



Planning Guide

Education

High school _____
Name State

College _____
Name State

Graduate school _____
Name State

Marital status

Married _____ Spouse's Name _____

Single Divorced Widowed

Military information

Dates of service _____

Branch of service and rank _____

Service number _____

Wars/Conflicts served _____

Location of discharge papers – DD214 _____

Upon my death please notify

Name _____

Street Address _____

City _____

State/Zip _____

Telephone number (_____) _____

Relationship _____

Personal information about my loved ones

During the emotional time following your death, your survivors will find this information helpful in preparing an accurate obituary.

Spouse: _____ Deceased

Place and date of spouse's death _____

Wedding date _____

Children: Name _____ Deceased

City/State _____

Telephone number (_____) _____

Children: Name _____ Deceased

City/State _____

Telephone number (_____) _____

Children: Name _____ Deceased

City/State _____

Telephone number (_____) _____

Children: Name _____ Deceased

City/State _____

Telephone number (_____) _____

Children: Name _____ Deceased

City/State _____

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Telephone number (_____) _____

Children: Name _____ Deceased

City/State _____

Telephone number (_____) _____

Children: Name _____ Deceased

City/State _____

Telephone number (_____) _____

Children: Name _____ Deceased

City/State _____

Telephone number (_____) _____

Children: Name _____ Deceased

City/State _____

Telephone number (_____) _____

Personal friends and relatives

you may have friends and relatives you would like to have contacted at the time fo your death. By including their names here, they will not be overlooked

Name _____

Relationship _____

City/State _____

Telephone number (_____) _____

Email _____

Name _____

Relationship _____

City/State _____

Telephone number (_____) _____

Email _____

Name _____

Relationship _____

City/State _____

Telephone number (_____) _____

Email _____

Name _____

Relationship _____

City/State _____

Telephone number (_____) _____

Email _____

Name _____

Relationship _____

City/State _____

Telephone number (_____) _____

Email _____

Name _____

Relationship _____

City/State _____

Telephone number (_____) _____

Email _____

Name _____

Relationship _____

City/State _____

Telephone number (_____) _____

Email _____

Name _____

Relationship _____

City/State _____

Telephone number (_____) _____

Email _____

Personal wishes and memorial instructions

The details of your final arrangements can be handled with ease and assurance by providing your loved ones with this information. They will be reassured that the decisions they are making honor the life you lived and fulfill your last wishes. Please contact the funeral home listed below to conduct my final arrangements.

Funeral home _____

Address _____

Telephone number (_____) _____

To eliminate burden and hardship for my loved ones I have:

Prearranged my funeral

Prefunded my funeral

Viewing/Visitation

Yes

No

Open casket

Closed casket

Location of ceremony

Funeral home

Grave side

Church

Other _____

Church preference _____

Clergy desired _____

Type of ceremony

Traditional

Graveside

Cremation

Immediate burial

Other _____

Special ceremony

Lodge rites

Military

Fraternal

Other _____

Type of casket/urn

Wood

Metal

Type of grave liner

Vault

Grave box

Other _____

We encourage you to talk to your family regarding your funeral wishes.

The service needs to be designed to meet the needs of loved ones. Your reflections will satisfy the need to tell a story, to remember, and will fulfill your last wishes.

Pall bearers

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Floral request _____

Memorial contributions _____

Music _____

Clothing Mine Purchase new clothes

Jewelry Remove Leave on

Newspaper notice Yes No

Cemetery _____

Telephone number (_____) _____

Lot description Lot no. _____ Space no. _____ Section _____

Deed owner/location _____

Do not keep the deed in a safety deposit box

Interment Burial Cremation

Mausoleum Scattering

Lawn crypt Ground burial

Other Niche/Columbarium

Type of memorial Companion Individual

Monument Flat ground level marker

Personal papers, documents and insurance information

This section can help your survivors tremendously by telling them where everything is kept. This eliminates a search and gives your loved ones the peace of mind knowing that nothing has been missed.

Important document locations

Birth/Death certificates _____

Children’s birth certificates _____

Marriage certificate (s) _____

Deeds and titles _____

Mortgages and notes _____

Automobile records/titles/registrations _____

Income tax records/W-2’s _____

Veteran discharge papers _____

Children’s birth certificates _____

Bank accounts _____

<i>Name of bank</i>	<i>Account number</i>	<i>Type of account</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Safety deposit box

Location

Location of key for above

Safe combination _____

Credit cards _____

Account number

Account number

Account number

Will _____

Attorney _____

Name

Telephone number

Location _____

City

State

Zip

The executor of my Will is _____

Name

Telephone number

To obtain a Living Will and medical power of attorney you may contact your local attorney, state medical board of Partnership for Caring at 1-800-989-9455 (www.partnershipforcaring.org).

Living Will Yes No

City

State

Zip

Medical power of attorney

Yes No

City

State

Zip

The person designated under my medical power of attorney is

Name

Telephone number

Insurance information I have purchased the following insurance policies.

Company _____

Telephone number (_____) _____

Policy number _____ Amount \$ _____

Reason purchased _____

Company _____

Telephone number (_____) _____

Policy number _____ Amount \$ _____

Reason purchased _____

How to make a Will

Call your lawyer and make an appointment. Make a list of the full names and birthdays of your spouse, children, parents, brothers and sisters. Then list all of your property and prepare a brief outline of what you want to do with it. If it is a very simple Will, you may be able to write it yourself and have two witnesses attest to it, using a form appropriate for your state. If your Will involves complex issues, you should hire an attorney to assist you. Be sure that one of the witnesses should be younger than you, in good health, have known you for a long time and live nearby.

Preservation of your Will

After you are gone, someone will have the task of probating your Will and carrying out its provisions. To make it easier, fill out the record sheet within this booklet, telling where to find your Will, the affidavits signed by the witnesses to the Will, a list of your real estate, bank accounts, stocks, bonds, safety deposit boxes, insurance policies, cemetery property and your birth certificate. Also, add the name of your lawyer and clergyman. Each of these is important.

You should keep your Will in a location well-known to your family. If you choose to keep it in a safety deposit box, check with your bank concerning your state's regulations regarding removal of the Will at the time of your death.

Probating your Will

The Executor of your Will may want to engage a lawyer to probate the Will, because of the technical issues involved. Your Executor may want to check with the Probate Office for helpful, general information on probating a will. The process of probating a Will and settling an estate takes a period of time, the length of which depends on individual state laws.

**This booklet is intended as a planning guide only and should not be used as a substitute for professional legal advice.*

Social Security benefits

For current information, specific benefits and claims procedures, contact the National Social Security office at 1-800-772-1213 (www.ssa.gov) or your local office at:

City _____

Telephone number (_____) _____

To facilitate receiving Social Security benefit.* your survivors will need:

1. A copy of the Death Certificate
2. Social Security Number
3. Marriage Certificate
4. Children's Birth Certificate(s)
5. Proof of Widow(er)'s age if 62 or older
6. Preceding year's W-2 Form or Schedule "C"

*Social Security may also pay a one-time lump sum death benefit.

Veteran's benefits

Your funeral director should receive a copy of your Veteran discharge papers, as a Veteran is generally entitled to the following burial benefits: a burial flag and a headstone or grave marker. If you papers are lost, contact the Department of Veteran's Administration at 1-800-827-1000 (<http://www.va.gov>) or your local office at:

City _____

Telephone number (_____) _____

When your survivors contact the Veteran's Administration office for survival and/or burial benefits, the following will be required:

1. Service separation papers
2. A copy of the Death Certificate
3. Marriage Certificate
4. Proof of Termination of Marriage
5. Children's Birth Certificate(s)

Delano / p (763) 972-2891 / p (763) 972-3733 / 300 N Third St / PO Box 94 / Delano, MN 55328

Watertown / p (952) 955-2610 / f (952) 955-3184 / 401 Territorial St SW / Watertown, MN 55388

www.Itenfuneralservices.com / info@Itenfuneralservices.com