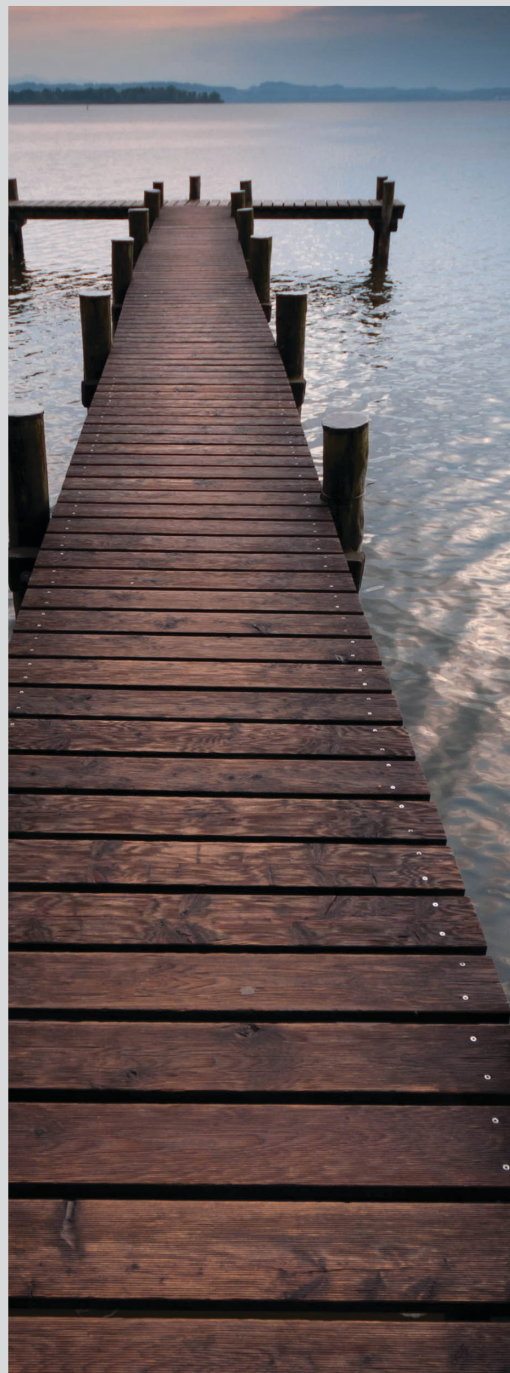




FAMILY ESTATE PLANNING GUIDE

Making clear decisions today.

A comprehensive guide and record book. Your security tomorrow depends on your farsighted planning now.





WE UNDERSTAND.

We have seen countless people suffer tremendous confusion when there is a death in the family. Weary from grief and loss of sleep, they are forced to make numerous decisions, which often cost thousands of dollars more than necessary.

To make matters even more confusing, many people do not have Wills, often do not apply for government cash benefits and do not make known to their loved ones the location of insurance policies, bank books, and other vital documents required by law. And many people neglect to make funeral and cemetery pre-arrangements.

A death in the family is extremely difficult, without placing the added burden of funeral and cemetery arrangements on the shoulders of those we love.

There is a way to avoid these problems. After years of assisting people in planning final arrangements, our company has created this valuable "Family Planning Guide." Prepared with assistance of attorneys, accountants, bankers, clergy, and estate planning experts, this kit will make it easier for you to share your feelings and preferences with your loved ones.

For maximum benefit, give a photocopy of the information that you record in this portfolio to a relative or a close friend who resides outside your home.



THE IMPORTANCE OF PLANNING FUNERAL & CEMETERY ARRANGEMENTS

When there is a death, the family almost always experiences shock, grief and a sudden change in their lives.

The staggering number of complicated arrangements for a funeral and burial makes it more difficult. And, very few people are aware of the high cost and complexity of last-minute arrangements.

Here is a list of 67 things the survivors must face when there is a death in the family. With the help of this kit and our guidance, many of these last-minute needs can be arranged in advance. You can then be assured that your family will be spared much of this burden and expense.

Notify Immediately:

- 1. The doctor or doctors
- 2. The Funeral Director
- 3. The cemetery
- 4. All relatives
- 5. All friends
- 6. Employer of deceased
- 7. Employers of relatives missing work
- 8. Insurance Agents (life, health, etc.)
- 9. Organizations (religious, civic, etc.)
- 10. Newspapers for the obituary

Decide and Arrange Immediately:

- 11. Select Funeral Director
- 12. Meet with Funeral Director
- 13. Select cemetery
- 14. Purchase burial property
- 15. Select casket
- 16. Select vault
- 17. Arrange type of service (military, etc.)
- 18. Decide on location of service
- 19. Select clergy to officiate
- 20. Provide information for eulogy
- 21. Select flowers
- 22. Arrange for music and visitation
- 23. Select memorial
- 24. Write and provide obituary to newspaper
- 25. Answer calls, messages and letters
- 26. Obtain addresses for thank you cards
- 27. Arrange for special memorial services
- 28. Check the Will for special wishes
- 29. Check and sign Burial Permit
- 30. Order Death Certificate
- 31. Look after house and children

Secure Vital Statistics:

All of this information is required for the Death Certificate issued by the Board of Health.

- 32. Name, home address, telephone
- 33. How long in state

- 34. Name of business, address, telephone
- 35. Occupation and title
- 36. Social Security Number
- 37. Veterans Serial Number
- 38. Date of birth
- 39. Place of birth
- 40. U.S. Citizenship
- 41. Parent 1 name
- 42. Parent 1 birthplace
- 43. Parent's maiden name
- 44. Parent 2 birthplace
- 45. Religious name (if any)

Collect Documents

All of this information is required to establish rights for insurance, pension, Social Security, etc.

- 46. Funeral Certificate
- 47. Deed to burial property
- 48. Will
- 49. Legal proof of age or Birth Certificate
- 50. Social Security Card or Number
- 51. Marriage License
- 52. Citizenship papers
- 53. Insurance policies (life, health, etc.)
- 54. Bank books
- 55. Deeds to property
- 56. Bill of sale of car
- 57. Income tax returns, receipts, checks
- 58. Veterans Discharge Certificate
- 59. Disability and pension claims

Pay for the Following:

- 60. Funeral services
- 61. Memorials
- 62. Casket, vault, perpetual care
- 63. Burial plot, mausoleum or niche
- 64. Burial plot opening and closing
- 65. Clergy
- 66. Church or temple
- 67. Transportation

LOCATING PERSONAL DOCUMENTS

Having your personal documents organized and accessible is an important first step in estate planning.

With more and more sudden deaths resulting from accidents, it is essential that family members know the location of Wills, bank documents, bank accounts and other legal documents. Therefore, record the following information for the protection of your children and other close relatives.

Documents related to funeral and cemetery preferences should not be kept in a safety deposit box. They may be needed at night, on weekends or a holiday. We suggest you keep them in a secure but accessible place.

Circle the location of each item:

Home	Location			
Bank books	Home	Office	Safe Deposit	Attorney
Check books	Home	Office	Safe Deposit	Attorney
Deeds to real estate	Home	Office	Safe Deposit	Attorney
Stocks and Bonds	Home	Office	Safe Deposit	Attorney
Income tax returns, receipts, checks	Home	Office	Safe Deposit	Attorney
Military Discharge Certificate	Home	Office	Safe Deposit	Attorney
Will	Home	Office	Safe Deposit	Attorney
Legal proof of age or Birth Certificate	Home	Office	Safe Deposit	Attorney
Social Security Card or Number	Home	Office	Safe Deposit	Attorney
Marriage License	Home	Office	Safe Deposit	Attorney
Citizenship papers	Home	Office	Safe Deposit	Attorney
Insurance policies	Home	Office	Safe Deposit	Attorney
Auto Title	Home	Office	Safe Deposit	Attorney
Key to safe deposit box	Home	Office	Safe Deposit	Attorney
Deed to burial property	Home	Office	Safe Deposit	Attorney
Funeral arrangement documents	Home	Office	Safe Deposit	Attorney

YOUR WILL

No matter how large or small your estate may be, it is essential that you prepare your Will and revise it regularly.

Your Will is the least expensive way to protect your life's work and savings.

If you die without a Will, state law and a probate judge will determine who will administer your estate, who will handle your finances, and who will be the guardian of your minor children. With a Will, you are the one who makes these decisions, not a probate judge who is completely unfamiliar with your wishes.

Our (my) Will is located at: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Our (my) Executor is: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Our (my) Attorney is: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

When you realize what is at stake — the well-being of your entire family and the protection of your property — you will find that taking the time to plan for the future will be one of the best investments you can ever make.

MEDICAL HISTORY

This information may become very important for your partner, children and grandchildren.

It is suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

Myself

I have had treatment for:

- Cancer: _____
- Tuberculosis: _____
- Kidney Disorder: _____
- Diabetes: _____
- Circulatory Problems: _____
- Heart: _____
- Other: _____
- Other: _____

I am allergic to the following things:

1. _____
2. _____
3. _____
4. _____

Physician: _____
Address: _____
City / State / Zip: _____
Phone: _____

I have a living Will: Yes No

Location of Document: _____
Additional Remarks: _____

I am an Organ Donor: Yes No

Additional Remarks: _____

My Spouse/Partner

I have had treatment for:

- Cancer: _____
- Tuberculosis: _____
- Kidney Disorder: _____
- Diabetes: _____
- Circulatory Problems: _____
- Heart: _____
- Other: _____
- Other: _____

I am allergic to the following things:

1. _____
2. _____
3. _____
4. _____

Physician: _____
Address: _____
City / State / Zip: _____
Phone: _____

I have a living Will: Yes No

Location of Document: _____
Additional Remarks: _____

I am an Organ Donor: Yes No

Additional Remarks: _____

BANK ACCOUNTS & INVESTMENTS

People often have bank accounts, IRAs, stocks, bonds, and other investments, and neglect to tell family members about them. Each year, banks publish lists of names in newspapers looking for individuals who are entitled to money in accounts that have been forgotten. In many states, the money will revert back to the government if not claimed within seven years.

To insure your investments are protected from such loss, record all of your accounts here.

Checking Account Number: _____

Institution: _____ Location: _____

Savings Account Number: _____

Institution: _____ Location: _____

Savings Account Number: _____

Institution: _____ Location: _____

Money Market Account Number: _____

Institution: _____ Location: _____

Credit Card Account Number: _____

Accidental Life Insurance Credit Life

Stocks: _____

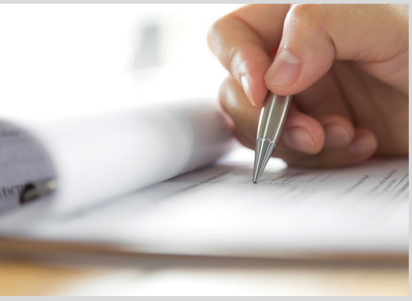
Institution: _____ Location: _____

Other Investments: (certificates of deposit, bonds, real estate, commodities, IRA/Keough, etc.): _____



INSURANCE POLICIES

One of the most important protections for your family and loved ones.



INSURANCE POLICIES

Millions of dollars are spent every year in unclaimed Life Insurance because the family never knew certain policies existed.

When there is a death in the family, insurance companies do not look for the beneficiaries to give them their cash benefits. Insurance benefits must be applied for at the time of death.

Sometimes, people overlook insurance that they may have through their employer, union, pension plan, credit card companies, or other sources.

Your survivors need to be aware of these policies. Record the companies and policy numbers here.

Life Insurance Company: _____

Name of Agency: _____ Phone: _____

Name of Insured: _____ Face Amount of Policy: _____

Beneficiary: _____ Policy Owner: _____

Home Insurance Company: _____

Name of Agency: _____ Phone: _____

Name of Insured: _____ Face Amount of Policy: _____

Beneficiary: _____ Policy Owner: _____

Away From Home Protection / Insurance: _____

Name of Agency: _____ Phone: _____

Name of Insured: _____ Face Amount of Policy: _____

Beneficiary: _____ Policy Owner: _____

VETERANS BENEFITS

My Service Serial Number: _____

My Spouse/Partner's Service Serial Number: _____

Location of Nearest Veterans Administration Office: _____

1. A burial and funeral expense allowance may be paid for deceased Veterans who were, at the time of death, entitled to receive a pension or compensation.
2. The plot or interment allowance is no longer payable based solely on wartime service. Eligibility is limited to the same requirements as the burial and funeral expense allowance described above.
3. The monetary allowance in lieu of a government headstone or memorial has been eliminated. A government memorial to make the grave of an eligible Veteran may be furnished to the applicant.
4. An American flag may be issued to drape the casket of an eligible Veteran.
5. There may be other survivor benefits for the partner and dependent children that may be applicable. Inquire at your local Veterans Administration Office for details.
6. Claim for non-service connected burial allowance must be filed within two years after burial or cremation.

To facilitate receiving Veteran benefits, for which you may be eligible, you will need the following when you contact the Veterans Administration Office:



- Discharge Papers
- Service Serial Number
- Marriage License
- Children's Birth Certificates
- Death Certificate

1-800-827-1000

SOCIAL SECURITY INFORMATION

Name: _____

Social Security Number: _____

Name: _____

Social Security Number: _____

Address of nearest Social Security Office: _____

Phone: _____

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving partner or entitled child. Also, survivor's checks may go to a member of a worker's family.

To facilitate receiving Social Security benefits, you will need the following when you contact your Social Security Office:

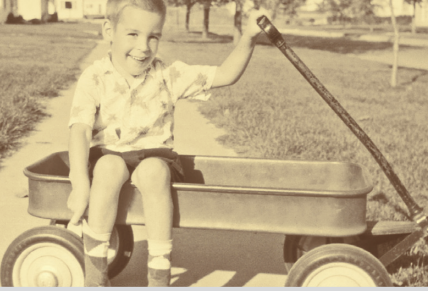
- **Social Security Number**
- **Marriage License**
- **Children's Birth Certificates**
- **W2 for the previous two years**
- **Proof of deceased partner's age if 62 years or older**
- **Certified Copy of Death Certificate**

An application for the lump sum death payments usually must be made within two years after the worker's death. Don't delay applying because you don't have all the proof of information. The people in the Social Security Office will tell you about other proof of information that you will need when applying.

It's a good idea to check your record every three years to make sure that earnings are being correctly reported to your record.

Social Security Administration Toll-Free Phone Number

1-800-772-1213



HISTORICAL INFORMATION

Preserving the memories of loved ones
for years to come.



HISTORICAL INFORMATION

Myself

Name: _____

School(s) Attended: _____

Name: _____ Years: _____ Degrees: _____

Name: _____ Years: _____ Degrees: _____

Name: _____ Years: _____ Degrees: _____

Clubs / Fraternities, Associations, or Honor Societies: _____

Name: _____ Years: _____ Position Held: _____

Name: _____ Years: _____ Position Held: _____

Name: _____ Years: _____ Position Held: _____

Military / Branch of Service: _____ Years: _____ Rank: _____

Citations: _____

Civic or Public Offices Held: _____ Years: _____ Where: _____

Special Achievements or Recognition: _____

My Spouse/Partner

Name: _____

School(s) Attended: _____

Name: _____ Years: _____ Degrees: _____

Name: _____ Years: _____ Degrees: _____

Name: _____ Years: _____ Degrees: _____

Clubs / Fraternities, Associations, or Honor Societies: _____

Name: _____ Years: _____ Position Held: _____

Name: _____ Years: _____ Position Held: _____

Name: _____ Years: _____ Position Held: _____

Military / Branch of Service: _____ Years: _____ Rank: _____

Citations: _____

Civic or Public Offices Held: _____ Years: _____ Where: _____

Special Achievements or Recognition: _____

DEATH CERTIFICATE INFORMATION

This information is required by the Board of Health before a Death Certificate can be issued.

Recording it now will avoid delay at the time of the funeral and will spare your family from the need to do it at a time of confusion.

Myself

Full Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Birthplace: _____

Father's Name: _____

Mother's Maiden Name: _____

U.S. Citizen: Yes No

Resided in Country since: _____

Marital Status: Married Married, but separated
 Widowed Divorced Never Married

Name of Spouse/Partner: _____

Birthplace of Spouse/Partner: _____

Marriage Date: _____

Marriage Location: _____

Names of Children: _____

Occupation: _____

Industry: _____

Member of US Armed Forces: Yes No

If Veteran, Branch of Service: _____

Location of Veteran Discharge: _____

DD214 or Serial Number: _____

Additional Information: _____

My Spouse/Partner

Full Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Birthplace: _____

Father's Name: _____

Mother's Maiden Name: _____

U.S. Citizen: Yes No

Resided in Country since: _____

Marital Status: Married Married, but separated
 Widowed Divorced Never Married

Name of Spouse/Partner: _____

Birthplace of Spouse/Partner: _____

Marriage Date: _____

Marriage Location: _____

Names of Children: _____

Occupation: _____

Industry: _____

Member of US Armed Forces: Yes No

If Veteran, Branch of Service: _____

Location of Veteran Discharge: _____

DD214 or Serial Number: _____

Additional Information: _____

FUNERAL PREFERENCES

Myself

Full Name: _____

Funeral Establishment: _____

Place of Service: _____

Clergy/Person to Officiate: _____

Clothing: _____

Favorite Flowers: _____

Psalm or other Passage: _____

My Spouse/Partner

Full Name: _____

Funeral Establishment: _____

Place of Service: _____

Clergy/Person to Officiate: _____

Clothing: _____

Favorite Flowers: _____

Psalm or other Passage: _____

Check the Following Options:

Viewing: Yes No

Eulogy: Yes No

Glasses, Jewelry: Yes No

Memorial Service: Yes No

Check the Following Options:

Viewing: Yes No

Eulogy: Yes No

Glasses, Jewelry: Yes No

Memorial Service: Yes No

Relatives or Friends Who Can Assist the Family:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

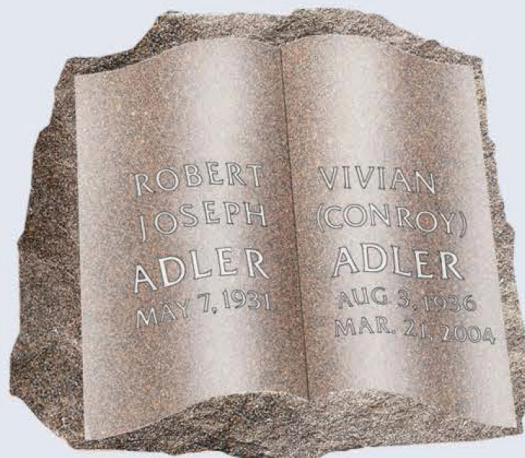
Name: _____ Relationship: _____

Address: _____ Telephone: _____



LASTING MEMORIES

Create and design unique memorials, from traditional to custom designs.



CEMETERY MEMORIALIZATION

Myself

Advisor: _____

Memorial Park / Cemetery: _____

Address: _____

Phone: _____

I own what type of Arrangements:

Family Estate Companion

I own what type of Burial Rights:

- Ground Burial
- Cremation Ground Burial
- Lawn Crypt Burial
- Mausoleum Burial
- Niche Burial
- Cremorial (Cremation Marker)

Location of Burial Rights: _____

Outer Burial Container: _____

Type of Casket: Hardwood Metal Other

Memorialization Description: _____

Benches: _____

Family present during closing: Yes No

Opening and closing of property: Prepaid

Other Products: Memorial Travel

Name of Plan: _____

Contact #: _____

Participant: _____

Additional Remarks/Special Instructions/Items to be placed with Remains, etc.: _____

My Spouse/Partner

Advisor: _____

Memorial Park / Cemetery: _____

Address: _____

Phone: _____

I own what type of Arrangements:

Family Estate Companion

I own what type of Burial Rights:

- Ground Burial
- Cremation Ground Burial
- Lawn Crypt Burial
- Mausoleum Burial
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Type of Casket: Hardwood Metal Other

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Family present during closing: Yes No

Opening and closing of property: Prepaid

Other Products: Memorial Travel

Name of Plan: _____

Contact #: _____

Participant: _____

Additional Remarks/Special Instructions/Items to be placed with Remains, etc.: _____

TO OUR LOVED ONES

With deep love for you, we have completed the Family Planning Guide.

Our sincere desire is to relieve you of anxiety, expense and inconvenience at the time of our death. We have made our burial arrangements in advance so you will not be forced to make sudden and costly decisions on a day already filled with sorrow.

It is especially important we let you know how gratified we feel that we have made these decisions. We know you are now protected against loss of insurance, government benefits and personal possessions that we want you to have.

And, having our estate in order gives us peace of mind. We trust these arrangements are satisfactory and will help keep alive the warm and tender memories of the times we have shared together.



Name: _____

Signature: _____ **Date:** _____

Name: _____

Signature: _____ **Date:** _____

OUR FAMILY TREE

Grandparent 1

Grandparent 2

Grandparent 3

Grandparent 4



Parent 1



Parent 2



Parent 1



Parent 2

DOB: _____

DOB: _____

DOB: _____

DOB: _____



MYSELF

First: _____

Middle: _____

Last: _____

DOB: _____

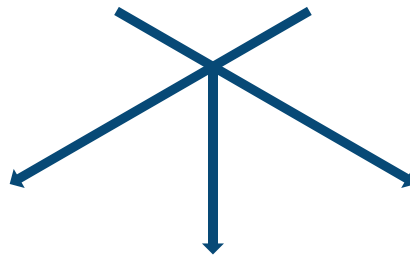
MY SPOUSE/PARTNER

First: _____

Middle: _____

Last: _____

DOB: _____



Child

Child

Child

DOB: _____

DOB: _____

DOB: _____

Spouse: _____

Spouse: _____

Spouse: _____

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

