy _____ Insured _____

Face Value _____ Premium Amount _____

Primary Beneficiary _____ Secondary Beneficiary _____

Location of Policy _____

5. Name of Insurance Company _____

Type of Policy _____ Policy Number _____

Owner of Policy _____ Insured _____

Face Value _____ Premium Amount _____

Primary Beneficiary _____ Secondary Beneficiary _____

Location of Policy _____

6. Name of Insurance Company _____

Type of Policy _____ Policy Number _____

Owner of Policy _____ Insured _____

Face Value _____ Premium Amount _____

Primary Beneficiary _____ Secondary Beneficiary _____

Location of Policy _____

ADVISORS

<u>Advisor</u>	<u>Name & Address</u>	<u>Phone</u>
1. Attorney	_____	_____
2. Accountant	_____	_____
3. Life Insurance Agent	_____	_____
4. Casualty Insurance Agent	_____	_____
5. Medical Insurance Agent	_____	_____

- 6. Real Estate Agent _____
 - 7. Stock Broker _____
 - 8. Banker _____
 - 9. Financial Advisor _____
 - 10. Retirement plan trustee _____
 - 11. Other Advisors _____
- Special instructions _____

IMPORTANT PAPERS

Location

- Will _____
- Codicil _____
- Powers of Attorney _____
- Testamentary Trust _____
- Marriage License _____
- Pre/postnuptial agreement _____
- Divorce Records _____
- Birth Certificates _____
- Citizenship/Passport _____
- Safe Deposit Box _____
- Employment Contract _____
- Partnership Agreement _____
- Buy-Sell Agreement _____

Retirement Plan _____

Military Discharge _____

Insurance Policies _____

Other _____

ADVISORS

<u>Advisor</u>	<u>Name & Address</u>	<u>Phone</u>
1. Attorney	_____	_____
2. Accountant	_____	_____
3. Life Insurance Agent	_____	_____
4. Casualty Insurance Agent	_____	_____
5. Medical Insurance Agent	_____	_____
6. Real Estate Agent	_____	_____
7. Stock Broker	_____	_____
8. Banker	_____	_____
9. Financial Advisor	_____	_____
10. Retirement plan trustee	_____	_____
11. Other Advisors	_____	_____

Special instructions _____

LIFE INSURANCE POLICIES

1. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured/Annuitant _____
Face Value _____ Premium Amount _____
Primary Beneficiary _____ Secondary Beneficiary _____
Location of Policy _____

2. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured/Annuitant _____
Face Value _____ Premium Amount _____
Primary Beneficiary _____ Secondary Beneficiary _____
Location of Policy _____

3. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured/Annuitant _____
Face Value _____ Premium Amount _____
Primary Beneficiary _____ Secondary Beneficiary _____
Location of Policy _____

OTHER INSURANCE
Major Medical, Homeowners, Auto, Disability)

4. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured _____
Face Value _____ Premium Amount _____
Date Due _____ Coverage _____
Location of Policy _____

5. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured _____
Face Value _____ Premium Amount _____
Date Due _____ Coverage _____
Location of Policy _____

6. Name of Insurance Company _____
Type of Policy _____ Policy Number _____
Owner of Policy _____ Insured _____
Face Value _____ Premium Amount _____
Date Due _____ Coverage _____
Location of Policy _____

ASSET INFORMATION

1. Stocks and Bonds

2. Cash, Bank Accounts, Certificates

3. Real Estate

4. Retirement accounts

5. Other (trusts, partnerships, sole proprietorships)

6. Liabilities

7. Employer contact information
