



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 \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_

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
- Church
- Grave side
- Other \_\_\_\_\_

Church preference \_\_\_\_\_

Clergy desired \_\_\_\_\_

Type of ceremony

- Traditional
- Cremation
- Graveside
- Immediate burial
- Other \_\_\_\_\_

Special ceremony

- Lodge rites
- Fraternal
- Military
- 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](http://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](http://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

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

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