

Family, Financial & Digital Diary

08/21/2023

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 _____

Parent(s): Both _____ Individual 1 _____ Individual 2 _____

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 _____

Parent(s): Both _____ Individual 1 _____ Individual 2 _____

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 _____

Parent(s): Both _____ Individual 1 _____ Individual 2 _____

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 _____

Parent(s): Both _____ Individual 1 _____ Individual 2 _____

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 _____

OTHER IMPORTANT LEGAL DOCUMENTS**Individual #1**

I have a Will: Yes _____ No _____

Date of Will: _____

Location of Original (& most recent) executed copy _____

There is a copy of the original Will _____

There is an electronic copy of original will on _____

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 _____

Phone _____ Alternate phone _____

Email _____

Executor next in Line: Name _____ Phone _____

Individual #2

I have a Will: Yes _____ No _____

Date of Will: _____

Location of Original (& most recent) executed copy _____

There is a copy of the original Will _____

There is an electronic copy of original will on _____

Logon Name _____ **Location** _____

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 _____

Phone _____ **Alternate phone** _____

Email _____

Executor next in Line: Name _____ **Phone** _____

Trusts

The following trusts have been created and exist now:

Individual 1 _____ **Individual 2** _____ **Both** _____

Name of Trust _____

Grantor _____

Beneficiary(ies) _____

Revocable _____ Irrevocable _____

Trustee _____ Phone _____

Co-Trustee _____ Phone _____

Backup Trustee _____ Phone _____

Documents are located _____

Assets:

Individual 1 _____ **Individual 2** _____ **Both** _____

Name of Trust _____

Grantor _____

Beneficiary(ies) _____

Revocable _____ Irrevocable _____

Trustee _____ Phone _____

Co-Trustee _____ Phone _____

Backup Trustee _____ Phone _____

Documents are located _____

Assets:

Individual #1

I have a Durable Power of Attorney: Yes _____ No _____

Date executed _____ POA name _____

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 Health Care POA: Yes _____ No _____

Date of Health Care POA _____ POA name _____

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 _____

I have a Child Custody Agreement – Location _____

I have an Alimony Agreement – Location _____

If yes, copies of these returns are located _____

Individual #2

I have a Durable Power of Attorney: Yes _____ No _____

Date executed _____ POA name _____

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 Health Care POA: Yes _____ No _____

Date of Health Care POA _____ POA name _____

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 _____

I have a Child Custody Agreement – Location _____

I have an Alimony Agreement – Location _____

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 _____

Prepared by Other

Name _____ Phone Number _____

IMPORTANT CONTACTS, DIGITAL ASSETS, MEDIA – INDIVIDUAL 1

Accountant's name: _____

Firm Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

Financial Advisor's name: _____

Firm Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

Religious Affiliation Main Contact: _____

Institution's Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

Digital Assets and Social Media (cell-phone, computers, financial accts, non-financial accts, Emails, Facebook, Twitter, SnapChat, LinkedIn, photos, videos)

| <u>Asset/Social Media/Digital Individual #1</u> | <u>User Name</u> | <u>Password (if applicable)</u> |
|---|------------------|---------------------------------|
|---|------------------|---------------------------------|

| | | |
|-------------------|-------|-------|
| Cell phone# _____ | _____ | _____ |
|-------------------|-------|-------|

| | | |
|-----------------|-------|-------|
| Computer# _____ | _____ | _____ |
|-----------------|-------|-------|

| | | |
|---------------|-------|-------|
| Laptop# _____ | _____ | _____ |
|---------------|-------|-------|

| | | |
|---------------------|-------|-------|
| Email Address _____ | _____ | _____ |
|---------------------|-------|-------|

Social Media listed below:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Photos & Videos:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IMPORTANT CONTACTS, DIGITAL ASSETS, MEDIA – INDIVIDUAL 2

Accountant's name: _____

Firm Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

Financial Advisor's name: _____

Firm Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

Religious Affiliation Main Contact: _____

Institution's Name (if applicable) _____

Phone _____ Alternate phone _____

Email _____

Digital Assets and Social Media (cell-phone, computers, financial accts, non-financial accts, Emails, Facebook, Twitter, SnapChat, LinkedIn, photos, videos)

| <u>Asset/Social Media/Digital</u> | <u>User Name</u> | <u>Password (if applicable)</u> |
|-----------------------------------|------------------|---------------------------------|
| Individual #1 | | |
| Cell phone# _____ | _____ | _____ |
| Computer# _____ | _____ | _____ |
| Laptop# _____ | _____ | _____ |
| Email Address _____ | _____ | _____ |
| Social Media listed below: | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Photos & Videos: | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 _____

Beneficiary(s), if applicable _____

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

Insurance (continued)

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

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

Name of Company: _____

Policy # _____ Location of policy _____

Type of policy _____ Phone _____

Beneficiary(s), if applicable _____

ASSETS**Financial Accounts: Banking, Credit Unions, Investments)**

Institution Name _____ Location _____

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

Account Name: _____ Acct # _____

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 _____

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

Account Name: _____ Acct # _____

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 _____

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

Account Name: _____ Acct # _____

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 _____

Financial Accounts (continued)

Institution Name _____ Location _____

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

Account Name: _____ Acct # _____

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 _____

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

Account Name: _____ Acct # _____

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 _____

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

Account Name: _____ Acct # _____

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 _____

Financial Accounts (continued)

Institution Name _____ Location _____

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

Account Name: _____ Acct # _____

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 _____

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

Account Name: _____ Acct # _____

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 _____

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

Account Name: _____ Acct # _____

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: 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 _____

Beneficiary(s) _____

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 _____

Beneficiary(s) _____

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 _____

Beneficiary(s) _____

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 _____

Beneficiary(s) _____

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 _____

Beneficiary(s) _____

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 _____

Beneficiary(s) _____

Real Estate

Check One: Primary Home _____ Vacation _____ Rental _____

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Deed Location _____

Mortgage: Yes _____ (see Liability section) No _____

Title held by _____

Check One: Primary Home _____ Vacation _____ Rental _____

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Deed Location _____

Mortgage: Yes _____ (see Liability section) No _____

Title held by _____

Check One: Primary Home _____ Vacation _____ Rental _____

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Deed Location _____

Mortgage: Yes _____ (see Liability section) No _____

Title held by _____

Check One: Primary Home _____ Vacation _____ Rental _____

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Deed Location _____

Mortgage: Yes _____ (see Liability section) No _____

Title held by _____

Vehicles & Boats

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 _____

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 _____

Make _____ Model _____ Year _____

Titled in name of _____

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

Location _____ Keys are located _____

LIABILITIES**Mortgages**

Address of property _____

Title Name(s) & Designation _____

Mortgage Holder _____ Balance _____

Payments: Mailed _____ Electronic _____ Automated Deductions _____

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

_____ User name _____ Password _____

Address of property _____

Title Name(s) & Designation _____

Mortgage Holder _____ Balance _____

Payments: Mailed _____ Electronic _____ Automated Deductions _____

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

_____ User name _____ Password _____

Address of property _____

Title Name(s) & Designation _____

Mortgage Holder _____ Balance _____

Payments: Mailed _____ Electronic _____ Automated Deductions _____

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

_____ User name _____ Password _____

Address of property _____

Title Name(s) & Designation _____

Mortgage Holder _____ Balance _____

Payments: Mailed _____ Electronic _____ Automated Deductions _____

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

_____ User name _____ Password _____

Vehicle & Boat Loans

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Individual 1 ____ Individual 2 ____ Joint ____ Auto Draft ____ EFT ____

Online Username _____ Password _____

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Individual 1 ____ Individual 2 ____ Joint ____ Auto Draft ____ EFT ____

Online Username _____ Password _____

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Individual 1 ____ Individual 2 ____ Joint ____ Auto Draft ____ EFT ____

Online Username _____ Password _____

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Individual 1 ____ Individual 2 ____ Joint ____ Auto Draft ____ EFT ____

Online Username _____ Password _____

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Individual 1 ____ Individual 2 ____ Joint ____ Auto Draft ____ EFT ____

Online Username _____ Password _____

Make _____ Model _____ Year _____

Loan with _____ Lease with _____

Individual 1 ____ Individual 2 ____ Joint ____ Auto Draft ____ EFT ____

Online Username _____ Password _____

FAMILY and FRIENDS CONTACT INFORMATION

Individual #1

Family, Friends, Neighbors, Employers to Notify in an emergency or upon my death

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

FAMILY and FRIENDS CONTACT INFORMATION**Individual #2*****Family, Friends, Neighbors, Employers to Notify in an emergency or upon my death***

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email Address _____

Relationship _____ Name _____

Phone _____ Alternate phone _____

Email 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 (continued)
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 (continued)

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) _____

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 (continued)
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 (continued)

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) _____

CHECKLIST INDIVIDUAL 1

INCOME

- Wages
- Pension
- Disability
- Social Security
- Rental Income
- Child Support
- Alimony
- Individual Retirement Accts
- Investment Income
- Other recurring Income

EXPENSES

- Credit Card
- Child Support
- Alimony
- Mortgage Payment
- Installment Loan
- Insurance Payment(s)
- Other recurring Expenses

CHECKLIST INDIVIDUAL 2

INCOME

- Wages**
- Pension**
- Disability**
- Social Security**
- Rental Income**
- Child Support**
- Alimony**
- Individual Retirement Accts**
- Investment Income**
- Other recurring Income**

EXPENSES

- Credit Card**
- Child Support**
- Alimony**
- Mortgage Payment**
- Installment Loan**
- Insurance Payment(s)**
- Other recurring Expenses**

SUMMARY OF PETS

Name _____ Type _____ Age _____

Vet _____

File with rabies detail etc. _____

Temporary arrangements _____

Permanent custody _____

Special Instructions _____

Name _____ Type _____ Age _____

Vet _____

File with rabies detail etc. _____

Temporary arrangements _____

Permanent custody _____

Special Instructions _____

Name _____ Type _____ Age _____

Vet _____

File with rabies detail etc. _____

Temporary arrangements _____

Permanent custody _____

Special Instructions _____
