



## *To My Loved Ones,*

*It is with much thought, love, time and care that I have made many of my final arrangements. Hopefully, it will take much of the burden off of you at the time of my death.*

*It is my wish that my family will be able to celebrate my life in special ways rather than spending time making decisions at a difficult time.*

*Use this Pre-arrangement guide as a valuable tool; it contains not only the frame work for my desired funeral services, it also contains personal information and location of the documents you will need.*

*There is a small section that will give you some of my thoughts and feelings about my life.*

*Love always,*

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

# DECISIONS AND ARRANGEMENTS THAT MUST BE MADE AFTER A DEATH OCCURS

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## IMMEDIATE DECISIONS/ARRANGEMENTS

- \*I. Make Funeral Home arrangements
  - A) Full body
    - 1) Select casket
    - 2) Select burial vault
  - B) Cremation
    - 1) Select niche
    - 2) Select urn
  - C) Flowers
  - D) Obituary
- \*II. Make cemetery arrangements
  - A) Select type of burial
    - 1) Full body
      - a) Above-ground mausoleum crypt
      - b) Traditional grave
      - c) Lawn crypt
    - 2) Cremation
      - a) Above-ground mausoleum niche
      - b) In-ground cremation grave
- \*III. Contact the Church
  - A) Notify pastor/pastoral minister
  - B) Plan vigil and funeral liturgy
- IV. Notify relatives and friends
  - \*A) Select Pall Bearer(s)
- \*V. Choose clothing for the deceased
  - A) Clothing for family members
- \*VI. Secure important information
  - A) Name, address, and phone number
  - B) How long in state
  - C) Name of business, address, phone
  - D) Occupation and title
  - E) Social Security number
  - F) Veteran's serial number
  - G) Date and place of birth
  - H) U.S. citizen
  - I) Father's name and place of birth
  - J) Mother's maiden name and place of birth
- VII. Contact physician
- VII. Notify Insurance agent(s)
- IX. Check Will(s) for special wishes
- X. Begin to assemble important documents
  - A) Will
  - B) Cemetery Arrangement Documents
  - C) Funeral Arrangement Documents
  - D) Birth Certificate
  - E) Social Security Card/Number
  - F) Marriage License
  - G) Citizenship Papers
  - H) Insurance Policies
  - I) Deeds to Property
  - J) Automobile Bill of Sale
  - K) Bank Book(s)
  - L) Income Tax Returns
  - M) Veteran's Discharge
  - N) Disability and Pension Claims

## Expenses

- \*1. Funeral Home expense
- \*2. Cemetery space and opening & closing costs
- 3. Church
- 4. Musicians
- 5. Transportation
- 6. Florist

**\*Decisions that can be planned  
ahead of time.**



## **Personalization Wishes that will make your funeral a special celebration**

*Funerals are more meaningful when they are personalized.  
People want more information about the funeral options and  
more ideas for personalizing the service.*

Dove Release

Hayride

Horse Drawn Carriage

Balloon Release

Memory cards

Picture boards

Hobby display

Video tributes

Have a favorite food cooked

Motorcycle escort

Favorite poem or scripture

\*"Just a Few Memories to Share" filled out for your family

Personal letters for your family members given to them by the funeral director

The use of your favorite color in the casket or clothing

Favorite song

What ever else makes it personal for your family

### **Your Personalized wishes**

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\*see your funeral home for your own **free** booklet  
of "Just a Few Memories to Share" written by Senior Advantage Consultants.

**Information that you would like to  
have acknowledged at your Funeral:**

What do you want to be remembered for?

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What message do you want shared with your family and friends?

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What do you feel were your accomplishments that had the most impact to your life?

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What life experience or story you would like to share?

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What in life was most significant to you?

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Is there something that happened to you in your life that helped you be who you are?

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If you had children, how did they change your life?

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What are the best things about your life?

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What were the most memorable events that made an impact on your life?

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What do you feel was your biggest challenge?

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What makes you laugh?

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If you had one word to say about life what would it be?

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# FAMILY TREE

## Mother's side

History of the family

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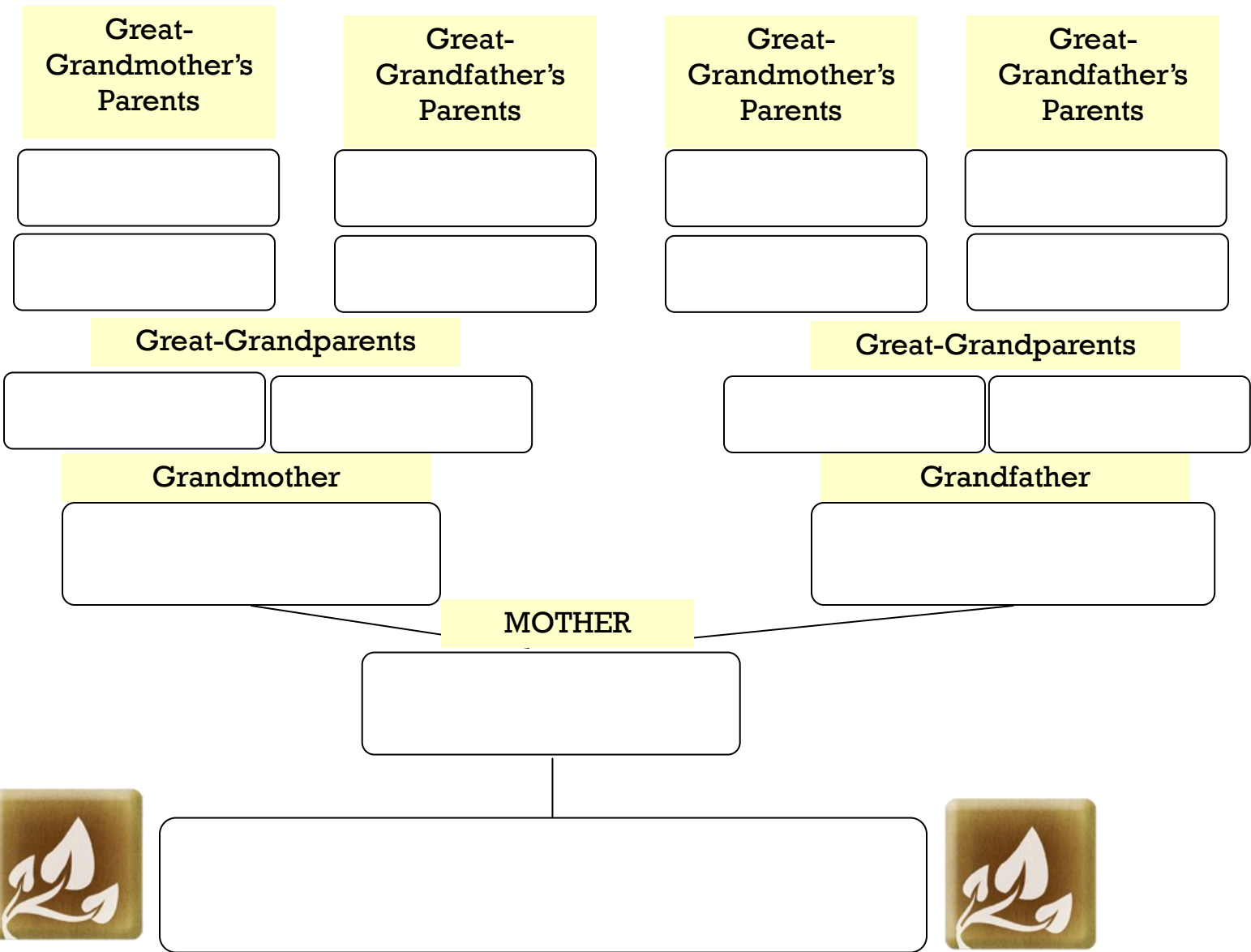
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# FAMILY TREE

## Father's side

History of the family

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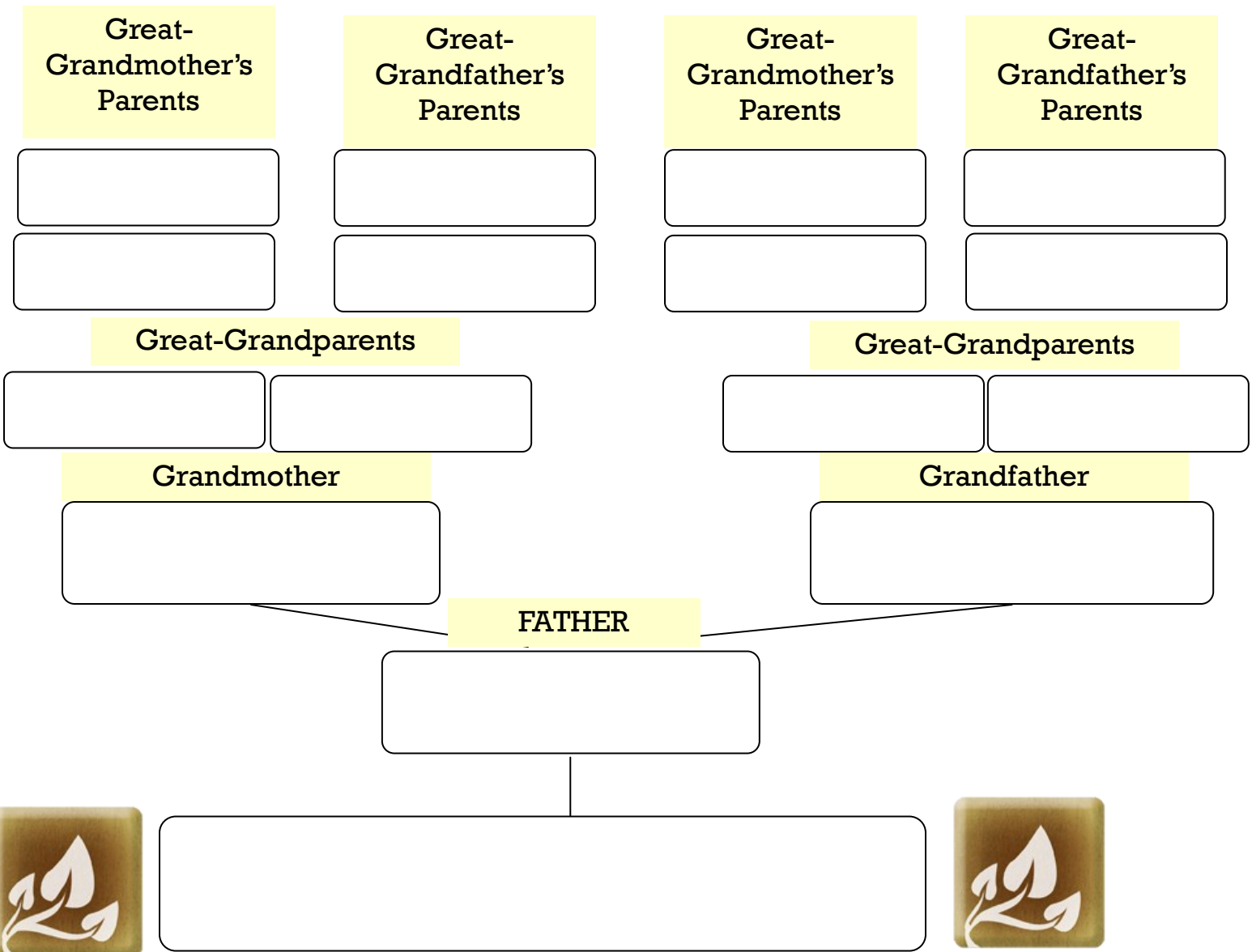
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# FAMILY TREE

WIFE

Husband

Our Children



Name:  
Birth date:  
Place of birth:  
Time of birth:

Name:  
Birth date:  
Place of birth:  
Time of birth:

Name:  
Birth date:  
Place of birth:  
Time of birth:

Name:  
Birth date:  
Place of birth:  
Time of birth:

Name:  
Birth date:  
Place of birth:  
Time of birth:

Name:  
Birth date:  
Place of birth:  
Time of birth:



Children's name and their spouse's name and telephone number

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Grandchildren and Great-grandchildren

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Brother's and Sister's and their Spouse's name

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History of our family

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## **FUNERAL INSTRUCTIONS**

### I. Funeral Home (Pre-planned)

Prepaid? \_\_\_yes \_\_\_no

A) Name \_\_\_\_\_

B) Address \_\_\_\_\_

C) Phone \_\_\_\_\_

D) Casket or Urn \_\_\_\_\_

E) Burial Vault \_\_\_\_\_

### F) Special Arrangements

1.) Flowers

\_\_\_\_\_

2.) Obituary

\_\_\_\_\_

3.) Special Requests

\_\_\_\_\_

4.) Transportation

\_\_\_\_\_

5.) Visitation and Vigil

\_\_\_\_\_

### H) Pall Bearers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Notices

A) Local/Hometown Newspapers

\_\_\_\_\_

\_\_\_\_\_

### B) Special Groups/Lodges

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Burial Arrangements (Pre-planned)

Prepaid? \_\_\_yes \_\_\_no

### A) Cemetery

1) Name \_\_\_\_\_

2) Address \_\_\_\_\_

3) Phone \_\_\_\_\_

### B) Type of Burial

1) Mausoleum

2) Ground Burial

3) Cremation

### C) Location and description of cemetery property

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### D) Reserved burial space in our family Plot

*Name Address Phone*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### E) Memorialization preference

1) Mausoleum entombment:

Lettering/Raised Brass

a) Emblems \_\_\_\_\_

b) Vase \_\_\_\_\_

2) In-ground burial

a) Upright Monument

b) Flush Marker

c) Flower Vase

## PERSONAL INFORMATION

Name \_\_\_\_\_  
          First                                  Middle Initial                                  Last

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Years at present address \_\_\_\_\_

Prior Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Citizen of \_\_\_\_\_  
Naturalization No. (if not born in U.S.) \_\_\_\_\_

Name of Father \_\_\_\_\_ Place/Date of Birth \_\_\_\_\_

Name of Mother \_\_\_\_\_ Place/Date of Birth \_\_\_\_\_

Marital Status \_\_\_Married \_\_\_Divorced \_\_\_Widower \_\_\_Single

Schools Attended: \_\_\_\_\_ From/To \_\_\_\_\_ Degree \_\_\_\_\_

Schools Attended: \_\_\_\_\_ From/To \_\_\_\_\_ Degree \_\_\_\_\_

Schools Attended: \_\_\_\_\_ From/To \_\_\_\_\_ Degree \_\_\_\_\_

Schools Attended: \_\_\_\_\_ From/To \_\_\_\_\_ Degree \_\_\_\_\_

Fraternities/Honor Societies \_\_\_\_\_

Fraternities/Honor Societies \_\_\_\_\_

Fraternities/Honor Societies \_\_\_\_\_

Civic/Public Offices Held \_\_\_\_\_

Civic/Public Offices Held \_\_\_\_\_

Civic/Public Offices Held \_\_\_\_\_

Special Achievements/Recognitions \_\_\_\_\_

Special Achievements/Recognitions \_\_\_\_\_

Special Achievements/Recognitions \_\_\_\_\_

Organization Affiliations \_\_\_\_\_ Office Held \_\_\_\_\_

Organization Affiliations \_\_\_\_\_ Office Held \_\_\_\_\_

Organization Affiliations \_\_\_\_\_ Office Held \_\_\_\_\_

Professional Statistics \_\_\_\_\_ Job Title \_\_\_\_\_

Professional Statistics \_\_\_\_\_ Job Title \_\_\_\_\_

Professional Statistics \_\_\_\_\_ Job Title \_\_\_\_\_

Professional Achievements \_\_\_\_\_

Professional Achievements \_\_\_\_\_

Military Statistics \_\_\_\_\_ Branch \_\_\_\_\_

Serial No \_\_\_\_\_ Dates \_\_\_\_\_

Tours of Service \_\_\_\_\_

Grade, Rank, Rating \_\_\_\_\_

Citations, Recognitions, Awards \_\_\_\_\_

Name of Veteran's Organizations \_\_\_\_\_

## LOCATION OF IMPORTANT DOCUMENTS

The greatest loss of revenue to most estates is due to the failure to locate important documents. It is important that family members be able to locate these documents. Indicate the location of each document with one of the following choices.

*Specific Location: at home, at work, safe deposit box, attorney, other location.*

Cemetery Arrangement Documents \_\_\_\_\_

Funeral Arrangement Documents \_\_\_\_\_

Will(s) \_\_\_\_\_

Birth Certificate(s) \_\_\_\_\_

Birth Certificates(s) \_\_\_\_\_

Marriage License \_\_\_\_\_

Citizenship Papers \_\_\_\_\_

Veteran's Discharge Certificate(s) \_\_\_\_\_

Social Security Card(s) \_\_\_\_\_

Life Insurance Policies \_\_\_\_\_

Health & Accident Insurance Policies \_\_\_\_\_

Homeowner's Insurance Policies \_\_\_\_\_

Automobile Insurance Policies \_\_\_\_\_

Bill of Sale or Title to Automobile \_\_\_\_\_

Mortgage/Notes \_\_\_\_\_

Deeds to Real Estate \_\_\_\_\_

Bank Account Information \_\_\_\_\_

Stock Certificates, Bonds, etc. \_\_\_\_\_

Pension/IRA's \_\_\_\_\_

Income Tax Returns \_\_\_\_\_

Key to Safe Deposit Box \_\_\_\_\_

**Important:** Documents that must be presented immediately should not be kept in a safe deposit box, as they may be needed at night, weekends, or holidays when banking institutions are closed.

## **LOCATION OF IMPORTANT DOCUMENTS**

Millions of dollars are lost every year in unclaimed life insurance because the family never knew that certain policies existed. Insurance benefits must be applied for at the time of a death. You will need a certified copy of the death certificate for each company. If policies are lost or destroyed, you will need the name of the company and policy number to make a claim.

### **Life Insurance Policy List**

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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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<i>Name of Insured</i>	<i>Beneficiary</i>	<i>Amount of Benefit</i>
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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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<i>Name of Insured</i>	<i>Beneficiary</i>	<i>Amount of Benefit</i>
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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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<i>Name of Insured</i>	<i>Beneficiary</i>	<i>Amount of Benefit</i>
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### **Medical Insurance**

Individuals Covered \_\_\_\_\_

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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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### **Disability Insurance**

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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>
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<i>Name of Insured</i>	<i>Monthly Benefit</i>	<i>Policy No.</i>
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### **Property Insurance List** (Homeowners, automobile, boat, personal property, etc.)

Property \_\_\_\_\_

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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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Property \_\_\_\_\_

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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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Property \_\_\_\_\_

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<i>Insurance Company</i>	<i>Agency</i>	<i>Phone No.</i>	<i>Policy No.</i>
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## **BANK ACCOUNTS— INVESTMENTS—CREDIT CARDS**

People often have bank accounts, stock, bonds, IRA's and other investments and neglect to advise family members of their existence. Each year, banks publish a list of names in newspapers looking for individuals who are entitled to money in accounts they were never aware of. To protect your loved ones against such a loss, record your accounts below.

### **Banking Information**

Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_ Bank \_\_\_\_\_

Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_ Bank \_\_\_\_\_

Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_ Bank \_\_\_\_\_

Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_ Bank \_\_\_\_\_

Location of Safe Deposit Box \_\_\_\_\_ Box No. \_\_\_\_\_

Banking Representative to contact \_\_\_\_\_ Phone No. \_\_\_\_\_

### **Investment Information**

Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

Type of Investment \_\_\_\_\_ Certificate No. \_\_\_\_\_ Company \_\_\_\_\_

Financial Advisor to Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

### **Charge Accounts and Credit Cards**

Credit Card Name \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card Name \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card Name \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card Name \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card Name \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card Insurance Company \_\_\_\_\_ Phone No. \_\_\_\_\_

**Note: A copy of the death certificate must be sent to each credit card company that provides insurance benefits.**

# Property

## **Vehicles**

Automobiles, trucks, and recreational vehicles

Name of desired Beneficiary

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Household goods

Name of desired Beneficiary

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Valuable clothing, jewelry, and furs

Name of desired Beneficiary

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Collectibles, including artworks and antiques

Name of desired Beneficiary

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Tools and equipment

Name of desired Beneficiary

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Livestock or other valuable animals

Name of desired Beneficiary

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Miscellaneous (any personal property not listed above)

Name of desired Beneficiary

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## Possible Codicil Beneficiaries of Specific Items

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_



**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

**Item:** \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Alternate Beneficiary(ies): \_\_\_\_\_

## **Home Information**

Plants and Garden (what to water and when)

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Newspapers and mail (what to do about mail and newspapers)

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Garbage and Recycling (details of garbage pickup and recycling —what, where, when)

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Appliances (where to find manuals/booklets on different major and minor appliances)

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Lights (any special details on lights, timers, automatic night light, and external motion-sensitive lights)

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Windows, Doors, Security systems, and Keys (details on how locks and security system works, and who has extra keys)

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Smoke detectors and fire extinguishers (details on location and functioning of smoke detectors and fire extinguisher)

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Utilities (details on location and use of thermostat, gas and water shut off valves, fuse box, and spare fuses)

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Vehicles (details on cars and where the extra keys are hidden on the vehicles)

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Tools and Supplies (location of tools and household supplies)

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Repair People and Service Contacts (names and phone numbers of repair person, plumber, electrician, and insurance agent, etc)

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Utility Companies ( telephone, electric, gas, fuel oil)

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Pets ( what they eat, when they eat, who is the vet)

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Miscellaneous

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Neighbors and Friends that might be able to answer questions (name and phone number)

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## **Different types of Power of Attorney.**

### **Make sure you pick the one that is best for you.**

*The person that you appoint must be someone that you fully trust to handle your affairs.*

**General Power of Attorney:** Basic power of attorney that allows you to authorize someone to handle a few or all of your financial transactions. *This power of attorney is not valid if you become disabled or incapacitated. It also can not be used for health care decisions.*

**Unlimited Power of Attorney:** You are giving another person the right to manage any and all of your financial matters on your behalf. They are given the power to act exactly as you could. This is an extremely powerful grant of authority to someone else to act on your behalf. *This power of attorney is not valid if you become disabled or incapacitated. It also can not be used for health care decisions.*

**Limited Power of Attorney:** The power to act on your behalf is limited. It gives only exact power to handle the matter that you specifically spell out in the document. The power may also be limited to a time frame. *This power of attorney is not valid if you become disabled or incapacitated. It also can not be used for health care decisions.*

**Durable Unlimited Power of Attorney for Financial Affairs (effective immediately):** This durable power of attorney becomes effective immediately and remains in effect even if you become disabled and/or incapacitated. You are assigning someone to full and complete power to handle all of your financial affairs. Please note that this form provides a release of your health care records for the purpose of allowing them to examine and pay your medical bills and charges. *This does not confer any authority for them to make health care decisions.*

**Durable Unlimited Power of Attorney for Financial Affairs (effective on disability):** This durable power of attorney gives full and complete power to handle all of your financial affairs but only when and if you become incapacitated and unable to handle your own affairs. Please note that this form provides a release of your health care records for the purpose of allowing them to examine and pay your medical bills and charges. *This does not confer any authority for them to make health care decisions.*

**Durable Health Care Power of Attorney:** This type of power of attorney has been developed to allow you to authorize another person to make all of your health care decisions for you in the event that you become disabled or incapacitated and unable to make such decisions for yourself. This is a very powerful document that, in some cases, grants someone else the power of life or death over you. It is much more powerful than a living will (which generally provides a statement of your wishes should you be terminally ill or in a persistent vegetative state). *This does not give them power over your financial affairs.*

**Advance Health Care Directives:** A legal document that incorporates various health care matters into a single comprehensive form. These documents contain the following forms: living will, power of health care attorney, designation of primary physician, and organ donation.

**Living Will:** This is a document that can be used to state your desire that extraordinary life support means not be used to artificially prolong your life in the event that you are stricken with a terminal disease or injury. The purpose of a living will is to provide doctors and other health care workers with a clear directions regarding how you would like your medical care handled toward the end of your life.

**While it is important to plan for disposition of your property  
when you die,  
it is also important to know how your health care decisions  
will be made during your lifetime when  
you are unable to do so.**

**Generally, there are four items to review.**

A Living Will is a document that lets you decide whether you should be kept alive artificially if you are either in a terminal condition (death is imminent) or in a persistent vegetative state (there is no brain activity except that which is needed to allow your heart to beat and you to breathe). If two doctors certify you are in this condition, then you can direct that no heroic measures be taken to keep you alive and that you not be fed through a feeding tube.

A Power of Attorney for Health Care allows you to appoint someone, known as a Health Care Agent, to make decisions for you if two doctors certify that you can't make your own decisions. The health care agent is normally a family member but need not be. This agent should be someone you trust to carry out your wishes regarding health care and who will be strong enough and assertive enough to do so. These decisions can range from simple decisions (like giving you an aspirin) to more complicated decisions (like consenting to surgery or discontinuing life support). It is extremely important that you discuss your health care wishes with your agent so that he/she can make the decisions you would want made.

A Do Not Resuscitate Order (DNR) is for persons with a terminal condition who are not in a hospital or nursing home (which have their own procedures). You can have your doctor sign an order so that you can get a bracelet telling EMT's, firefighters, police officers or emergency room personnel that you do not want to be revived if your heart stops beating or you stop breathing.

Advance Health Care Directive is a combination of the living will, power of health care attorney, DNR, designation of primary physician, and organ donation.

**If you spend time in more than one state, you may want to have the  
form that is approved in each state filled out for your Health Care Directive.**

There is a program called the "Five Wishes" by Aging with Dignity it is approved in 42 states. You can purchase their program called the "Family Package" that includes 10 Five Wishes, 2 Next Steps guides and 1 DVD. For more information call 888-594-7437 or visit their website at [www.agingwithdignity.org](http://www.agingwithdignity.org)

It is very important that you make these decisions in advance to assist your loved ones in a time that may be very difficult. For more information, please consult your own attorney.

## Identity Theft and Senior Protection

Identity theft has reached epic proportions in the United States. 12 million Americans had their identity stolen last year. Identity theft occurs when someone steals your personal information to commit fraud or another crime.

### **Information that Thieves want and You need to protect:**

- Social Security Number
- Birth certificates
- Bank or brokerage account information
- Credit card numbers
- Employer files
- **Mother's maiden name**
- Real property owned
- **Birth date and location of birth**
- **Dates of events: such as marriage, start and end of employment, start and end of location of military history.**

**Thieves use your identity** to open a new checking account, new credit cards, take out a loan, get a drivers license, give your name when they arrested, and basically try to get as much money from you as they can before you become aware of the lose.

**These are some of the ways** thieves steal your identity is dumpster diving, hacking your computer, pick pocketing, public records, browsing online sites like myspace or facebook, or infiltration of an organization and stealing information from your house or mail box.

**What is the number one way to detect if your identity has been stolen?**

***Get a free credit report....***

**You can receive a free credit report annually from:**

Equifax  
Po Box 740241  
Atlanta, GA 30374-0241  
1-800-525-6285

Experian  
PO Box 9532  
Allen TX 75013  
1-888-397-3742

Annual Credit Report Request Service  
PO Box 105281  
Atlanta, GA 30348  
1-800-680-7289



### **What to do if your ID is stolen?**

- ◇ Place a fraud alert on with the credit agencies.
- ◇ Close the accounts
- ◇ File a report with the law enforcement
- ◇ File a complaint with the FTC
- ◇ Keep all evidence
- ◇ Order the book from the FTC "Take Charge"

## **There's a new especially despicable crime —**

Stealing of one's identity of your deceased loved one.

When a loved one dies, and there's so much else going on, you really don't think about having to protect their name and reputation.

But unfortunately, you really have to.

The identity of a loved one can be stolen within several days after death, therefore it is important to notify the credit bureaus and Social Security Administration (800-772-1213) that someone has died.

- Mail copies of the death certificate to all three credit reporting bureaus.
- Mail copies of the death certificate to all credit issuers to cancel accounts right after the person dies.
- Run a credit report six weeks after death.

### **Protecting Credit Cards**

- ◇ Sign the back of the card
- ◇ Copy the front and back of the card
- ◇ Obtain credit history bi-annually
- ◇ Use only secure online sites
- ◇ Carry only the cards you need
- ◇ Keep your pin separate from the card, do not put a sticky note on the card with the pin on it.
- ◇ Keep all your receipts until you get your bill and check it to make sure that



there are not any extra charges. Also check to make sure you get your bill in a timely manner.

- ◇ When using the ATM, cover the key pads.



### **What to do with your paperwork after you paid your bills**

Make sure that you shred paperwork that you are ready to throw out. If you feel there is too much for you to run through a personal shredder, there are many locations to take your paperwork to and have shredded. Your bank may have a public shredder that you can use for free. If you use a “for a fee shredding company”, the cost is very low and by the pound. They will take out the paperclips and staples.

### **Little things you can do to protect yourself:**

- ◇ Do not put up the red flag on your mail box, it lets the thief know that you might have money in the box.
- ◇ Request a free house watch from the police department when you are traveling
- ◇ Use a gel pen when writing a check, it is much harder for a theft to wash.
- ◇ Don't put “home” in your GPS device, it lets the theft know where you live.
- ◇ Make sure you have “in case of emergency” number in your wallet or purse.
- ◇ **If it seems too good to be true it probably is!!!!**

## **APPLY FOR BENEFITS**

1. Apply for appropriate benefits, when and where applicable. Note: Please check with your funeral director to determine what claims have been filed for you. You may need a certified copy of the Death Certificate for some of these.
  - ◇ Social Security survivor benefits Website: ***www.ssa.gov*** or call toll free 1-800-772-1213
  - ◇ Veteran's Administration burial and survivor benefits , make sure you have a copy of your service discharge papers readily available. Website: ***www.cem.va.gov***
  - ◇ Pension/Retirement Funds
  - ◇ Workman's compensation, if death was job related. Website: ***www.dol.gov***
  - ◇ Federal/State/County/Local/Civil Service
  - ◇ Railroad Retirement Web-site ***www.rrb.gov*** /Miners Benefits/ Teacher's Retirement/ Union/ Fraternal/ Credit Union
  
2. Notify Financial Institutions (i.e.: Bank, Savings and Loan). Note: You may need a certified copy of the Death Certificate for this. Bank procedures that will affect your access to and use of funds vary with the type of account. Bank safety deposit boxes and their contents will not be accessible to you, once the bank is aware of the death, until there has been an inventory by the county auditor's office. Probate Court will usually provide authority for the removal of the will and insurance policies.
  - ◇ Change/Re-establish all jointly held accounts and correct tax identification numbers (usually Social Security number).
  - ◇ Re-establish title to safety deposit box
  - ◇ Re-establish all outstanding mortgages, personal loans, etc.
  - ◇ Check on status of all Savings & Checking Accounts, IRA's, CD's, Trust Funds, Annuities, Money Market Accounts, KEOGH Plans.
  
3. Notify all credit card and charge account companies. Note: Please do not ignore your creditors! Call if you can't make a payment. Creditors will do everything possible to help you if you show a willingness to pay. If an account is individual in your name, there is no effect on the account due to the death of a spouse.
  - ◇ Apply for all credit card life insurance coverage, when applicable
  - ◇ Change all jointly held accounts
  - ◇ Cancel all individually held cards and accounts of the deceased.
  - ◇ Creditors welcome you to apply in your name at this time. If you are an authorized user of an individual account in your spouse's name, you may be able to use your spouse's credit history to start building your own. If you had joint accounts (listed in both of your names) there will be a credit history in both of your names.
  
4. Notify Department of Motor Vehicles to transfer titles of all registered vehicles, mobile homes, motor homes, trucks, trailers, boats and anything else registered in deceased name.



5. Notify CPA/Tax Preparer (unless estate lawyer is preparing final tax returns) . Provide a certified copy of the Death Certificate, previously filed tax return forms and current earnings and dividend statements. Keep extra copies of the Death Certificate to send with your income tax returns, if you still file. What you inherit is not taxable to you as income. Whether the estate will owe an estate tax depends on the size of the estate. Personal, federal, state, and city income tax obligations are paid annually. Related forms usually are mailed to your residence. If not, they may be obtained through the Post Office, Public Library, or the Internal Revenue Service, and the state and city departments of taxation. Note: For the year in which your spouse died, you are still eligible to file a joint income tax return, if you still file. For IRS Forms and publications by phone call 1-800-TAX-FORM: Tax payer assistance 1-800-829-1040. Web-site [www.irs.ustreas.gov](http://www.irs.ustreas.gov)
6. Brokerage Company/Stockbroker. Note: Stocks and Bonds may be located in a bank Safe Deposit Box, but could be held by a bank trust department or your stockbroker. Monthly statements sent to the decedent should clarify who is the holder.
  - ◇ Change ownership of joint or solely owned stocks, bonds, mutual funds, etc.
  - ◇ Check into canceling or continuing any open orders arranged by the deceased. It is advisable to save these decisions for later when your entire financial picture is clearly understood.
7. Insurance Companies
  - ◇ Apply for benefits, change or stop coverage. Request a claim form or ask for help from your funeral director. Send in the claim form, the original policy (or lost policy certificate) and a certified copy of the Death Certificate. Remember: These are very general guidelines and the insurance company reserves the right to request further information or proof if they deem it necessary. Especially if the policy is in it first two years of issue. In many cases they will do a medical background check to make sure the health questions were answered correctly.
8. There are several ways of settling insurance claims. Check with your local insurance agent, financial advisor or attorney to find out which settlement method would be most beneficial for your particular situation. Take this opportunity to review your own insurance needs. Many times needs change after the death of a loved one. Take this time to update all of your policy beneficiaries. It might be a good idea to look at all other types of identity files, such as the telephone yellow book.

**Your Funeral Director can assist you with  
some of this information...**

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| <ul style="list-style-type: none"> <li>◇ Funeral Prearrangement</li> <li>◇ Life Insurance</li> <li>◇ Home Owners/Personal Property</li> <li>◇ Travel and Accident (AAA)</li> <li>◇ Auto, Boat, RV, Trailer</li> <li>◇ Health, Dental, Disability, Nursing Home, Long Term Care.</li> </ul> | <p>Other type of Identity files</p> <ul style="list-style-type: none"> <li>◇ Telephone records ( yellow book)</li> <li>◇ Computer email accounts</li> <li>◇ Pet Registrations</li> <li>◇ OnStar or XM Radio</li> <li>◇ Club memberships</li> <li>◇ AARP membership</li> </ul> |
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## **Traditional Funeral Options**

### **Option One—A Traditional Funeral Service**

- ◇ Public Visitation with viewing of the body the day or night before funeral service.
- ◇ Funeral service at church, funeral home or other facility. (Viewing of the body 1 or 2 hours before service)
- ◇ Burial at cemetery with committal service.

### **Option Two—A Private Viewing and a Public Funeral Service**

- ◇ Private Viewing of the body, after viewing, casket is closed, then public is welcomed for visitation.
- ◇ Funeral service at church, funeral home or other facility.
- ◇ Burial at cemetery with committal service.

### **Option Three—Public Funeral Service**

- ◇ Public visitation two hours before the funeral service, with no viewing.
- ◇ Funeral service at church, funeral home or other facility.
- ◇ Burial at cemetery with committal service.

### **Option Four—Private Funeral Service**

- ◇ No viewing of the body or public visitation.
- ◇ Funeral service at church, funeral home or other facility.
- ◇ Burial at cemetery with committal service.

### **Option Five—Graveside Service**

- ◇ No Visitation.
- ◇ Graveside service at the Cemetery. (May be formal or informal)
- ◇ Burial at cemetery.

### **Option Six—An Informal Service**

- ◇ No visitation, No funeral service.
- ◇ Burial at cemetery with no committal service. (Often referred to as an immediate burial)
- ◇ The Family is responsible for any kind of memorial service.

## **Cremation Options**

### **Option One—A Traditional Funeral Service Followed By Cremation**

- ◇ Visitation with body available for viewing.
- ◇ Funeral service at church, funeral home or other facility with body present. After service, the body is taken to the crematory.
- ◇ Disposition of the cremated remains either by placing in a niche, scattering, or earth burial at a cemetery or other location, or retaining the cremated remains to keep at home.

### **Option Two—A Private Viewing and a Public Memorial Service**

- ◇ Private visitation with body available for viewing, after visitation body is taken to crematory.
- ◇ Memorial Services at Church or Funeral Home with Urn present.
- ◇ Disposition of the cremated remains either by placing in a niche, scattering, or earth burial at a cemetery or other location, or retaining the cremated remains to keep at home.

### **Option Three—A Public Visitation and Memorial Service**

- ◇ Visitation with the Urn present.
- ◇ Memorial Services at Church or Funeral Home with the Urn present.
- ◇ Disposition of the cremated remains either by placing in a niche, scattering, or earth burial at a cemetery or other location, or retaining the cremated remains to keep at home.

### **Option Four—A Public Visitation With No Service**

- ◇ Visitation with Urn present.
- ◇ No Memorial Service.
- ◇ Disposition of the cremated remains either by placing in a niche, scattering, or earth burial at a cemetery or other location, or retaining the cremated remains to keep at home.

### **Option Five—A Memorial Service**

- ◇ No Visitation.
- ◇ Memorial Services with or without the urn present at a church, funeral home or other location.
- ◇ Disposition of the cremated remains either by placing in a niche, scattering, or earth burial at a cemetery or other location, or retaining the cremated remains to keep at home.

### **Option Six—An Immediate Cremation**

- ◇ No Visitation, No Memorial Service.
- ◇ Body is cremated immediately after death.
- ◇ Family is presented an Urn or mailed the Urn. The Family is responsible for cremated remains and memorial service.

# **What makes up a Funeral?**

## **Professional Services:**

Transfer of remains to Funeral Home  
Arrangements with Staff  
Embalming and other preparations  
Use of the Funeral Home Chapel for  
Visitation, Funeral/Memorial Service  
Use of Hearse and Family Car  
Ordering/Designing Video Memorial  
Use of Memorial video tribute equipment

## **Merchandise:**

Casket or Urn  
Burial Vault  
Markers  
Memorial jewelry  
Memorial package

## **Cash Advance Items:**

Opening and closing of grave  
Memorials booklets  
Death certificates  
Luncheon  
Clergy/Celebrant and Soloist  
Newspaper-obituary  
Motor escort  
Flowers  
Final Marker Dates

**Your Services**

**Possible costs**

Services

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Merchandise

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Cash Advance Items

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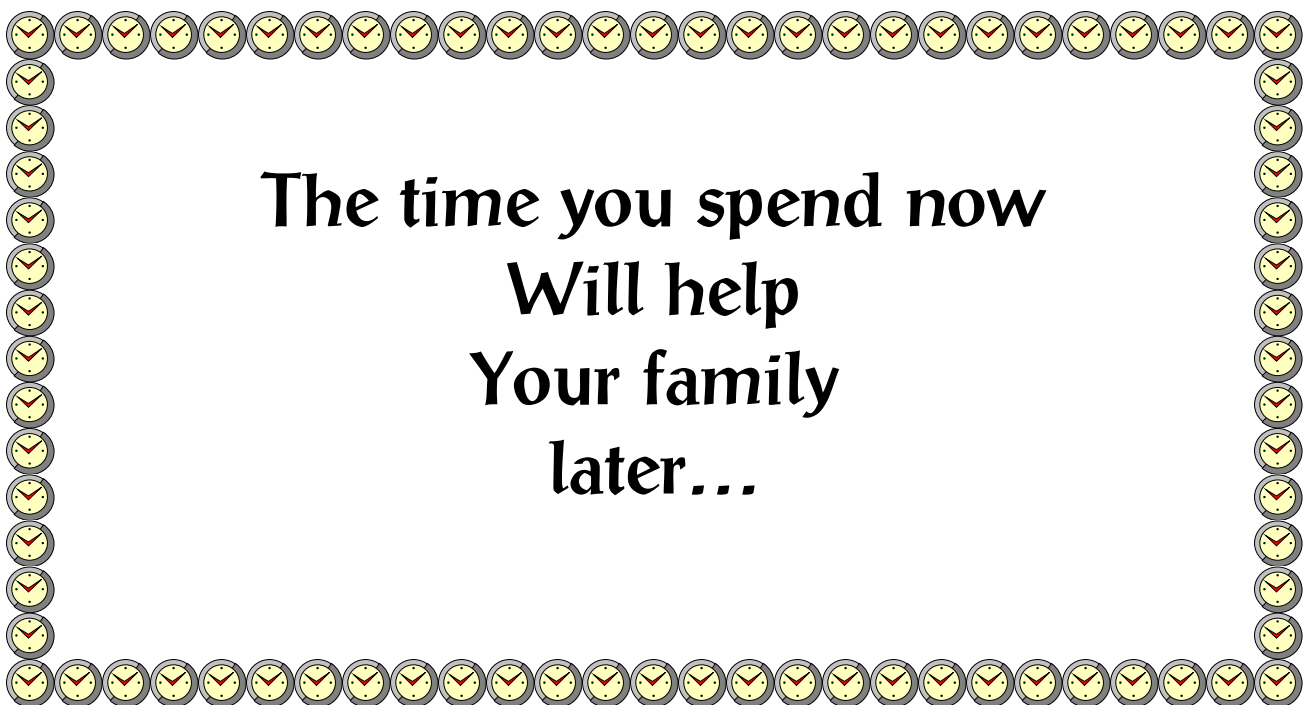
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**Guaranteed Travel Plan™**: A product offered by American Pre-Arrangement Services Incorporated is available to all those who travel more than 100 miles from home. For a one time membership fee of \$385 it secures the return of mortal remains when an individual dies any where in the world. 80% of Americans take a trip 100 miles or more away from home, over 50% of international travel is performed by seniors.

*To learn more about this very important program give one of our staff a call, they can explain the program to you.*



**The time you spend now  
Will help  
Your family  
later...**