



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 *Survivor's Guide: Take Time Now to Plan*. 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? If your spouse/partner dies?
- 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 simultaneous death of the parents?

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 both you and your spouse/partner have valid wills, 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

Adoption certificates _____

Annuities _____

Bank book, checkbook _____

Bank monthly statements _____

Birth certificates _____

Bonds _____

Business agreements or contracts _____

Cancelled checks _____

Certificates of deposit _____

Credit cards _____

Death certificates _____

Divorce documentation _____

Driver's licenses _____

Federal and state income tax returns _____

Fraternal and trade societies with benefits provided _____

Household financial records _____

Insurance policies _____

List of people to whom you owe money and terms _____

List of people who owe money to you with notes _____

Location of safes and combinations _____

Marriage certificates _____

Medical records _____

Military services records, including serial number _____

Mutual funds _____

Notes payables/receivables _____

Other investment statements _____

Passports _____

Pension, profit sharing, or other retirement or death benefits _____

Family Records and Information

About the Family

My name: _____

Place and date of birth: _____

Spouse's 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 _____

* For simplicity, the term "spouse" will be used throughout the remainder of the text.

Wills and Safe Deposit Boxes

Wills / Trusts

Original and copies of my will / trust are located at: _____

Executor's name, address, and telephone number _____

Name of attorney, address, and telephone number _____

Safe Deposit Boxes

I do not have a safety deposit box.

It is held in my name only.

It is held jointly with _____

Box number _____

Name and location of bank _____

Location(s) of keys _____

Insurance and Annuities

Life Insurance

I have the following life and life/long-term care insurance policies:

Insurance Company	Policy #	Owner	Face Value	Beneficiary

* If any policies listed are survivorship (last-to-die) plans, it is also important to notify the insurer.

Other family members:

Insurance Company	Policy #	Owner	Face Value	Beneficiary

Government Life Insurance

I served in the (branch of service) _____ from _____
to _____ and received the following type discharge _____

My serial number was _____

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

The policy is located at _____

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 of veterans' service-connected death
- Veterans' non-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 (union, trade associations, fraternal benefit society, etc.), my survivors may be eligible for certain benefits. The organizations and benefits are as follows:

Organization	Type of Benefit
_____	_____
_____	_____
_____	_____
_____	_____

The papers needed to apply for such benefits are located at _____

Insurance and Annuities (continued)

Health Insurance

Our health insurance policies (hospitalization, disability income, accident, long-term care, etc.) are as follows:

Insured	Insurance Co.	Policy No.	Type of Insurance

Annuities

We have the following annuities:

Insurance Co.	Policy No.	Annuitant	Beneficiary

Property/Casualty Insurance

We have the following types of insurance (homeowners, automobile, personal liability, business coverages, fire, vehicle, and disability, etc.):

Insurance Co.	Policy No.	Type of Insurance

Policies for all insurance coverages 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 upon my death:

Check all that apply:

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

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

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

Past Employer(s)

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

Papers needed to apply for benefits are located at: _____

Benefits Available Upon My Spouse's 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 upon my death:

Check all that apply:

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

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

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

Past Employer(s)

Because of my previous employment there, I have a 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 burial benefit of \$255 may be payable to my spouse and children.

Social Security may provide my spouse, ex-spouse, and/or children a monthly benefit of \$_____.

My Social Security Number _____

Spouse's Social Security Number _____

Children's Social Security Numbers _____

To receive benefits you will need to 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-2s
- 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 Case / 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: _____

During the period immediately following my spouse's death, the best sources for me to obtain cash to meet the additional expenses are as follows: _____

Care of Dependent Children

In the event my spouse and I both die while our 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 my spouse and I would hope that the following arrangements could be made: _____

Trusts and Real Estate Information

Trust(s) that I have set up: _____

The bank, trust company, or other fiduciary: _____

Trust officer: _____

Telephone number: _____

The trust is:

Funded

Unfunded

Trust(s) my spouse has set up: _____

The bank, trust company, or other fiduciary: _____

Trust officer: _____

Telephone number: _____

The trust is:

Funded

Unfunded

Real Estate Owned

Home address: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Telephone number: _____

Location of mortgage or deed: _____

We have a second home at: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Telephone number: _____

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

Financial Assets

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

Checking, Savings, Certificates of Deposit	Account #	Joint / Ind. 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 _____

Additional Financial Information

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

Money owned to us: _____

Location of notes payable and receivable: _____

Other Information: _____

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 interests 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 _____

Person or persons who could offer sound advice in carrying on the business or operating the farm or in disposing of the business or farm (names, addresses, and telephone numbers)

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 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 sure 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.

Funeral and Burial Preferences

(Husband)

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 and 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)

Name: _____

Relationship: _____

Telephone: _____

Description of Services Desired

Special Readings or Music

Service to be Conducted By

Name: _____

Relationship: _____

Telephone: _____

Internment Requests

I prefer:

Earth burial

Cremation

Mausoleum

Name of Cemetery: _____

City and state: _____

I have reserved facilities. (attach deed and/or other paperwork)

I have not reserved facilities.

Funeral and Burial Preferences

(Wife)

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 and 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)

Name: _____

Relationship: _____

Telephone: _____

Description of Services Desired

Special Readings or Music

Service to be Conducted By

Name: _____

Relationship: _____

Telephone: _____

Internment Requests

I prefer:

Earth burial

Cremation

Mausoleum

Name of Cemetery: _____

City and state: _____

I have reserved facilities. (attach deed and/or other paperwork)

I have not reserved facilities.

People to Contact

(Husband)

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

People to Contact

(Wife)

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

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 _____

My spouse's signature _____

Witness _____

Address _____

Witness _____

Address _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 the person(s) acted executed the instrument.

WITNESS my hand and official seal.

(Signature)

(Notary Seal)