Final Wishes Planner

Childhood

Marriage

Family

Career

Retirement

"These are my wishes... along with the information necessary to carry them out."

To My Loved Ones,

It is my wish that you will be spared anxiety, expense and inconvenience at the time of my death.

Therefore, in this book you will find information which I have recorded, and a plan which represents arrangements I have made in advance, hoping in this way to relieve you at the time of need.

Difficult as it has been for me to write this down, I feel a greater distress would be placed on you - and perhaps a far greater distress for my loved ones - if these decisions were left to be made with no indication of my specific wishes.

I sincerely hope you will find these arrangements satisfactory and that they will help you retain a warm memory of the wonderful years we have spent together.

With Love,

Signature _____

Date _____

Table of Contents

67 THINGS
that must be done

NOTIFY IMMEDIATELY

1. The doctor or doctors
2. The funeral director
3. The cemetery
4. Relatives
5. Friends
6. Deceased's employer
7. Employers of relatives missing work
8. Insurance agents (life, health, etc.)
9. Attorney & accountant
10. Clergy and house of worship

DECIDE & ARRANGE IMMEDIATELY

11. Select funeral director*
12. Select cemetery*
13. Purchase burial property*
14. Select the casket*
15. Select the vault*
16. Select the memorial*
17. Decide location of service
18. Select clergy or person you want to officiate
19. Provide information for eulogy
20. Select flowers
21. Arrange for music & visitation
22. Arrange type of service (military, etc.)
23. Provide obituary to newspaper
24. Answer calls, messages, & letters
25. Get addresses for thank you cards
26. Meet with funeral director
27. Check and sign burial permit
28. Arrange for special memorial services
29. Check the will for special wishes
30. Order death certificate
31. Look after house, children and pets

SECURE VITAL STATISTICS

All of this information is required for the Death Certificate issued by the Board of Health.

32. Name, home address & telephone
33. How long in state
34. Business name, address, phone
35. Occupation and title
36. Social Security Number
37. Veteran's Serial Number
38. Date of birth
39. Place of birth
40. U.S. citizenship
41. Father's name
42. Father's birthplace
43. Mother's maiden name
44. Mother's birthplace
45. Religious name (if any)

COLLECT DOCUMENTS

All of this information is required to establish rights for insurance, pension, Social Security, etc.)

46. Death certificate
47. Deed to burial property
48. Will
49. Legal proof of age or Birth Certificate
50. Social Security card or number
51. Marriage license
52. Citizenship papers
53. Insurance policies
54. Bank books
55. Deeds to property
56. Bill of sale of car
57. Tax returns, receipts, checks
58. Veteran's discharge certificate
59. Disability & pension claims

PAY THE FOLLOWING

60. Funeral home services*
61. Burial plot, mausoleum or niche*
62. Vault*
63. Casket*
64. Interment Charge (opening and closing of burial space)*
65. Clergy
66. House of worship
67. Transportation

** These items can all be taken care of in advance of need.*

IF THERE HAD BEEN A DEATH IN YOUR FAMILY YESTERDAY, WHAT WOULD YOU BE DOING TODAY?

Planning ahead eliminates doubt about decisions made and eases the burden of planning for final arrangements.

COMMON REASONS WHY PEOPLE PLAN IN ADVANCE

- Urgent tasks and decisions, which would otherwise burden family members later, are handled now
- Family members have no doubts about what the funeral or disposition should include
- Peace of mind that it gives you and your family
- Allows loved ones to benefit from the recalled memories and loving support of family members and friends
- Ensures that all funeral costs have been addressed many times, it is completely paid
- Allows family to create a meaningful life celebration

Decide <u>today</u> to give your family the ultimate <u>GIFT OF LOVE...</u>
The ability to lean on sound decisions made in advance.

WE PLAN AND PREPARE FOR ALL OF THE MAJOR EVENTS IN OUR LIVES...

Births

Vacations

Education

Weddings

Retirement

"83% of Families believe advance planning makes good sense."

The Wirthlin Report

Planning ahead protects those we love

THE SOLUTION

3 *Important Steps Today can prevent permanent regrets Tomorrow*

☐ Record Your Personal Information and Wishes

☐ Select and Design Meaningful Memorialization

☐ Create a personalized Celebration of Life

General Information

INFORMATION OF _____

Name:_____
First Middle Last

Address:_____
City County State Zip Code

Sex: ☐ Male ☐ Female Residence Phone#:_____

Race *(White, Black, American Indian, Asian, etc)*:_____
(If of Hispanic origin, please specify Cuban, Mexican, etc.)

Social Security Number:_____-_____-_____

Place of Birth:_____ Date of Birth:_____
City County State Country

Vital Statistcs

Marital Status: Married_____ ☐ Never Married ☐ Widowed ☐ Divorced
Date

Name of Surviving Spouse:_____
(Maiden name if Wife)

Usual Occupation:_____ Type of Business/Industry_____

Employer:_____ *(See page 20 for additional info)*

Education *(highest grade completed)*: Elementary/Secondary_____ College_____
0-12 1-4 or 5+

Degree(s):_____

Father's Name:_____ Place of Birth:_____
First Middle Last

Mother's Maiden Name:_____ Place of Birth:_____
First Middle Last

Contact Person Completing Arrangements
(Informant's Name):_____
Name Phone#:

Armed Forces

Branch of Service:_____ Service Serial Number:_____

Date Entered Service:_____ Place:_____

Type of Separation or Discharge of Service:_____ Date:_____

Place of Separation:_____

Location of Military Discharge Papers *(DD214)*:_____

Highest Grade, Rank or Rating Received:_____

Wars/Conflicts Served:_____

Additional Information/Medals/Honors/Citations:_____

_____

(See page 14 for Veteran's Benefit Information)

Estate Information

INFORMATION OF _____

The Importance of a Will

If you die without a *Will*, state law and the courts determine who will administer your estate, handle financial matters and act as guardian for your minor children. With a *Will*, you can choose.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted *Will*. As a result of a common accident, both you and your spouse may die before the survivor has had an opportunity to execute a proper *Will*. Your property will pass according to state law.

The law is very exacting in its requirements with respect to the publications, signing and witnessing of *Wills*. It is recommended that this matter be handled by a competent attorney. Homemade *Wills* may not stand up in court.

You should review your *Will* every few years, particularly if you have moved or your family situation has changed since you last executed a *Will*. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a *Will* was executed.

When you realize how much is at stake…the well-being of your entire family and the protection of your property…we believe that you will find that the attorney's fee for drafting your *Will* and planning your estate is a worthwhile investment.

I have a Will: ☐ Yes ☐ No

Date of Will: _____

Location of Will: _____

Executor/Executrix: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Prepared by *(attorney)*: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Financial Information–Part One

INFORMATION OF ______________________________

Banking

Bank: ______________________ Branch: ______________________
Type of Account: *Checking #:* ______________________ *Savings #:* ______________________

Bank: ______________________ Branch: ______________________
Type of Account: *Checking #:* ______________________ *Savings #:* ______________________

Bank: ______________________ Branch: ______________________
Type of Account: *Checking #:* ______________________ *Savings #:* ______________________

Bank: ______________________ Branch: ______________________
Type of Account: *Checking #:* ______________________ *Savings #:* ______________________

Bank: ______________________ Branch: ______________________
Type of Account: *Checking #:* ______________________ *Savings #:* ______________________

Bank: ______________________ Branch: ______________________
Type of Account: *Checking #:* ______________________ *Savings #:* ______________________

Safe Deposit Location: ______________________
Box Number: ______________________ Key Location: ______________________

Additional Information: ______________________

____

Credit Cards

☐ Visa ☐ MasterCard ☐ Am. Express ☐ Discover ☐ Other: ______________
Account #: ______________________ ★ *Expiration Date:* ______________

☐ Visa ☐ MasterCard ☐ Am. Express ☐ Discover ☐ Other: ______________
Account #: ______________________ ★ *Expiration Date:* ______________

☐ Visa ☐ MasterCard ☐ Am. Express ☐ Discover ☐ Other: ______________
Account #: ______________________ ★ *Expiration Date:* ______________

☐ Visa ☐ MasterCard ☐ Am. Express ☐ Discover ☐ Other: ______________
Account #: ______________________ ★ *Expiration Date:* ______________

☐ Visa ☐ MasterCard ☐ Am. Express ☐ Discover ☐ Other: ______________
Account #: ______________________ ★ *Expiration Date:* ______________

☐ Visa ☐ MasterCard ☐ Am. Express ☐ Discover ☐ Other: ______________
Account #: ______________________ ★ *Expiration Date:* ______________

★Numbers are recorded in case of loss or theft, as reference.

Financial Information–Part Two

INFORMATION OF ______________________________

Life Insurance/Benefits

Location of Policy/Policies: ______________________________

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other:__________
Name of Company: __________Policy #:__________Beneficiary:__________

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other:__________
Name of Company: __________Policy #:__________Beneficiary:__________

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other:__________
Name of Company: __________Policy #:__________Beneficiary:__________

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other:__________
Name of Company: __________Policy #:__________Beneficiary:__________

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other:__________
Name of Company: __________Policy #:__________Beneficiary:__________

Real Estate Holdings

Description: ______________________________
Address: ______________________________
Deed Location:______________________________

Description: ______________________________
Address: ______________________________
Deed Location:______________________________

Description: ______________________________
Address: ______________________________
Deed Location:______________________________

Description: ______________________________
Address: ______________________________
Deed Location:______________________________

Other Financial Assets

Financial Assets

INFORMATION OF _____

Mutual funds, stocks, bonds, vehicles, etc.

Type/Description: _____

_____ Location: _____

Type/Description: _____

_____ Location: _____

Type/Description: _____

_____ Location: _____

Type/Description: _____

_____ Location: _____

Personal Bequests

Please list all family heirlooms and items of sentimental value below:

Article	*Beneficiary*

Items of financial value should also be recorded and addressed in a Will for legal assuredness.

Social Security Information

Social Security Number of: _____

Number:_____-_____-_____

Address of Nearest Social Security Office:_____

Phone#:_____

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

To facilitate receiving Social Security Benefits, you will need the following when you contact your Social Security Office:

1. Social Security Number
2. Marriage License
3. Children's Birth Certificates
4. W2 for the previous two years
5. Proof of widow(er)'s age if 62 years or older
6. Certified Copy of Death Certificate

An application for the lump sum death payments usually must be made within two years after the worker's death. Don't delay applying because you don't have all the proof of information. The people in the Social Security Office will tell you about other proof of information that can be used when you apply.

It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record.

Social Security Administration Toll-Free Phone Number

1-800-772-1213

www.ssa.gov

Veteran's Burial Benefits

VETERAN'S BURIAL ALLOWANCE

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance.

- You may be entitled to a VA burial allowance if:
- You paid for a veteran's burial or funeral AND
- You have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer AND
- The veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability OR
- The veteran was getting VA pension or compensation at the time of death OR
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR
- The veteran died in a VA hospital or while in a nursing home under VA contract.

Service-related death. The VA will pay an allowance toward burial expenses.
Non-Service related death. The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

HEADSTONES AND MARKERS

- The VA furnishes upon request, at no charge to the applicant, a Government headstone or marker to mark the unmarked grave of an eligible veteran in any cemetery around the world.
- Flat bronze, granite or marble markers and upright granite and marble headstones are available. The style chosen must be consistent with existing monuments at the place of burial.
- Niche markers are also available to mark columbaria used for inurnment of cremated remains.

BURIAL FLAGS

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you will need the following when you contact the Veterans Administration Office:

- Proof of the veteran's military service (DD214)
- Service Serial Number
- Marriage License (if applicable)
- Children's Birth Certificate (if applicable)
- Certified Copy of the Death Certificate

Veteran's Administration Toll-Free Phone Number
1-800-827-1000
www.va.gov

Medical History

INFORMATION OF _____

This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

I have had treatment for:

- ☐ Cancer: _____
- ☐ Tuberculosis: _____
- ☐ Kidney Disorder: _____
- ☐ Diabetes: _____
- ☐ Circulatory Problems: _____
- ☐ Heart: _____
- ☐ Other: _____
- ☐ Other: _____

I am allergic to the following drugs:

1. _____ 3. _____
2. _____ 4. _____

Physician: _____ Phone#: _____

Address: _____

I have a Living Will: ☐ Yes ☐ No

Location of document: _____

Additional Remarks: _____

I am an Organ Donor: ☐ Yes ☐ No

Additional Remarks: _____

Funeral Service–Part One

INFORMATION OF _____

The following is an expression of my funeral service decisions.

Funeral Home/Crematorium Preferred: _____

Address: _____ Phone #: _____
Street Address City State

Place of Service: Funeral Home: _____ Church: _____

☐ Cemetery/Memorial Park Chapel ☐ Graveside ☐ Memorial Service

☐ Other: _____

Religious Preference: _____ Celebrant/Clergyman: _____

Participating Organizations *(military, fraternal, lodge, etc.)*: _____

Flag: ☐ Draped ☐ Folded Presented to: _____

Wake/Rosary Service: ☐ Yes ☐ No Location: _____ Officiator: _____

Viewing: ☐ Public ☐ Private ☐ None

Clothing Preference: ☐ From Current Wardrobe ☐ New Other: _____

Description/Color: _____

Personal Accessories:

☐ Wedding Band ☐ Stays On ☐ Or Return to: _____

☐ Eyeglasses ☐ Stays On ☐ Or Return to: _____

☐ Other_____ ☐ Stays On ☐ Or Return to: _____

Floral Preference *(type and color preferred)*: _____

Memorial donations may be made to: _____

Music: Organist: _____ Soloist(s): _____

Musical Selections: _____

Religious Passages Selected: _____

Eulogy by: _____ Notations for Eulogy: _____

_____

_____

Newspaper Notices (Names of Papers): _____ Photo: ☐

Casket: ☐ Open during service ☐ Closed during service

Type of Casket: ☐ Hardwood ☐ Metal ☐ Cremation Casket

Description: _____

Instructions

Funeral Service–Part Two

INFORMATION OF _____

I have "Travel Protection" ☐ Yes ☐ No

Name of Plan:_____ Contract #:_____

Participant:_____

Name of Receiving Funeral Home:_____

Address:_____ City:_____ State:_____

Phone#:_____

The services and merchandise noted are prepaid and contracts/policies can be located at:

_____

Pallbearers' Names Relationship Phone#

_____

_____

_____

_____

_____

_____

Honorary Pallbearers' Names Relationship Phone#

_____

_____

_____

_____

_____

_____

Special Instructions/Notes/Awards/Life Achievements/Pictures/Obituary Requests/Items to be placed with remains.

_____

_____

_____

_____

Instructions

Cemetery Memorialization

INFORMATION OF _____

Memorial Park/Cemetery Preferred: _____

Address: _____
Street Address City State

Phone#: _____

I ☐ Own ☐ Prefer

Type of Arrangements: ☐ Family Estate ☐ Companion ☐ Single

Type of Burial Rights: ☐ Mausoleum ☐ Lawn Crypt ☐ Ground Burial ☐ Cremation w/ Memorialization

If Owned, Name of Person Who Interment Rights are Deeded to: _____

Legal Description of Burial Rights: _____

Location of Deed: _____

I ☐ Own ☐ Prefer Vault/Outer Burial Container

Memorialization: ☐ Upright Monument ☐ Memorial Plaque ☐ Bronze Plaque ☐ Granite Plaque

☐ Other: _____

Inscription: _____

Emblem(s): _____

Family Present During Closing of Property? ☐ Yes ☐ No

Opening and Closing of Property? ☐ Prepaid ☐ To be determined

If Cremation, What Type of Disposition? ☐ Burial ☐ Niche ☐ Scattering Garden ☐ Cremation Garden

☐ Other: _____

Cremation Memorial Plaque Inscription: _____

Cremation Remains Container: ☐ Urn ☐ Keepsake Memorial ☐ Other: _____

Description: _____

Additional Remarks/Special Instructions/Items to be placed with the remains, etc.

_____

_____

_____

_____

Instructions

Family Members & Relatives

Children/Grandchildren/Relatives

INFORMATION OF ______________________________

Name: ______________________________
Relationship: ______________________ Phone#: ____________
Address: ______________________________
Street Address City State Zip Code

Name: ______________________________
Relationship: ______________________ Phone#: ____________
Address: ______________________________
Street Address City State Zip Code

Name: ______________________________
Relationship: ______________________ Phone#: ____________
Address: ______________________________
Street Address City State Zip Code

Name: ______________________________
Relationship: ______________________ Phone#: ____________
Address: ______________________________
Street Address City State Zip Code

Name: ______________________________
Relationship: ______________________ Phone#: ____________
Address: ______________________________
Street Address City State Zip Code

Name: ______________________________
Relationship: ______________________ Phone#: ____________
Address: ______________________________
Street Address City State Zip Code

Name: ______________________________
Relationship: ______________________ Phone#: ____________
Address: ______________________________
Street Address City State Zip Code

Name: ______________________________
Relationship: ______________________ Phone#: ____________
Address: ______________________________
Street Address City State Zip Code

INFORMATION OF _____

Close Friends

Name *Relationship* *Phone#*

_____

_____

_____

_____

_____

_____

Advisors

Name *Firm/Professional Relationship* *Phone#*

_____

_____

_____

_____

_____

_____

Organizations

Name of Organization: _____

Contact Person: _____ Phone#: _____

Name of Organization: _____

Contact Person: _____ Phone#: _____

Name of Organization: _____

Contact Person: _____ Phone#: _____

Name of Organization: _____

Contact Person: _____ Phone#: _____

Name of Organization: _____

Contact Person: _____ Phone#: _____

INSTRUCTIONS FOR MY PETS

For the following pet(s): _____

Please care for the above listed with the following instructions:

_____

_____

_____

My plan is to have the above listed pet(s) cared for by: _____

I **do or do not** have a pet will or trust. The will or trust is located at: _____

For the following pet(s): _____

Please care for the above listed with the following instructions:

_____

_____

_____

My plan is to have the above listed pet(s) cared for by: _____

I **do or do not** have a pet will or trust. The will or trust is located at: _____

For the following pet(s): _____

Please care for the above listed with the following instructions:

_____

_____

_____

My plan is to have the above listed pet(s) cared for by: _____

I **do or do not** have a pet will or trust. The will or trust is located at: _____

Please follow my wishes for my pet(s).

_____ _____

Signed Date

EMAIL AND SOCIAL MEDIA

Account _____
User Name _____
Password _____
Notes _____

Account _____
User Name _____
Password _____
Notes _____

Account _____
User Name _____
Password _____
Notes _____

Account _____
User Name _____
Password _____
Notes _____

Account _____
User Name _____
Password _____
Notes _____

Account _____
User Name _____
Password _____
Notes _____

Account _____
User Name _____
Password _____
Notes _____

Account _____
User Name _____
Password _____
Notes _____

Legacy Information

BIOGRAPHICAL SKETCH FOR _____

Every individual is deserving of a meaningful obituary written in their memory. It is here that you may list those achievements and accomplishments that have been of pride to you and your loved ones.

Early childhood and upbringing: _____

_____

_____

_____

Adolescent Years: _____

_____

_____

_____

Early adulthood: _____

_____

_____

_____

My proudest family moments: _____

_____

_____

_____

My proudest career accomplishments: _____

_____

_____

My proudest civic accomplishments/involvements: _____

_____

_____

Special Achievements/Awards/Offices Held/Additional Points of Interest and Memories: _____

_____

_____

_____

NOTES

THE OBITUARY - PARTS AND STEPS

1. BOX - List this data in a text box:
- Your name, age, and occupation
- Your date and place of birth
- Your memberships and military service
- Fraternal, religious and civic organizations you belonged to
- Your family, both deceased and surviving
- Any funeral and burial arrangements already made

2. SOURCE MATERIAL - List these items elsewhere:
- Your activities and achievements
- Your favorite anecdotes and recollections about you

3. CORE - Write a few rich paragraphs in the third person, answering this question: "What do I want people to remember about me?"
- Your activities and achievements

4. LEAD - Write a short lead announcing your death and telling the reader what you and this obituary are about.

5. SECONDARY - Select your "source material" rigorously, and write a few paragraphs from whatever survives. Arrange these paragraphs around your core.

6. RESUME (SPRINKLE) - Copy selected items, such as survivors, from the box to the text.

7. ENDING - By now an ending will occur to you, so type it.

8. POLISH - Cut the text by 20 percent, repair the transitions, read aloud and revise. Write "DRAFT" and the date at the top, and give appropriate people a copy.

Write down all of the facts you want to include (name, date of birth, age, immediate family, service information, career info). Then write your core, add a lead, sprinkle in the necessary items, write an ending and polish it up by trimming it down. Sometimes it helps, though, to write the lead first.

MY OBITUARY

Signed,

Name and Date

FINAL WORDS

FINAL ARRANGEMENTS

This sheet enables you and your family to know exactly which arrangements have been made and which ones remain to be determined.

INTERMENT RIGHTS

- ❑ Mausoleum
- ❑ Niche
- ❑ Lawn Crypt
- ❑ Ground Burial
- ❑ Cremation Garden

Date Selected

___/___/___

_____

_____

_____

OUTER BURIAL CONTAINER

Date Selected

___/___/___

FUNERAL/ MEMORIAL SERVICE

Date Selected

___/___/___

MEMORIALIZATION

Date Selected

___/___/___

CASKET/URN

Date Selected

___/___/___

OPENING AND CLOSING

Date Selected

___/___/___

OUT OF AREA PROTECTION

Date Selected

___/___/___

PERSONAL PREFERENCES

- ❑ Flowers
- ❑ Readings
- ❑ Music
- ❑ Additional

Date Selected

___/___/___

AT THE TIME OF DEATH YOU HAVE NO CHOICE

"THE WRONG CHOICE"

- Emotional Overspending
- Making Decisions Alone
- Unnecessary Stress
- Facing Uncertainty
- Inflation

PRE-PLANNING PROTECTS THOSE WE LOVE

"THE **RIGHT** CHOICE"

- Decisions Made Together
- Affordable Payment Plans
- Today's Lower Price
- Eliminate Doubt
- Remove Burden
- Peace of Mind