



Cemetery and Funeral

Funeral Home

1. Name of Funeral Home: _____ Telephone: _____
2. Address: _____
3. Prearrangements have been made: Yes No
If yes, documentation is located: _____

Information for the Funeral Director

This list should be brought to the funeral home, along with the cemetery deed, if possible.

1. Full name: _____
2. Residence: _____ Since: _____
3. Marital status: _____ Spouse's name: _____
4. Date of birth: _____ Birthplace: _____
5. Father's name: _____ Birthplace: _____
6. Mother's maiden name: _____ Birthplace: _____
7. Length of residence in state: _____ In United States: _____
8. Military record: _____
9. Social Security number: _____
10. Life insurance:
(Bring policy if proceeds will be used for funeral expenses. See "Life Insurance" section, page 7.)
Insurer: _____
Policy Number: _____

Cemetery Plot

1. Location: _____
2. Date purchased: _____
3. Deed number: _____
4. Location of deed: _____
5. Other information (e.g., perpetual care, headstone): _____



Obituary Information

1. School(s): _____ Dates: _____ Degree(s): _____

2. Employment: _____
3. Length of time at current residence: _____
4. Special honors/awards: _____
5. Community activities: _____
6. Professional memberships: _____
7. Other memberships: _____
8. Volunteer activities: _____
9. Other information: _____





Funeral Preferences

1. The following service(s):

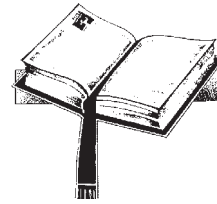
- Funeral (before disposition) Church: _____
- Memorial (after disposition) Place: _____
- Graveside Cemetary: _____
- Mortuary Name: _____
- Other: _____

2. Service preferences:

- Eulogy: Yes No
- Omit flowers: Yes No
- Readings: _____
- Music: _____
- Other Preferences: _____

3. Simple arrangements:

- No embalming
- No public viewing
- The least expensive burial or cremation container
- Immediate disposition



4. Remains should be:

- Interred Cemetary: _____
- Cremated and the ashes
 - Scattered Place: _____
 - Buried Place: _____
- Donated: Arrangements made on _____ with _____
Documentation located: _____
- Disposed of as follows: _____

5. Memorial gift to: _____

6. Autopsy if doctor or family requests: Yes No

7. Donate these organs: _____

Location of organ donor card: _____

Special Wishes





Banking and Finance



Checking Account(s)

Attach a separate summary if needed.

1. Bank name and address: _____
 Name(s) on account: _____
 Account number: _____
 Type of account: _____
 Location of passbook (or certificate receipt): _____
 Special instructions: _____

2. Bank name and address: _____
 Name(s) on account: _____
 Account number: _____
 Type of account: _____
 Location of passbook (or certificate receipt): _____
 Special instructions: _____

Savings Account(s)

1. Bank name and address: _____
 Name(s) on account: _____
 Account number: _____
 Location of passbook (or certificate receipt): _____
 Special instructions: _____

2. Bank name and address: _____
 Name(s) on account: _____
 Account number: _____
 Location of passbook (or certificate receipt): _____
 Special instructions: _____

Loans Outstanding

Provide the following information for each loan other than mortgages:

1. Bank name and address: _____
2. Name on loan: _____
4. Monthly payment: _____
5. Account number: _____
6. Location of papers and payment book (if any): _____
7. Collateral (if any): _____
8. Is there life insurance on the loan: Yes No

Debts Owed to the Estate

1. Debtor: _____
2. Description: _____
3. Terms: _____
4. Balance: \$ _____
5. Location of documents: _____
6. Comments on loan status/discharge: _____





Credit Cards

Bank Credit Cards

All credit cards in the deceased's name should be canceled or converted to the survivor's name. Provide the following information for each card.

1. Bank: _____ Telephone: _____
Address: _____
Name on card: _____
Account number: _____
Location of card: _____
2. Bank: _____ Telephone: _____
Address: _____
Name on card: _____
Account number: _____
Location of card: _____

Store Credit Cards

1. Store: _____ Telephone: _____
Address: _____
Name on card: _____
Account number: _____
Location of card: _____
2. Store: _____ Telephone: _____
Address: _____
Name on card: _____
Account number: _____
Location of card: _____
3. Store: _____ Telephone: _____
Address: _____
Name on card: _____
Account number: _____
Location of card: _____

Other Credit Cards

1. Card name: _____ Telephone: _____
Address: _____
Name on card: _____
Account number: _____
Location of card: _____
2. Card name: _____ Telephone: _____
Address: _____
Name on card: _____
Account number: _____
Location of card: _____





Investments



Provide the following information. (If necessary, attach a separate sheet.)

Stocks

- | | |
|---|---|
| <p>1. Company: _____
 Name on certificate(s): _____
 Number of shares: _____
 Certificate number(s): _____
 Purchase price and date: _____
 Location of certificates: _____</p> | <p>2. Company: _____
 Name on certificate(s): _____
 Number of shares: _____
 Certificate number(s): _____
 Purchase price and date: _____
 Location of certificates: _____</p> |
| <p>3. Company: _____
 Name on certificate(s): _____
 Number of shares: _____
 Certificate number(s): _____
 Purchase price and date: _____
 Location of certificates: _____</p> | <p>4. Company: _____
 Name on certificate(s): _____
 Number of shares: _____
 Certificate number(s): _____
 Purchase price and date: _____
 Location of certificates: _____</p> |

Bonds, CDs, and Other Interest-Earning Securities

- | | |
|--|--|
| <p>1. Issuer: _____
 Issued to: _____
 Face amount: \$ _____
 Bond number: _____
 Purchase price and date: _____
 Maturity date: _____
 Location of certificate: _____</p> | <p>2. Issuer: _____
 Issued to: _____
 Face amount: \$ _____
 Bond number: _____
 Purchase price and date: _____
 Maturity date: _____
 Location of certificate: _____</p> |
|--|--|

Mutual Funds

- | | |
|---|---|
| <p>1. Company: _____
 Name on account: _____
 Account number: _____
 Number of shares or units: _____
 Location of statements, certificates: _____
 _____</p> | <p>2. Company: _____
 Name on account: _____
 Account number: _____
 Number of shares or units: _____
 Location of statements, certificates: _____
 _____</p> |
| <p>3. Company: _____
 Name on account: _____
 Account number: _____
 Number of shares or units: _____
 Location of statements, certificates: _____
 _____</p> | <p>4. Company: _____
 Name on account: _____
 Account number: _____
 Number of shares or units: _____
 Location of statements, certificates: _____
 _____</p> |

Other Investments

For each investment, list the amount invested, to whom it is issued, the maturity date, and other applicable data, and the location of certificates and other vital papers.



Expected Death Benefits

1. From employer (if applicable):

Person to contact: _____ Telephone: _____

- ◆ Life insurance: \$ _____
- ◆ Profit sharing: \$ _____
- ◆ Pension plan: \$ _____
- ◆ Accident insurance \$ _____
- ◆ Other benefits: _____

Documentation located: _____

2. From insurance companies (total amount): \$ _____
3. From Social Security (lump sum plus monthly benefits): \$ _____
4. From the Veterans Administration (amount): \$ _____
5. From other sources: _____



Insurance

Life Insurance

To collect benefits, a copy of the death certificate must be sent to each insurance company. Provide the following information for each policy.

- | | |
|---|---|
| <p>1. Policy Number: _____</p> <p>Amount: \$ _____</p> <p>Location of policy: _____</p> <p>Whose life is insured: _____</p> <p>Insurer's name and address: _____</p> <p>_____</p> <p>Kind of policy: _____</p> <p>Beneficiaries: _____</p> <p>_____</p> <p>Issue date: _____</p> <p>How paid out: _____</p> <p>Other options on payout: _____</p> <p>Other special facts: _____</p> | <p>2. Policy Number: _____</p> <p>Amount: \$ _____</p> <p>Location of policy: _____</p> <p>Whose life is insured: _____</p> <p>Insurer's name and address: _____</p> <p>_____</p> <p>Kind of policy: _____</p> <p>Beneficiaries: _____</p> <p>_____</p> <p>Issue date: _____</p> <p>How paid out: _____</p> <p>Other options on payout: _____</p> <p>Other special facts: _____</p> |
|---|---|

3. For \$ _____ in veteran's insurance, call the local Veterans Administration office.
Telephone: _____





Homeowner's/Renter's

- 1. Coverage: _____
- 2. Insurer's name and address: _____

- 3. Policy number: _____
- 4. Location of policy: _____
- 5. Term (when to renew): _____
- 6. Agent: _____ Telephone: _____



Automobile

- 1. Coverage: _____
- 2. Insurer's name and address: _____

- 3. Policy number: _____
- 4. Location of policy: _____
- 5. Term (when to renew): _____
- 6. Agent: _____ Telephone: _____



Medical

- 1. Coverage: _____
- 2. Insurer's name and address: _____
- 3. Policy number: _____
- 4. Location of policy: _____
- 5. Through employer or other group: _____
- 6. Agent: _____ Telephone: _____



Other Insurance (e.g., Personal or Professional Liability)

- 1. Insurer's name and address: _____
- 2. Policy number: _____
- 3. Beneficiary: _____
- 4. Coverage: _____
- 5. Location of policy: _____
- 6. Agent : _____ Telephone: _____



Social Security

- 1. Name: _____
- 2. Social Security Number: _____
- 3. Location of Social Security card: _____
- 4. File a claim immediately to avoid possibility of losing any benefit checks. Call the Social Security Administration (SSA) office for an appointment and follow SSA's instructions as to what to bring. SSA telephone: _____
- 5. Expect a lump sum of about \$ _____, plus continuing benefits for children under age 18, or for full-time students until age 22. A spouse may receive benefits until children reach age 18, between ages 50 and 60 if disabled, or if over age 60.





Estate Planning Documents



Location of Personal Papers

1. Last will and testament: _____
Prepared by (attorney or firm): _____ Telephone: _____
2. Birth certificate: _____
3. Communion, confirmation certificates: _____
4. School diplomas: _____
5. Marriage certificates: _____
6. Military records: _____
7. Naturalization papers: _____
8. Other (e.g., adoption, divorce): _____

Safe-Deposit Box¹

1. Bank name and address: _____
2. In whose name: _____
3. Location of key: _____
4. Box number: _____
5. List of contents (if extensive, attach separate inventory): _____

Post Office Box

1. Address: _____
2. Owner(s): _____
3. Box number: _____
4. Location of key or combination: _____

Income Tax Returns

1. Location of all previous returns (federal, state, local): _____

2. Tax preparer's name: _____ Telephone: _____
3. Location of estimated tax files (check to see if any estimated quarterly taxes are due): _____

Doctor's Names and Addresses:

1. Doctor's name(s): _____ Telephone: _____

2. Dentist's name: _____ Telephone: _____

¹Note: In the event of death of a safe-deposit box owner, state law may require the bank to seal the deceased's box as soon as notified of the death, even if the box is jointly owned.





House, Condominium, or Co-op¹

Ownership Information

1. Form of ownership: _____
2. In whose name: _____
3. Address: _____
4. Lot: _____ Block: _____ On map called: _____
5. Lawyer at closing: _____ Telephone: _____
6. Location of statement of closing, policy of title insurance, deed, land survey, and the like: _____

7. Mortgage
 - a. Held by: _____
 - b. Amount of original mortgage: \$ _____
 - c. Date taken out: _____
 - d. Amount owned now: \$ _____
 - e. Method of payment: _____
 - f. Location of book, if any (or payment statements): _____

 - g. Is there life insurance on mortgage: Yes No
 If yes, policy number: _____
 Location of policy: _____
 Annual amount: \$ _____
8. House taxes: _____
 - a. Amount: \$ _____
 - b. Location of receipts: _____
9. Cost of house: \$ _____
 - a. Initial buying price: \$ _____
 - b. Purchase closing fee: \$ _____
 - c. Other costs (e.g. real estate agent, local taxes): _____
10. If renting, is there a lease? Yes No
 - a. Lease location: _____
 - b. Expiration date: _____



Home Improvements

Total amount: \$ _____
 Provide the following information for each improvement:



- | | |
|--|--|
| <ol style="list-style-type: none"> a. Improvement: _____
 Cost: \$ _____
 Date: _____
 Location of bills/receipts: _____
 _____ c. Improvement: _____
 Cost: \$ _____
 Date: _____
 Location of bills/receipts: _____
 _____ | <ol style="list-style-type: none"> b. Improvement: _____
 Cost: \$ _____
 Date: _____
 Location of bills/receipts: _____
 _____ d. Improvement: _____
 Cost: \$ _____
 Date: _____
 Location of bills/receipts: _____
 _____ |
|--|--|

¹Contact the local tax assessor for documentation needed or for more information.





Utilities

Gas Company: _____ Account #: _____ Telephone: _____
 Electric Company: _____ Account #: _____ Telephone: _____
 Telephone Company: _____ Account #: _____ Telephone: _____
 Cable Company: _____ Account #: _____ Telephone: _____
 Internet Provider: _____ Account #: _____ Telephone: _____

Periodicals

Newspapers

_____ Account #: _____ Telephone: _____
 _____ Account #: _____ Telephone: _____
 _____ Account #: _____ Telephone: _____

Magazines

_____ Account #: _____ Telephone: _____
 _____ Account #: _____ Telephone: _____
 _____ Account #: _____ Telephone: _____

Other Accounts to Cancel

_____ Account #: _____ Telephone: _____
 _____ Account #: _____ Telephone: _____
 _____ Account #: _____ Telephone: _____

Household Contents

Location of inventory: _____
 Location of appraisals: _____

Important Warranties and Receipts

Item: _____ Location: _____
 Item: _____ Location: _____
 Item: _____ Location: _____
 Item: _____ Location: _____
 Item: _____ Location: _____

Automobiles

Provide the following information for each car:

1. Year, make, and model: _____
2. Body type: _____
3. Cylinders: _____
4. Color: _____
5. Identification number: _____
6. Title in name(s) of: _____
 (Title to automobiles held in the deceased's name must be changed.)
7. Location of papers (e.g., title, registration): _____

