





## 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: \_\_\_\_\_



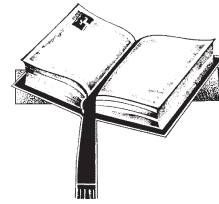


## Funeral Preferences

1. The following service(s):
- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Funeral (before disposition) | Church: _____   |
| <input type="checkbox"/> Memorial (after disposition) | Place: _____    |
| <input type="checkbox"/> Graveside                    | Cemetery: _____ |
| <input type="checkbox"/> Mortuary                     | Name: _____     |
| <input type="checkbox"/> 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:
- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Interred                                       | Cemetery: _____ |
| <input type="checkbox"/> Cremated and the ashes                         |                 |
| <input type="checkbox"/> Scattered                                      | Place: _____    |
| <input type="checkbox"/> Buried   | Place: _____    |
| <input type="checkbox"/> Donated: Arrangements made on _____ with _____ |                 |
| Documentation located: _____  |                 |
| <input type="checkbox"/> 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*

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

### *Bonds, CDs, and Other Interest-Earning Securities*

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

### *Mutual Funds*

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

### *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 Box<sup>1</sup>*

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: \_\_\_\_\_

<sup>1</sup>Note: 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-op<sup>1</sup>

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

<sup>1</sup>Contact 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): \_\_\_\_\_  
 \_\_\_\_\_

