

Family, Financial & Digital Diary

For: _____

Prepared & updated on (include year) _____

Carmichael, Brasher, Tuvell & Company

Certified Public Accountants

www.cbtcpa.com 678-443-9200

Family, Financial & Digital Diary

For: _____

Prepared & updated on (include year) _____

GENERAL

	Individual #1	Individual #2
Full Legal Name	_____	_____
Social Security No.	_____	_____
Date of Birth	_____	_____
Employed By	_____	_____
Phone	_____	_____

Primary Residence

Street _____

Unit/Apt _____

City _____

State _____ Zip Code _____

Divorce History

Individual # 1: Yes _____ No _____

Individual # 2: Yes _____ No _____

I have updated Beneficiaries:

Individual #1 _____ Individual #2 _____

Affix extra sheet for additional residences. Refer to Real Estate section for owned properties.

Phones

Phone (cell) _____	Phone (cell) _____
Alternate Cell _____	Alternate Cell _____
Home (landline) _____	Home (landline) _____
Phone (work) _____	Phone (work) _____

I have a Safe Deposit Box: Yes _____ No _____

It is located at: _____

_____ Key location _____

Box No _____ Backup Key held by _____

Joint Owner _____ Other Signatory _____

Special documents or items that can be found in the box: _____

OFFSPRING

Please check: Son _____ **Daughter** _____ **Step** _____ **Adopted** _____

Name _____ SSN _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone (best contact) _____

Spouse's Name (if applicable) _____

Child(ren), if applicable

Name _____ SSN _____ DOB _____

Name _____ SSN _____ DOB _____

Name _____ SSN _____ DOB _____

Please check: Son _____ **Daughter** _____ **Step** _____ **Adopted** _____

Name _____ SSN _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone (best contact) _____

Spouse's Name (if applicable) _____

Child(ren), if applicable

Name _____ SSN _____ DOB _____

Name _____ SSN _____ DOB _____

Name _____ SSN _____ DOB _____

Offspring (continued)

Please check: Son _____ **Daughter** _____ **Step** _____ **Adopted** _____

Name _____ SSN _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone (best contact) _____

Spouse's Name (if applicable) _____

Child(ren), if applicable

Name _____ SSN _____ DOB _____

Name _____ SSN _____ DOB _____

Name _____ SSN _____ DOB _____

Please check: Son _____ **Daughter** _____ **Step** _____ **Adopted** _____

Name _____ SSN _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone (best contact) _____

Spouse's Name (if applicable) _____

Child(ren), if applicable

Name _____ SSN _____ DOB _____

Name _____ SSN _____ DOB _____

Name _____ SSN _____ DOB _____

Guardianship

If any of our children are minors or are dependent on us for care (guardians of adult children), the following arrangements have been made for them:

Document that provides instructions _____

Location of the document _____

Guardianship goes to _____ Relationship _____

Guardians' Phone _____ Alternate Phone _____

IMPORTANT LEGAL DOCUMENTS

Individual #1

I have a Will: Yes _____ No _____ State executed _____

Date of Will: _____

Location of Original (& most recent) executed copy _____

There is a copy of the original Will _____

Executor: Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate phone _____

Email _____

Trustee: Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate phone _____

Email _____

Will prepared by (attorney): Name _____

Firm Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate phone _____

Email _____

Individual #2

I have a Will: Yes _____ No _____ State executed _____

Date of Will: _____

Location of Original (& most recent) executed copy _____

There is a copy of the original Will _____

Executor: Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate phone _____

Email _____

Trustee: Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate phone _____

Email _____

Will prepared by (attorney): Name _____

Firm Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate phone _____

Email _____

Trusts

The following trusts have been created and exist now:

Name of Trust _____

Grantor _____

Beneficar(ies) _____

Revocable _____ Irrevocable _____

Trustee _____ Phone _____

Co-Trustee _____ Phone _____

Backup Trustee _____ Phone _____

Documents are located _____

Assets:

Name of Trust _____

Grantor _____

Beneficar(ies) _____

Revocable _____ Irrevocable _____

Trustee _____ Phone _____

Co-Trustee _____ Phone _____

Backup Trustee _____ Phone _____

Documents are located _____

Assets:

Individual #1

I have a Power of Attorney: Yes _____ No _____

Date of **Power of Attorney**: _____

Location of Original (& most recent) executed copy _____

There is a copy of the original **Power of Attorney** _____

Power of Attorney prepared by (attorney)

Name _____ Phone _____

I have a Living Will: Yes _____ No _____

Date of **Living Will**: _____

Location of Original (& most recent) executed copy _____

There is a copy of the original **Living Will** _____

Living Will prepared by (attorney)

Name _____ Phone _____

I have a Durable Health POA: Yes _____ No _____

Date of **Durable Health POA** _____

Location of Original (& most recent) executed copy _____

There is a copy of the original **Durable Health POA** _____

Durable Health POA prepared by (attorney)

Name _____ Phone _____

Individual #2

I have a Power of Attorney: Yes _____ No _____

Date of **Power of Attorney**: _____

Location of Original (& most recent) executed copy _____

There is a copy of the original **Power of Attorney** _____

Power of Attorney prepared by (attorney)

Name _____ Phone _____

I have a Living Will: Yes _____ No _____

Date of **Living Will**: _____

Location of Original (& most recent) executed copy _____

There is a copy of the original **Living Will** _____

Living Will prepared by (attorney)

Name _____ Phone _____

I have a Durable Health POA: Yes _____ No _____

Date of **Durable Health POA** _____

Location of Original (& most recent) executed copy _____

There is a copy of the original **Durable Health POA** _____

Durable Health POA prepared by (attorney)

Name _____ Phone _____

Tax Returns

Individual Tax Returns

Location of my last three years of tax returns

Hardcopies: _____

Digital (pdf): _____

_____ Password (if applicable) _____

Gift Tax Returns

Individual #1

I have filed Gift Tax Returns: Yes _____ No _____

If yes, copies of these returns are located _____

Individual #2

I have filed Gift Tax Returns: Yes _____ No _____

If yes, copies of these returns are located _____

IMPORTANT CONTACTS

My Attorney's name: _____

Firm Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

My Accountant's name: _____

Firm Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

My Financial Advisor's name: _____

Firm Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

My Religious Affiliation Main Contact: _____

Institution's Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

Digital Assets and Social Media (non-financial accounts, E-mails, Facebook, Twitter, SnapChat, LinkedIn, photos, videos)

<u>Account/ Website</u>	<u>User Name</u>	<u>Password (if applicable)</u>
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Individual #1

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Individual #2

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

INSURANCE (Life, Disability, Medical, Long Term Care, Homeowners, Umbrella, Car, Other)

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Insurance (continued)

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

Check One: Individual #1 _____ **Individual #2** _____ **Joint** _____

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiar(ies), if applicable _____

ASSETS

Banking Accounts (checking, savings, Credit Unions, other)

Institution Name _____ Location _____

Account No. _____ Joint owner/co-signer _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for monthly auto bank drafts: Yes _____ (provide list) No _____

Institution Name _____ Location _____

Account No. _____ Joint owner/co-signer _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for monthly auto bank drafts: Yes _____ (provide list) No _____

Institution Name _____ Location _____

Account No. _____ Joint owner/co-signer _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for monthly auto bank drafts: Yes _____ (provide list) No _____

Banking Accounts (continued)

Institution Name _____ Location _____

Account No. _____ Joint owner/co-signer _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for monthly auto bank drafts: Yes _____ (provide list) No _____

Institution Name _____ Location _____

Account No. _____ Joint owner/co-signer _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for monthly auto bank drafts: Yes _____ (provide list) No _____

Institution Name _____ Location _____

Account No. _____ Joint owner/co-signer _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for monthly auto bank drafts: Yes _____ (provide list) No _____

Securities: Brokerage Accounts

Institution Name _____ Location _____

Account No. _____ Joint owner _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for _____

Institution Name _____ Location _____

Account No. _____ Joint owner _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for _____

Institution Name _____ Location _____

Account No. _____ Joint owner _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

This account is used for _____

Securities: Retirement Accounts (including Roth, IRA, 401K, Annuities, other)

Institution Name _____ Owner _____

Account No. _____ Type _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

Required Minimum Distributions have begun as of _____

Beneficiar(ies) _____

Institution Name _____ Owner _____

Account No. _____ Type _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

Required Minimum Distributions have begun as of _____

Beneficiar(ies) _____

Institution Name _____ Owner _____

Account No. _____ Type _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

Required Minimum Distributions have begun as of _____

Beneficiar(ies) _____

Retirement Accounts (continued)

Institution Name _____ Owner _____

Account No. _____ Type _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

Required Minimum Distributions have begun as of _____

Beneficiar(ies) _____

Institution Name _____ Owner _____

Account No. _____ Type _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

Required Minimum Distributions have begun as of _____

Beneficiar(ies) _____

Institution Name _____ Owner _____

Account No. _____ Type _____

My records/statements are located _____

Online access? Yes _____ No _____

Online access (provide web address and login) _____

Required Minimum Distributions have begun as of _____

Beneficiar(ies) _____

Real Estate

Description: Primary Home _____ Vacation _____ Rental _____

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Deed Location _____

Mortgage: Yes _____ (see Liability section) No _____

Title held by _____

Description: Primary Home _____ Vacation _____ Rental _____

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Deed Location _____

Mortgage: Yes _____ (see Liability section) No _____

Title held by _____

Description: Primary Home _____ Vacation _____ Rental _____

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Deed Location _____

Mortgage: Yes _____ (see Liability section) No _____

Title held by _____

Description: Primary Home _____ Vacation _____ Rental _____

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Deed Location _____

Mortgage: Yes _____ (see Liability section) No _____

Title held by _____

Vehicles

Make _____ Model _____ Year _____

Titled in name of _____

Loan or lease obligation: Yes _____ (see Liability section) No _____

Location _____ Keys are located _____

Make _____ Model _____ Year _____

Titled in name of _____

Loan or lease obligation: Yes _____ (see Liability section) No _____

Location _____ Keys are located _____

Other Assets

<u>Item</u>	<u>Insured</u>	<u>Location</u>	<u>In Will</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

LIABILITIES

Mortgages

1. Address of property _____

Mortgage Holder _____ Balance _____

Payments: Mailed _____ Electronic _____ Automated Deductions _____

Coupons are located _____

On-line access: Yes _____ No _____ If yes, provide web address and login information

_____ User name _____ Password _____

2. Address of property _____

Mortgage Holder _____ Balance _____

Payments: Mailed _____ Electronic _____ Automated Deductions _____

Coupons are located _____

On-line access: Yes _____ No _____ If yes, provide web address and login information

_____ User name _____ Password _____

3. Address of property _____

Mortgage Holder _____ Balance _____

Payments: Mailed _____ Electronic _____ Automated Deductions _____

Coupons are located _____

On-line access: Yes _____ No _____ If yes, provide web address and login information

_____ User name _____ Password _____

4. Address of property _____

Mortgage Holder _____ Balance _____

Payments: Mailed _____ Electronic _____ Automated Deductions _____

Coupons are located _____

On-line access: Yes _____ No _____ If yes, provide web address and login information

_____ User name _____ Password _____

Vehicle Loans

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Phone _____

Address _____

Payment book located _____ Auto Draft _____ EFT _____

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Phone _____

Address _____

Payment book located _____ Auto Draft _____ EFT _____

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Phone _____

Address _____

Payment book located _____ Auto Draft _____ EFT _____

Credit Cards

Am. Express ___ Discover ___ MasterCard _____ Visa ___ Other: _____

Account # _____ Exp Date _____

Statements: Paper _____ Digital (provide login, if applicable) _____

Am. Express ___ Discover ___ MasterCard _____ Visa ___ Other: _____

Account # _____ Exp Date _____

Statements: Paper _____ Digital (provide login, if applicable) _____

Credit Cards (continued)

Am. Express ___ Discover ___ MasterCard ___ Visa ___ Other: _____

Account # _____ Exp Date _____

Statements: Paper _____ Digital (provide login, if applicable) _____

Am. Express ___ Discover ___ MasterCard ___ Visa ___ Other: _____

Account # _____ Exp Date _____

Statements: Paper _____ Digital (provide login, if applicable) _____

Am. Express ___ Discover ___ MasterCard ___ Visa ___ Other: _____

Account # _____ Exp Date _____

Statements: Paper _____ Digital (provide login, if applicable) _____

Am. Express ___ Discover ___ MasterCard ___ Visa ___ Other: _____

Account # _____ Exp Date _____

Statements: Paper _____ Digital (provide login, if applicable) _____

Am. Express ___ Discover ___ MasterCard ___ Visa ___ Other: _____

Account # _____ Exp Date _____

Statements: Paper _____ Digital (provide login, if applicable) _____

Other Debts/ Loans Not Included Above

Description	Balance	Account #	Purpose	Paperwork located
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY and FRIENDS CONTACT INFORMATION

Individual #1

Immediate Family to Notify in an emergency or upon my death

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Individual #1

Close Friends, Neighbors or Co-Workers to Notify in an emergency or upon my death

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

FUNERAL ARRANGEMENTS

Individual #1

Contact Person Completing Arrangements _____

Phone _____ Alternate Phone _____

Clergy and/or religious institution to contact immediately in order for them to provide assistance to my family _____

Phone _____ Alternate Phone _____

I have made Funeral Arrangements: Yes ____ No ____

If yes, provide contact information

Name _____ Location _____

Phone _____

If No, I prefer an inexpensive, moderate or elaborate funeral (circle one).

I have "Away From Home Protection:" Yes ____ No ____

Name of Plan _____ Contract # _____

Name of Receiving Funeral Home _____

Phone _____ Alternate Phone _____

Address _____

I would like to donate my body for Medical Research: Yes ____ No ____

I would like to be an organ donor: Yes ____ No ____

Arrangement documents and deeds are located _____

Arrangements that are prepaid: Cemetery plot _____ Services (specify) _____

Marker _____ Other _____

Individual #1

Arrangements/Preferences

Burial _____ Cremation _____ Other _____

Funeral Home/Mortuary/Crematorium _____

Phone _____ Alternate phone _____

Address _____

Buried in _____ Cemetery. Section _____ Lot # _____

Cremation Remains Container: Urn _____ Other _____

Type of disposition, if cremated: Burial ___ Niche ___ Other _____

Memorial or Funeral Service Plans/Preferences

Funeral Service Public _____ or Private _____ at _____

Funeral Home _____ Cemetery/ Memorial Park Chapel _____

Religious Institution _____ Graveside _____

Memorial Service Public _____ or Private _____ at _____

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 _____

Visitation: Timing _____ Location _____

Individual #1

Clothing Preference: _____

Personal Accessories (“Return to” does not necessarily mean that person keeps the item. Refer to my Will for ownership):

Jewelry Description _____ Stays on ___ or Return to _____

Eyeglasses Description _____ Stays on ___ or Return to _____

Other Description _____ Stays on ___ or Return to _____

Floral Preferences _____

Music Preferences _____

Memorial Donation Preferences _____

Newspaper Notices (List names of papers) _____

List pre-arranged details and other wishes (such as obituary information) _____

FAMILY and FRIENDS CONTACT INFORMATION

Individual #2

Immediate Family to Notify in an emergency or upon my death

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Address _____

Individual #2

Close Friends, Neighbors or Co-Workers to Notify in an emergency or upon my death

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

Name _____

Phone _____ Alternate phone _____

Address _____

FUNERAL ARRANGEMENTS

Individual #2

Contact Person Completing Arrangements _____

Phone _____ Alternate Phone _____

Clergy and/or religious institution to contact immediately in order for them to provide assistance to my family _____

Phone _____ Alternate Phone _____

I have made Funeral Arrangements: Yes ____ No ____

If yes, provide contact information

Name _____ Location _____

Phone _____

If No, I prefer an inexpensive, moderate or elaborate funeral (circle one).

I have "Away From Home Protection:" Yes ____ No ____

Name of Plan _____ Contract # _____

Name of Receiving Funeral Home _____

Phone _____ Alternate Phone _____

Address _____

I would like to donate my body for Medical Research: Yes ____ No ____

I would like to be an organ donor: Yes ____ No ____

Arrangement documents and deeds are located _____

Arrangements that are prepaid: Cemetery plot _____ Services (specify) _____

Marker _____ Other _____

Individual #2

Arrangements/Preferences

Burial _____ Cremation _____ Other _____

Funeral Home/Mortuary/Crematorium _____

Phone _____ Alternate phone _____

Address _____

Buried in _____ Cemetery. Section _____ Lot # _____

Cremation Remains Container: Urn _____ Other _____

Type of disposition, if cremated: Burial ___ Niche ___ Other _____

Memorial or Funeral Service Plans/Preferences

Funeral Service Public _____ or Private _____ at _____

Funeral Home _____ Cemetery/ Memorial Park Chapel _____

Religious Institution _____ Graveside _____

Memorial Service Public _____ or Private _____ at _____

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 _____

Visitation: Timing _____ Location _____

Individual #2

Clothing Preference: _____

Personal Accessories (“Return to” does not necessarily mean that person keeps the item. Refer to my Will for ownership):

Jewelry Description _____ Stays on ___ or Return to _____

Eyeglasses Description _____ Stays on ___ or Return to _____

Other Description _____ Stays on ___ or Return to _____

Floral Preferences _____

Music Preferences _____

Memorial Donation Preferences _____

Newspaper Notices (List names of papers) _____

List pre-arranged details and other wishes (such as obituary information) _____

