FD 1993

Robert Rey Jr. GARCIA

FUNERAL SERVICES

805-229-7054

Personal Expressions

A Guide to My Funeral and Memorial Wishes

Things You Should Know

Documenting your life and other important information

Today's funerals are so diverse that one will rarely resemble another. There are countless options available to personalize a service making it possible to tailor it to the unique individual it's designed to represent. However, one truth remains to this day that binds one funeral to every other funeral; they are for the living. Funerals are a place for loved ones and friends to gather in support and celebration. A time to remember and rejoice in a life that will continue to touch and shape their own.

It is a time when survivors turn to funeral professionals for guidance. They often wonder what the deceased would have wanted them to arrange. During the stressful and hectic days immediately following a death, a multitude of decisions must be made, adding pressure to an already overwhelming experience. Funeral professionals offer various services designed to care for your family before, during and after your funeral. By presenting you with this opportunity to make decisions now regarding your own funeral, they help you give your family peace of mind.

By completing this booklet you are giving direction and guidance to your loved ones when they need it most. They will know without a doubt what your wishes are and be able to see them through; thus helping to relieve the emotional burden of decision making and allowing them to support each other.

It is important that your loved ones know where to find this booklet. In the event of your death, they will be glad to have all of your up-to-date information easily accessible. To make certain that it's easily accessible, do not store it in a safe-deposit box. In some states safe-deposits boxes cannot be opened for several days and even weeks after a person's death.

Message to my loved ones

My love for you has compelled me to record the information contained in this booklet for your peace of mind. My wish for you is to make it through this difficult time with as little grief as possible. There are many aspects of my life that I have organized so that your decisions and stress will be minimal and you will be able to be there for each other and support one another during this time of transition.

With the information recorded in this book, you will have no questions about what I would have wanted you to do. You'll know my fondest memories and what I considered to be my greatest accomplishments. There is no need for you to worry and agonize over the many difficult decisions that must be made. Simply use this complete record of my life and my wishes to ease your mind.

Contained in this book are suggestions and information to help simplify your decision-making process during this difficult time. Your peace of mind is very important to me, and it is my sincere wish to ease your pain and grief by planning and providing you with this information. Above all, remember the life and the memories we have shared and the love that will remain strong long after this tribute to the life you shared with me.

Signature _____ Date _____

Witness _____ Date _____

Please Remember...

Significant Memories

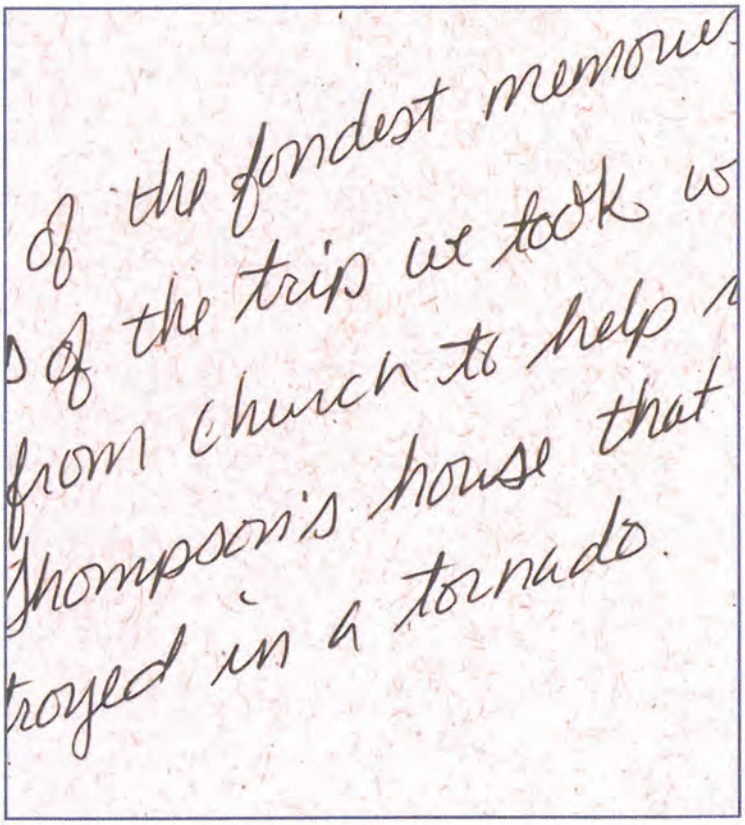
Religious Affiliations

Faith

Church affiliation

Clergy/Priest

Accomplishments



Activities, Hobbies & Memberships

Civic groups

Clubs

Professional organizations

Fraternal organizations

Community/Public service

Volunteer work

Hobbies

Favorites

Poems

Flowers

Music

Scripture passages

Foods

Pets

Vital Statistics

Personal Information

Name _____ SSN _____ ☐ Male ☐ Female
First *MI* *Last*

Address _____

City _____

State/ZIP _____

DOB ____/____/____ Place of birth _____ Race _____
Month *Day* *Year*

Father's name* _____ Mother's name *(Maiden)** _____
**If living, enter address and/or email on Family Member list*

Spouse *(Maiden)* _____

Place of marriage _____ Date of marriage ____/____/____
City/State *Month* *Day* *Year*

Education

Years completed _____

Elementary _____

_____
City/State

Junior High School _____

_____
City/State

High School _____

_____ Year graduated _____
City/State

Trade school/Community college _____

_____

_____ Year graduated _____
City/State

Degree earned _____

University _____

_____

_____ Year graduated _____
City/State

Degrees earned _____

_____

_____

_____

Kennedy High Sch
Class of '44

Important Documents

Last Will and Testament Location: _____

Details: _____

Attorney: _____
Name *Phone*

Physician: _____
Name *Phone*

Birth and Marriage Certificates Locations: _____

Details: _____

Insurance Policies:

Health: _____
Company *Policy #*

_____ _____
Beneficiary *Amount of Benefit*

Life: _____
Company *Policy #*

_____
Beneficiary *Amount of Benefit*

Homeowner/Renter: _____
Company *Policy #*

_____
Beneficiary *Amount of Benefit*

Personal Liability: _____
Company *Policy #*

_____
Beneficiary *Amount of Benefit*

Auto: _____
Company *Policy #*

_____
Beneficiary *Amount of Benefit*

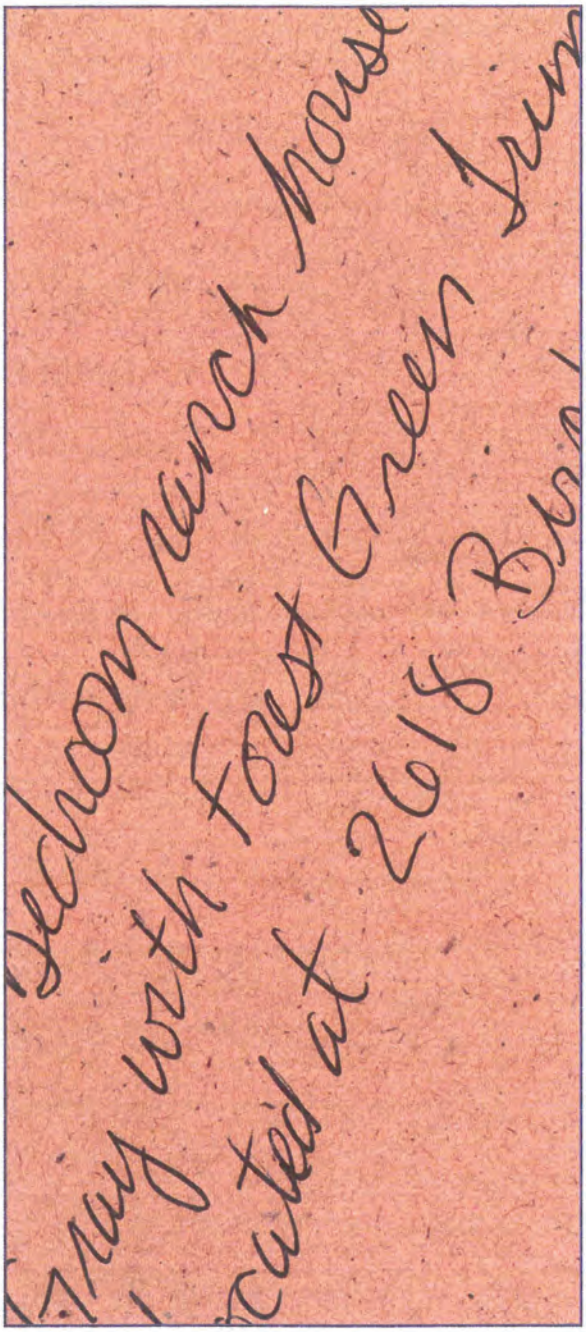
Important Documents *(continued)*

Automobile Records: _____
Location of Title *Location of Other Paperwork*

_____
Description of Vehicles

Funeral Plan: _____
Funeral Home *Phone*

_____
Policy # *Beneficiary*



Property

Residence: _____
Location/Description

_____
Location of Deed

Mortgages: _____
Location *Loan #*

_____
Location *Loan #*

_____
Location *Loan #*

Other Property: _____
Location of Deed

_____
Partners/Joint Ownerships

Mortgages: _____
Location *Loan #*

_____
Location of Deed

_____
Partners/Joint Ownerships

Mortgages: _____
Location *Loan #*

rst National Bank:

Savings account

Checking account

Safe Deposit Box #

includes - Deed +

Title of car, S

Financial Information

Bank Accounts: _____

Institution *Account #*

_____

Type of Account *Names on Account*

_____

Institution *Account #*

_____

Type of Account *Names on Account*

Safe Deposit Box: _____

Location *Contents*

_____

Debts: _____

Location *Loan #* *Type*

_____

Location *Loan #* *Type*

Tax Returns/Records: _____

Location *Accountant* *Phone #*

Credit Cards: _____

Location *Account #* *Type*

_____

Location *Account #* *Type*

_____

Location *Account #* *Type*

Investments

401(k): _____
Location of documents *Contact for Further Information*

IRA Retirement Plan: _____
Location of documents *Contact for Further Information*

Stock & Bond Certificates: _____
Location of documents *Contact for Further Information*

_____
Location of documents *Contact for Further Information*

_____
Location of documents *Contact for Further Information*

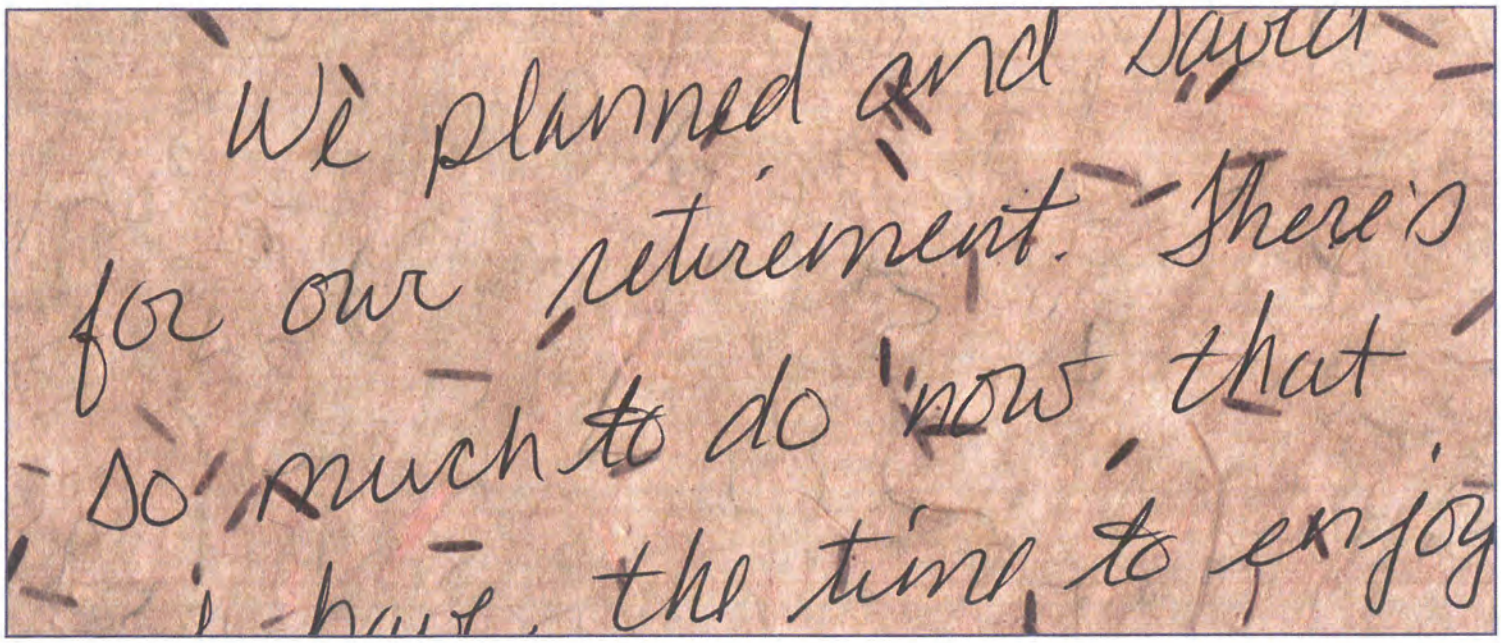
Broker/Financial Advisors: _____
Company *Name* *Phone #*

_____
Company *Name* *Phone #*

Other: _____
Details *Contact for Further Information* *Phone #*

_____
Details *Contact for Further Information* *Phone #*

_____
Details *Contact for Further Information* *Phone #*



Military Service

Branch of military: _____

Rank: _____ Unit: _____

Enlistment date: _____ / _____ / _____
Month Day Year

Location: _____

Discharge date: _____ / _____ / _____
Month Day Year

Location: _____

Location of discharge papers: _____

Military Retirement Documents: _____

Service Serial Number: _____

War(s): _____

Veteran's Benefits: _____

Employment

Occupation: _____

Most recent employer: _____

Kind of Business: _____

Total # of Years Worked: _____ from: _____ to: _____

Previous employer: _____

Kind of Business: _____

Total # of Years Worked: _____ from: _____ to: _____

Retired? ❑ Yes ❑ No Year retired: _____

enough to have a career
a company that cares. I can look back and
say that I loved my job. It was very satisfying to
me to be able to go home from work each night
and feel like I accomplished Something. It was
a joy to help people and to be there
they needed my

Friends & Family

My Spouse and Children

Spouse: _____
Name (Maiden) | Date of Birth | Date of Marriage

Children: _____
Name | Date of Birth

_____
Address | Phone

_____
Name | Date of Birth

_____
Address | Phone

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Name | Date of Birth

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Address | Phone

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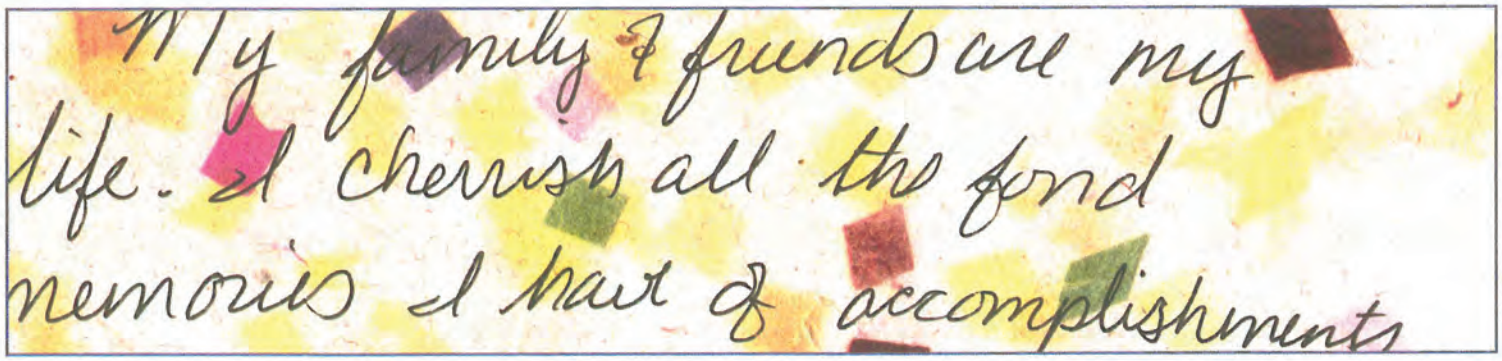

My Siblings

Name _____ Date of Birth _____

Address _____ Phone _____

Name _____ Date of Birth _____

Address _____ Phone _____

Name _____ Date of Birth _____

Address _____ Phone _____

Name _____ Date of Birth _____

Address _____ Phone _____

Name _____ Date of Birth _____

Address _____ Phone _____

Name _____ Date of Birth _____

Address _____ Phone _____

Name _____ Date of Birth _____

Address _____ Phone _____

Name _____ Date of Birth _____

Address _____ Phone _____

Grandchildren & Great Grandchildren

Grandchildren: How many total? _____

_____ Boys _____ Girls

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Great Grandchildren: How many total? _____

_____ Boys _____ Girls

Great-Great Grandchildren: How many total? _____

_____ Boys _____ Girls

Friends and Relatives

Name

Address Phone

E-mail address Relationship

Name

Address Phone

E-mail address Relationship

Name

Address Phone

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Name

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E-mail address Relationship

Personal Wishes

Funeral Service Instructions

Funeral Home: _____

Type of Service: _____

To be Held at: _____

Visitation: ☐ Yes ☐ No

Visitation at: ☐ Funeral Home ☐ Church ☐ Other

Visitation Hours: From _____ To _____

Prayer Service: ☐ Yes ☐ No Rosary: ☐ Yes ☐ No

Clergy: _____

Church: _____

Organist: _____

Vocalist(s): _____

Music Selections: _____

_____

Readings: _____

_____

Casket:: ☐ Wood ☐ Bronze ☐ Copper ☐ Steel

Vault: ☐ Bronze ☐ Copper ☐ Steel ☐ Concrete

Flower Requests: _____

_____

Veteran's Flag: ☐ Folded ☐ Draped over Casket

Memorial Contributions: _____

_____

Clothing: ☐ New ☐ Present Color _____

Jewelry: _____ Rings: _____

Removed Prior to Interment?: ☐ Yes ☐ No

Interment/Entombment:

☐ Traditional Full Service ☐ Modified full, traditional service

☐ Mausoleum Service ☐ Graveside

Participating Organizations (Fraternal/Military Rites): _____

_____

Organ Donations (Specify): _____

Hair Dresser: _____

Special Requests & Information: _____

_____

_____

Preceded by: *If more than six check here and see separate sheet.*

Name	Relation	Place/Date of Death

Pallbearers

Name _____

City _____ State _____

Name _____

City _____ State _____

Name _____

City _____ State _____

Name _____

City _____ State _____

Name _____

City _____ State _____

Name _____

City _____ State _____

Name _____

City _____ State _____

Cremation Instructions

Memorial Services: ☐ Prior to Cremation ☐ After Cremation
☐ Remains Present
☐ Remains not Present

Casket:: _____

Urn: ☐ Bronze ☐ Marble ☐ Wood ☐ Keepsake/Jewelry
☐ Other: _____

Final Disposition of Remains:

Place in Cemetery: _____
Name

_____
Phone

Type of Cemetery Property:

☐ Ground Burial ☐ Columbarium ☐ Mausoleum Crypt

☐ Return to Family: _____

☐ Other: _____

Memorial/Monument _____
Details

Rev. Peterson is a wonderfu
peaker Have him speak a
f funeral service. Also, ha
rs Whitmore, accompanied
rs. Johnson, on the organ,
ing Amazing Grace.

Cemetery Arrangements

Name of Cemetery: _____

Location: _____

Phone: _____

Property Owned: ☐ Yes ☐ No # of Spaces _____

_____
Location

Mausoleum:

☐ Private Estate ☐ Community Mausoleum

☐ Garden Mausoleum ☐ Single Crypt ☐ Companion Crypt

_____
Location

Lawn Crypt:

☐ Single Crypt ☐ Companion Crypt

_____
Location

Cemetery Property Ownership Documents:

_____
Location

Final Disposition of Remains:

☐ Earth Burial

☐ Mausoleum Entombment

☐ Cremation / Inurnment

☐ Return to Family: _____

☐ Other: _____

_____

Monument/Marker

Type of Monument:

☐ Upright Monument

☐ Lawn (flush)

☐ Granite

☐ Bronze

☐ Flower Vase ☐ Yes ☐ No

☐ Memorial Bench

☐ Other: _____

Specifications: _____

_____

Inscription: _____

_____

_____

Person in Charge of Arrangements

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

Newspaper & Radio Announcements

Newspapers: _____

_____

_____

Radio Stations: _____

_____