



SURVIVOR'S GUIDE

This guide is not for my benefit, it is for my family. I have completed this because, "I love you".

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Take Time Now to Plan

Each member makes a valuable contribution to the family - - but when a family member dies, how do the survivors cope?

The purpose of “*Survivor's Guide Take Time Now to Plan*”, is to motivate you to make plans for an orderly transition. Eventually, someone will have to handle your affairs without you. Please sit down and complete this document. Preparation will ease the burden of your survivors.

We recommend that you give adequate consideration to matters such as:

- What funeral arrangements would you prefer?
- What will be the state of the family's finances if you die?
- Where would be the most practical place for the survivor(s) to live?
- Specifically, who could be helpful to the survivor(s) in making major decisions?
- What benefits will the survivor(s) be eligible for?
- What records are needed to apply for those benefits, and where are they located?
- If you own a business, farm, or other enterprise, what should be done with it upon your death?
- What arrangements should be made for the care of dependent children in the event of your death?

Please take the time to plan now while it is just a chore, and not an additional burden later to those you leave behind. The death of a loved one is excruciating enough without the responsibilities of settling their affairs. Make the arrangements and assemble the documents that will at least make the financial and legal arrangements as simple as possible.

This publication provides a convenient place to list those arrangements and to record where valuable documents are kept. You will undoubtedly want to talk with an attorney, your life insurance agent, and other financial advisors to help assemble your affairs. You will want to make sure that you have a valid will, that your life insurance program is adequate for the financial needs of your family, and that federal estate taxes will be held to a minimum.

Take the time to record your information here now. It is a caring way to help your family through what will be one of the most trying periods of their lives.

Location of Important Papers

Last Will and Testament _____

Revocable Living Trust _____

Living Will _____

Durable Powers of Attorney _____

Promissory Notes _____

Credit Cards _____

Checkbooks _____

Bank Monthly Statements _____

Cancelled Checks _____

CD Certificates _____

Stock and Bond Certificates _____

Annuities _____

Mutual Funds _____

Other investments _____

Retirement Plans _____

Pension, Profit Sharing or other retirement or death benefits _____

Tax Records _____

Mortgage Records/Titles _____

Car Loan Records/Titles _____

Deeds to Property _____

Time Share Deeds _____

Property tax bills _____

Vehicle Registration _____

Life Insurance Policies _____

Property/Casualty Insurance Policies _____

Medical Insurance Policies _____

Medical Records _____

Marriage Certificates _____

Birth Certificates _____

Death Certificates _____

Divorce Certificates _____

Adoption Papers _____

Social Security cards _____

Drivers License _____

Passport(s) _____

Military Service records, including serial number _____

V.A. claim number _____

Veteran's discharge certificate _____

Immigration and Naturalization papers _____

Location of safes and combinations _____

Software passwords, logins and codes _____

Other _____

Important Contacts

Financial Planner

Name

Address

Phone

Email

Certified Public Account

Name

Address

Phone

Email

Attorney

Name

Address

Phone

Email

Doctor

Name

Address

Phone

Email

Funeral Home

Name

Address

Phone

Email

Executor of Will

Name

Address

Phone

Email

Banking Contact

Name

Address

Phone

Email

Landlord

Name

Address

Phone

Email

Business Associate

Name

Address

Phone

Email

Real Estate Agent

Name

Address

Phone:

Email

Family Records and Information

About the Family

My Name: _____

Place and Date of Birth: _____

Children (full name, place and date of birth:

Other Family (full name, place and date of birth:

Family Records Location

Medical Records _____

Marriage Certificates _____

Other important Family records _____

Wills and Safe Deposit Boxes

Wills/Trusts

- ☐ I have a Will/Trust
- ☐ I Do Not have a Will/Trust (NOTE: if you checked this box, you have an important duty to perform, now.)

Original copies of my Will/Trust are located at: _____

Executor's name, address, and phone number: _____

Safe Deposit Boxes

- ☐ I Do Not have a safety deposit box
- ☐ I have a safety deposit box(es)
- ☐ It is held in my name only
- ☐ It is held jointly with: _____

Box Number(s) _____

Name and location of bank _____

Location of key(s) _____

Insurance and Annuities

Life Insurance

I have the following life and long term care policies:

Insurance Company	Policy #	Owner	Face Value	Beneficiary
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Long Term Care

_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Government Life Insurance

I served in the (branch of service) _____ From _____ to _____

and received the following type of discharge _____

My Serial Number was _____

The status of my government life insurance is as follows (expired or still in force; face amount) _____

Insurance and Annuities (continued)

Other Government Sources

My family will be eligible for those benefits, which are checked and described below:

- ☐ Railroad Retirement
- ☐ Civil Service
- ☐ Active Military or Veterans' service-connected death
- ☐ Benefits because of my employment by state or local government _____

My V.A. claim number is: _____

Records and Documents needed to apply for benefits are located at _____

Membership Organizations

Because of my membership in various organizations (unions, trade associations, fraternal benefit society, etc) my survivors may be eligible for certain benefits. The organization and benefits are as follows:

Organization	Type of benefit
_____	_____
_____	_____
_____	_____
_____	_____

The papers needed to apply for these benefits are located at: _____

Insurance and Annuities (continued)

Health Insurance

My health insurance policies (hospitalization, disability income, accident, long term care, etc)

are as follows:

Insured	Insurance company	Policy #	Type of Insurance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annuities

I have the following annuities:

Insurance Company	Policy #	Annuitant	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property/Casualty Insurance

I have the following type of insurance (homeowners, automobile, personal liability, business coverage, fire, vehicle, and disability etc):

Insurance Company	Policy #	Type of Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Policies for all insurance coverage and annuities are located _____

Benefits available upon my death

Available death benefits, Present employer

My employer is (name, address, telephone number): _____

My family may be eligible for the following benefits from my employer at my death.

Check all that apply:

- ☐ Group Life insurance
- ☐ Deferred compensation
- ☐ Group health insurance (death benefit)
- ☐ Credit union deposits
- ☐ COBRA continuation coverage
- ☐ Pension (survivors benefit)
- ☐ Profit-sharing plan (survivors benefit)
- ☐ Unpaid salary
- ☐ Other

If I am killed on the job, additional benefits may be payable to my family from:

- ☐ Workmen's Compensation
- ☐ Accident travel insurance, common carrier insurance, tickets purchased by credit card
- ☐ Other

Past Employer(s)

Because of my previous employment there, I have vested interest in the pension plan or other benefits at:

Papers needed to apply for benefits are located at: _____

Social Security

The Social Security Administration offers a variety of benefits. Call 1-800-772-1213 for help in calculating the dollar amounts below, and for complete details on all Social Security Benefits.

A lump sum benefit of \$225 may be payable to my spouse or children.

Social Security may provide my children a monthly benefit of

\$ _____

My Social Security number: _____

Children's Social Security Numbers: _____

To receive benefits you will need the following information:

- A certified copy of the death certificate
- The deceased's Social Security number
- Information on the deceased's employer, and approximate earnings for the past two years, such as tax returns, or W-2's
- Your marriage certificate
- Social Security numbers and birth certificates for you and your dependent children

NOTE: Order at least 15 death certificates. A separate certified death certificate will be needed for each insurance policy, and each asset, (i.e., real estate, stocks, bonds, mutual funds, bank accounts, etc) the funeral director can order them for you.

Sources of Immediate Cash / Care of Dependent Children

Sources of Immediate Cash

During the period immediately following my death, the best sources for my family to obtain cash for immediate needs are as follows: _____

Care of Dependent Children

In the event I (or if married, my spouse and I) die while my children are young, the following arrangements have been made on their behalf (give name, relationship, address, and telephone number of guardian, and describe trust arrangements, if any): _____

Or, my will contains the following guardianship designation and trust arrangement: _____

Or, no official arrangements have been made to date, but I would hope that the following arrangements could be made: _____

Trusts Information

Trust(s) that I have set up: _____

The bank, trust company, or other fiduciary: _____

Trust Officer: _____

Telephone number: _____

The Trust is:

- ☐ Funded
- ☐ Unfunded

Real Estate Information

Home Address: _____

It is owned:

☐ Jointly by _____

☐ Singly by _____

Mortgagor: _____

Telephone number _____

Location of mortgage or deed _____

I have a second home at: _____

It is owned:

☐ Jointly by _____

☐ Singly by _____

Mortgagor: _____

Telephone number _____

Location of mortgage or deed _____

Other real estate owned (excluding business, farm, or other enterprise): _____

Financial Assets

Bank Accounts (Including Savings & Loan Associations, Credit Union)

Checking/Savings/

Certificates of Deposit	Account #	Owner	Name & Location
-------------------------	-----------	-------	-----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of passbooks, checkbooks, cancelled checks, and statements _____

Stocks, Bonds, and Securities Portfolio

Stocks, bonds, securities _____

Records located _____

Mutual fund companies _____

Records located _____

Money Market account (s) _____

Records located _____

Retirement Accounts

Type: IRA	Roth IRA	401k	Roth 401k	403b	457	Thrift Savings	SEP
SIMPLE	Profit Share						

Financial Institution(s) _____

Additional Financial Information

Major debts (other than first mortgages and revolving charge accounts)

Money owed to me:

Location of notes payable and receivable:

Business, Farm, or Other Enterprise Information

Name of business _____

Kind of business _____

Location _____

Percentage of ownership (%) _____

Form of business (sole proprietorship, partnership, corporation) _____

Other Owners (if any) _____

Is the business subject to a buy/sell agreement? _____

Information on any other business interest or farms owned _____

Arrangements that have been made (or should be made after my death) in continuing or disposing of each business interest _____

Location of business books, records and pertinent papers _____

Additional information _____

Personal Letter of Direction

Dear Family and Friends,

As you know, maintaining harmony in the family has always been a priority with me. One way to continue this objective is to be sure there are no misunderstandings as to certain personal property items that are to be distributed at my death. I know from painful firsthand experience how a devastating family dispute can develop because these issues are not addressed at the appropriate time. I have given a great deal of thought as to how this goal might be accomplished. Therefore, on the following pages you will find a list of specific items to be distributed to specific individuals.

I recognize that some of the items do not have great monetary value. However, I do know that they are of great sentimental value to me, and perhaps will be to you as well. I hope you will find as much joy in receiving these items as I have had in gifting them to you.

I apologize if any of you feels slighted because I directed an item to someone else that you thought was intended for you. Please be assured that I have done my best to be sure that everyone is treated fairly. If I fall short in that desire it is because of my own shortcomings, and is not borne out of a desire to hurt anyone's feelings.

Thank you for your love and support!

My Personal Effects

At the discretion of my executor or next of kin, I suggest that the distribution of my personal effects (not covered in my will) be as follows (what it is and who is to receive it)

Item (s)

Person to Receive

Funeral and Burial Preferences

Body or Organs to be Donated:

- ☐ Yes (indicate specific organs NOT to be donated, if any) _____
- ☐ No (see Health Care Durable Power of Attorney, or Health Care Directive)

Preferred mortuary _____

City _____

State _____

Place of Service _____

Church _____

Mortuary Chapel _____

Church or Denomination _____

Person to be in Charge of Final Arrangements _____

(See Health Care Durable Power of Attorney, or Health Care Directive)

Relationship _____

Telephone _____

Description of Services Desired _____

Special Readings or Music _____

Service to be conducted by _____

Relationship _____

Telephone _____

Funeral and Burial Preferences (continued)

Internment Requests

I prefer:

- ☐ Earth Burial
- ☐ Cremation
- ☐ Mausoleum

Name of Cemetery _____

City _____

State _____

- ☐ I have reserved facilities (attach deed, and/or other paperwork)
- ☐ I have NOT reserved facilities

Obituary Information

This biographical information will be of help in preparing an obituary news story about me: _____

My obituary should be sent to the following newspapers: _____

People to Notify

Name _____

Relationship _____

Address _____

Telephone _____

Name _____

Relationship _____

Address _____

Telephone _____

Name _____

Relationship _____

Address _____

Telephone _____

Name _____

Relationship _____

Address _____

Telephone _____

Additional Instructions and Information

Additional instructions or information for survivors that has not been covered previously

Date completed and/or updated _____

My Signature X. _____

Witness X. _____

Address _____

Witness X. _____

Address _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____ before me, _____
(Name/Title, i.e. "Jane Doe, Notary Public")

personally appeared personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature)

(Notary Seal)

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