

FOR MY FAMILY IN THE EVENT OF MY DEATH

Memorial Service

Name: _____

Funeral Home: _____

Address: _____ Phone: _____

Funeral Director: _____

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 _____

Casket: Yes ___ No ___ Purchase at _____ Cost _____

Vault: Yes ___ No ___ Purchase at _____ Cost _____

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

Other _____

I have donated my _____

Location of agreement for donation _____

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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 _____

FOR MY FAMILY IN THE EVENT OF MY DEATH

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/Annuitant _____
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/Annuitant _____
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/Annuitant _____
Face Value _____ Premium Amount _____

Primary Beneficiary _____ Secondary Beneficiary _____
Location of Policy _____

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Consultants

<u>Consultant</u>	<u>Name and Address</u>	<u>Phone</u>
Attorney		
Accountant		
Life Insurance Agent		
Casualty Insurance Agent		
Medical Insurance Agent		
Real Estate Agent		
Stock Broker		
Banker		
Financial Advisor		
Retirement Plan Trustee		
Other Advisors		
Special Instructions	<hr/>	

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Important papers

	Location	Effective Date	Ownership
1.	Will		
2.	Codicil		
3.	Powers of Attorney		
4.	Testamentary Trust		
5.	Marriage License		
6.	Pre/postnuptial agreement		
7.	Divorce Records		
8.	Birth Certificates		
9.	Citizenship/Passport		
10.	Safe Deposit Box		
11.	Employment Contract		
12.	Partnership Agreement		
13.	Buy-Sell Agreement		
14.	Retirement Plan		
15.	Military Discharge		
16.	Insurance Policies		
17.	Other		

FOR MY FAMILY IN THE EVENT OF MY DEATH

Obituary

_____ dies 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 _____

Contacts

Church/Synagogue to notify _____

Clergy _____

Address _____ Phone _____

Persons to notify

Phone Number