

END-OF-LIFE PLANNING

This is an informational and procedural document which I have prepared as an important part of end-of-life planning. When I first looked into this subject in detail, I found it was like an onion, in that it had many layers. Additionally, everywhere I turned there was another checklist or information source on the subject (Charlestown, lawyers, financial advisors, the military, funeral homes, magazines, the Internet, etc.)

The purpose of this document is to consolidate the many publications which I have found and to minimize duplication, of which there was a great deal. Section 1 of this document is important basic information for you to provide for the Personal Representative (Executor) of your estate, the primary person for whom this completed document is intended. Section 2 is a series of forms for your completion to be used as a Personal Planning Guide (PPG) to compile end-of-life information. Section 3 includes two essential procedural documents to be followed by the Personal Representative after a Charlestown resident dies. This Section applies only to Charlestown and may be ignored by those not living here. Sections 4 and 5 are generic Non-government and Governmental notification checklists for use by the Personal Representative in accomplishing his/her duties.

This document is current as of its date, but remember that offices, personnel, phone numbers, etc. change. Much of this information and the personal details which you provide on the included portions are truly moving targets, so you need to periodically update the contents. For your personal needs you may want to add or subtract items, so feel free to modify any part.

The subject of death is one which many people avoid. Additionally, the end-of-life planning process can seem overwhelming, and that is why many folks put it off or simply don't do it. But the preparation and use of this or a similar document is not only necessary, it also makes a difficult task much easier for you, your family, and especially your Personal Representative.

The document assumes that you have already prepared a current will and other pertinent end-of-life legal documents. I know that compiling and consolidating the information for this document will take time, but it will prove very useful to you and your family. Your Charlestown Social Worker has the local expertise to answer questions on end-of-life planning.

Bert Clegern

BR-102

Charlestown Retirement Community

August 1, 2015

(BLANK)

TABLE OF CONTENTS

- 1. Information for Personal Representative (Executor)**
 - a. Guidance and Correspondence
 - b. Location of Will and Other Important Documents, Items, and Information
- 2. Personal Planning Guide (PPG) Information**
 - a. Personal - Self
 - b. Personal - Spouse
 - c. Notification List - Emergency (Family & Close Friends)
 - d. Notification List - Business & Personal Contacts
 - e. Final Wishes & Planning
 - f. Obituary Input
 - g. Trusts, Powers of Attorney, and Organ Donation
 - h. Personal Finances
 - i. Real Estate & Vehicles
 - j. Retirement
 - k. Insurance & Employee Benefits
 - l. Other Important Information
- 3. Charlestown Procedural Documents**
 - a. When an Independent Living Resident Dies (abbreviated checklist)
 - b. Independent Living Move Out Handbook
- 4. Non-Government Notifications Checklist (Suggested Priority)**
 - a. Charlestown Security
 - b. Funeral Home
 - c. Family
 - d. Close Friends
 - e. Personal Representative (Executor)
 - f. Clergy
 - g. Lawyer
 - h. Insurance Agents
 - i. Doctors, Dentist, Pharmacy, Veterinarian
 - j. Pet Care
 - k. Newspaper(s) for Obituary
 - l. Financial and Investment Institutions
 - m. Credit/Debit Card Companies

- n. Private Pension Administrators
- o. Telephone, Computer, Cable TV Service Providers
- p. Newspaper, Magazine Subscriptions
- q. Professional, Fraternal Organizations
- r. Charities

5. Government Notifications Checklist (Suggested Priority)

- a. County
 - (1) Register of Wills
- b. State
 - (1) Motor Vehicle Administration
 - (2) Comptroller of Maryland
- c. Federal (as appropriate)
 - (1) U.S. Postal Service
 - (2) Social Security Administration
 - (3) Internal Revenue Service
 - (4) Military/Uniformed Services
 - (5) Veterans Administration
 - (6) Civil Service/Office of Personnel Management
 - (7) Thrift Savings Plan

1a. Information for Personal Representative (Executor): Guidance and Correspondence

(In Maryland, the term "Personal Representative" is generally used, rather than "Executor".) My version of this information contains:

- (1) A full, completed copy of this document will be provided.
- (2) Guidance documents regarding the duties of a Personal Representative in Maryland.
- (3) Correspondence which my wife and I have had with the Personal Representatives of our estates, including a Letter of Instruction (with updates) to our children. This correspondence dealt with the naming of our Personal Representatives, attorney, and funeral home. It discussed such documents as our wills, Durable Powers of Attorney, Health Care Directives, funeral/memorial plans, and anatomical gift statements, as well as the locations of copies of these documents.
- (4) A current listing of our family assets.
- (5) A list of who receives the final major furniture items and other valuables which have not yet been distributed to our children.
- (6) The deceased's lawyer should be a primary contact for the Personal Representative. Some insurance/financial organizations have Survivor Relations Departments or similarly named offices. In my case this is the United Services Automobile Association (USAA), a military-oriented company with which we have most (but not all) of our insurance policies, finances, and investments. USAA's Survivor Relations Office phone number is 1-800-292-8294. It will assist with all aspects of our USAA dealings.

1b. Information for Personal Representative (Executor):
Location of Will and Other Important Documents, Items, and Information

- (1) Location of the original copy of the will. For Charlestown residents, this would typically be at the Baltimore County Register of Wills Office, 401 Bosley Avenue, Towson, MD 21204-4403. Phone (410) 887-6680. When the will is filed, you receive an official receipt, with receipt number. In 2013, the fee for this service was \$5.00.
- (2) Location of other copies of the will. (We have chosen to give copies of our wills to our Personal Representatives and our lawyer.)
- (3) Location and means of access to safety deposit boxes, safes, and other secure storage. Indicate contents of each. This may include storage bin(s) at Charlestown.
- (4) Location of important papers and items not in secure storage. These may include:
- (a) Financial papers, investment information and records
 - (b) Checkbooks
 - (c) Passports
 - (d) Licenses and certificates
 - (e) Insurance paperwork
 - (f) Retirement information
 - (g) Funeral information
 - (h) Medical records
 - (i) Charlestown records
 - (j) Tax records
 - (k) Property records
 - (l) Other important papers
- (5) Account numbers, PINs, and Passwords. [Do not duplicate information contained in your Personal Planning Guide (PPG) elsewhere in this document.] These may include:
- (a) Computer - User name(s), e-mail addresses, passwords, service provider, account #s, etc.
 - (b) Banks, credit unions, etc. - account #s, routing #s, passwords, PINs.
 - (c) Credit card information - card #s, PINs, codes, etc.
 - (d) Insurance company information.
 - (e) Investment company information.
 - (f) Other sensitive information.

Part 2a. PPG
PERSONAL INFORMATION

Name:				
Social Security No.				
Date of Birth:			Place of Birth:	
Current Home Address:				
Home Telephone #: <i>" e-mail:</i>		Work Telephone #: <i>" e-mail:</i>		Supervisor's Telephone #: <i>" e-mail:</i>
Prior or Permanent Address:				
Marital Status: Married: Divorced: Widowed: Single: Separated:				
Date and Place of Marriage:				
Name of Spouse:				
(Please complete if different than above)				
Current Home Address:				
Telephone #:		<i>e-mail:</i>		
Spouse's Employer:				
Address of Employer:				
Work Telephone #:		<i>e-mail:</i>		
Name of Former Spouse:				
Current Home Address:				
Work Telephone #:		<i>e-mail:</i>		
Date & Place of Marriage:				
Date & Place of Divorce:				
Registry of Children:				
Given Name	Date of Birth	Place of Birth	SSN	Address

Current as of:

Phone :

Part 2b. PPG
PERSONAL INFORMATION - SPOUSE

Name:					
Social Security No.					
Date of Birth:		Place of Birth:			
Current Home Address:					
Home Telephone #: " e-mail:		Work Telephone #: " e-mail:		Supervisor's Telephone #: " e-mail:	
Prior or Permanent Address:					
Marital Status:		Married	Divorced	Widowed	Single
Date and Place of Marriage:					
Name of Spouse:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:		e-mail:			
Spouse's Employer:					
Address of Employer:					
Work Telephone #:		e-mail:			
Name of Former Spouse:					
Current Home Address:					
Work Telephone #:		e-mail:			
Date & Place of Marriage:					
Date & Place of Divorce:					
Registry of Children:					
Given Name	Date of Birth	Place of Birth	SSN	Address	

Current as of:

Phone:

Part 2c. PPG - Family and Close Friends
IN CASE OF EMERGENCY
THESE PEOPLE MUST BE NOTIFIED

Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
<i>e-mail</i>		<i>e-mail</i>

Current as of: *Home e-mails*

Work e-mail:

Part 2d. PPG
IMPORTANT BUSINESS AND PERSONAL CONTACTS
TO BE NOTIFIED

Immediate Supervisor:		
Office Phone:		Home Phone:
<i>e-mail</i>		<i>e-mail</i>
Spouse's Supervisor:		
Office Phone:		Home Phone:
<i>e-mail</i>		<i>e-mail</i>
Personal Physician:		
Address:		
Office Phone:		Home Phone:
<i>e-mail</i>		<i>e-mail</i>
Clergy:		
Address:		
Office Phone:		Home Phone:
<i>e-mail</i>		<i>e-mail</i>
Attorney:		
Address:		
Office Phone:		Home Phone:
<i>e-mail</i>		<i>e-mail</i>
Dentist:		
Address:		
Office Phone:		Home Phone:
<i>e-mail</i>		<i>e-mail</i>
Accountant:		
Address:		
Office Phone:		Home Phone:
<i>e-mail</i>		<i>e-mail</i>
Insurance Agent:		Insurance Agency:
Address:		
Office Phone:		<i>e-mails</i>
Banker:		
Bank Name:		
Address:		
Office Phone:		<i>e-mails</i>
Broker:		
Investment Co.		
Address:		
Office Phone:		<i>e-mails</i>
Other:		Relationship:
Address:		
Home Phone:		Work Phone:

Current as of: *Home e-mail* *Work e-mail*

Part 2e. PPG FINAL WISHES AND PLANNING

Name:			
Church Preference:		Religious Affiliation:	
Clergy:		Phone:	
Funeral Home Preference:			
Address:			
Phone:		e-mail:	
I have a Pre-Paid Burial Plan:		YES	NO:
I would prefer to have funeral services held at:			
Funeral Home		Name of Funeral Home:	
Church:	Name of Church:	Address:	
		Phone #:	
		e-mail:	
I prefer:		Internment	Entombment
			Cremation
My choice of cemetery is:			
I have not purchased a lot.		I have purchased a lot.	
The lot is in the name of:			
Location of deed for lot:			
I would like to have the following persons act as pallbearers:			
If cremated, what do you wish done with your ashes?			
Would you want an obituary published?		YES:	NO:
See following attachment for obituary information.			
I am entitled to Veterans Benefits:		YES:	NO:
I am entitled to Military Honors:		YES:	NO:
Musical Selections:			
See funeral home of choice for detailed planning.			

Current as of:

Part 2f. PPG
OBITUARY INPUT

Information which is typically included in an obituary is the following:

Name of the deceased

Birth and death dates

Birthplace

Mother's full name and maiden name

Fathers full name

Education

Work history

Military history

Special achievements

Church affiliation

Organizations and memberships

Names of surviving relatives and cities they live in

(parents, spouses, siblings, children, grandchildren, etc.)

You may also want to write your own brief personalized bio.

Preferred newspapers:

Local:

Home town:

Part 2g. PPG
TRUSTS, POWERS OF ATTORNEY, & ORGAN DONATION

TRUST FUNDS

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, than you must update your beneficiary forms to reflect this.

LIVING WILL OR HEALTH CARE POWER OF ATTORNEY

Individuals may also wish to execute a Living Will or Health Care Power of Attorney that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have NOT executed a "living Will"	I have executed a "living Will"
My "living Will" is located at:	

ORGAN DONATION

I DO NOT want any of my organs donated.	
I would like to donate ANY organs needed for transplant.	
I would like to donate only the following organs for transplant/research:	
I would like to donate my body for research.	

Current as of:

Note: The Maryland Advance Directive form of a "living Will" may be obtained from your Charlestown Social Worker.

Part 2h. PPG
PERSONAL FINANCE INFORMATION

Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Certificate of Deposit #:		Bank:
Certificate is kept at:		
Safety Deposit Box #:		Bank:
Address of Bank/Branch:		
Safe Deposit Box is accessible by:		
Key is kept at:		
Investment/Stock Portfolio is located at:		
Bonds Portfolio is located at:		
IRA Certificate and file are located at:		
401K Retirement File is located at:		
Credit Card Accounts:		
Name:		Account Number:
Issued by:		Is Account Balance Insured?
Name:		Account Number:
Issued by:		Is Account Balance Insured?
Name:		Account Number:
Issued by:		Is Account Balance Insured?
Name:		Account Number:
Issued by:		Is Account Balance Insured?
Name:		Account Number:
Issued by:		Is Account Balance Insured?

Current as of:

Part 2i. PPG
REAL ESTATE AND VEHICLES

We/I own the property located at:				
Mortgage on the property is held by:				
Address:				
Monthly Payments:		Balance of Loan:		
Value of Property:				
Homeowners Insurance Held by:				
Homeowners Insurance Policy is located at:				
Mortgage Insurance if any:				
Mortgage Insurance Policy located at:				
I/We own other real estate at: (List addresses and same info as above):				
Deeds, tax documents and pay records are located at:				
AUTOMOBILE AND AUTO INSURANCE				
Make	Model	Year	Registered To	Status of Ownership
TRAILERS AND OTHER MOTOR VEHICLES				
Make	Model	Year	Registered To	Status of Ownership
OTHER IMPORTANT INFORMATION				

Current as of:

**Part 2j. PPG
RETIREMENT**

Social Security (SS) (See Para 5c for contacts):

I am eligible to receive (or am receiving) SS benefits: Yes No
I have an offset to my SS pension/annuity due to federal
Civil Service employment: Yes No
My spouse understands that he/she may be eligible for a portion of my SS
benefits after my death: Yes No
If currently receiving monthly SS benefits, the amount is the following:
My personal SS records are located at:

Civil Service (See Para 5c for contacts):

As a federal employee, I am/was under the (check):
Civil Service Retirement System (CSRS)
Federal Employees Retirement System (FERS)
Other
I am eligible for retirement (or am retired) as of:
If retired, my current monthly pension/annuity is the following:
From Thrift Savings Plan:
From Office of Personnel Management:
Other:
My personal civilian pay records are located at:

Military/Public Health Service/Coast Guard (See Para 5c for contacts):

Service: Rank: Years of Service:
My DDForm 214, Certificate of Release or Discharge from Active Duty, is located at:
(The DDForm 214 may be requested from archives.gov/veterans.)

I am eligible for retirement (or am retired) as of:
If retired, my current monthly pension/annuity is the following:
From Defense Finance and Accounting System:
Other:
My personal military pay records are located at:

Veterans Administration: (See Para 5c for contacts):

I receive the following VA benefits:

Disability Pay:

Based on _____% disability

Other:

My personal VA records are located at:

Private Pensions/Annuities/Trusts: (See Para 4n)

Pension Source:

Monthly payment:

My personal records are located at:

Annuity Source:

Monthly payment:

My personal records are located at:

Trust Source:

Monthly payment:

My personal records are located at:

Other Sources of Retirement Income:

Additional Benefits Information:

Current as of:

Part 2k. PPG
INSURANCE AND EMPLOYEE BENEFITS

Health Insurance			
I have Self Only	Or Family	Coverage with the following health plan:	
This is a federal plan		YES:	NO:
I/We have additional coverage under my spouse's health plan		YES:	NO:
That plan is		And is provided by:	
Life Insurance (1)			
I have Life Insurance in the amount of \$			
With			Company.
I have a designation of beneficiary on file:		YES:	NO:
The beneficiary named is:			
He/She is aware of this designation:		YES:	NO:
Life Insurance (2)			
I have Life Insurance in the amount of \$			
With			Company
I have a designation of beneficiary on file:		YES:	NO:
The beneficiary named is:			
He/She is aware of this designation:		YES:	NO:
I am enrolled in other employee sponsored supplemental insurance plans: Yes: No:			
Plan Names:			
Leaves Balances/Leave Programs:			
As of (date):	Hours of annual leave:	Hours of sick leave:	
I am a member of a Medical Leave Sharing Program:		Yes:	No:
The beneficiary names is:			
He/She is aware of this designation:		Yes:	No:
Investment Plans:			
I am a member of Thrift:	Yes:	No:	If yes, current balance:
I have a designation of beneficiary on file:		Yes:	No:
The beneficiary named is:			
He/She is aware of this designation:		Yes:	No:
I am a member of another employee investment plan		Yes:	No:
I have a designation of beneficiary on file:		Yes:	No:
The beneficiary named is:			
He/She is aware of this designation:		Yes:	No:

Current as of:

Part 2I. PPG

OTHER IMPORTANT INFORMATION

[illegible]**Current as of:**

(BLANK)

3a. CHARLESTOWN PROCEDURAL DOCUMENTS

When an Independent Living Resident Dies (Checklist)

Here is an abbreviated action list based on the checklist which Charlestown Social Worker Christopher Rudolf developed. These are the primary local steps to take, and most (but not all) apply whether or not the resident was living alone in the apartment. Many later additional steps are included elsewhere in this document in order to reduce duplication.

Prior to the death of a resident, a useful step early in the planning process is to provide Charlestown Security with a Letter of Authorization which names the resident's Personal Representative (Executor) and/or a few other pertinent people, placing them on record as being authorized to access to the resident's apartment soon after death. This is strictly for purposes of preparation and planning the funeral/memorial. Any items taken from the apartment will be noted by Security.

(1) Contact the Charlestown Security Department at 410-247-8814/8806 to report the date, time, and location of the death. If there is no other resident living in the apartment, Security puts down the lock bar on patio doors and changes the front door lock in order to control further access to the apartment.

(2) Contact funeral home (see Part 2e) for disposition of the remains, making funeral plans, and obtaining at least 15 copies of the Death Certificate.

(3) Make appropriate personal notifications, including the deceased's lawyer (see Parts 2c, 2d).

(4) The Personal Representative (Executor) of the Estate needs to obtain a Letter of Administration (LoA) from the Baltimore County Register of Wills (see Part 1b). Call that office [(410) 887-6680] ahead of time to get full instructions, including a current list of items to bring. Obtain the LoA to open the Estate officially and show proof that the individual is indeed its Personal Representative. That person should then contact Charlestown Security and provide a supervisor with a copy of the LoA in order to obtain a new key to the apartment. (The Letter of Authorization mentioned above is a good idea in order to allow limited early access to the apartment, since obtaining the Letter of Administration may take some time.)

(5) Open the apartment and look for any documents concerning wills, funeral plans, special wishes, etc. The Personal Representative may already have a copy of the will, or he may obtain it from the Register of Wills. Ideally, the Personal Representative has an

End-of-Life Planning Document such as this to give him virtually all the other guidance and information which he needs.

(6) If necessary, meet with the deceased's lawyer and/or accountant concerning the will (See Parts 2d,h). If there is no known lawyer or accountant, a Charlestown Social Worker can provide a list of local lawyers and accountants.

(7) If the resident was a veteran of the U. S. military, locate their DD Form 214, Certificate of Release or Discharge from Active Duty, in order to obtain military burial benefits. Ensure that these benefits are coordinated with the funeral home of choice. See part 2e and Para 5c(4),(5).

(8) If the family wishes to have a memorial service at the Charlestown Chapel, contact Pastoral Care at (410)-247-3400, ext. 8530. Catering for memorial receptions at Charlestown may be arranged by contacting the Catering Manager at ext. 8934.

(9) If there are pets in the apartment, make arrangements for their care by family, friends, a kennel, or the deceased's veterinarian (See Parts 2c,d).

(10) Clean out the refrigerator in the apartment. Remove trash, perishable food, plants, and any other live or degradable items.

(11) Empty the deceased's two Charlestown mailboxes in the building's lobby area. The U.S mail box requires a key to open, and internal mail is in the apartment's cubbyhole mailbox.

(12) Make all other non-government and government agency notifications as listed in Para 4 and 5 of this document.

(A fairly typical scenario after the death of a resident living alone in independent living would be the following: EMS will confirm the death and call police; then a medical examiner will evaluate the death and place the body in cold storage until contacted by the funeral home (or Cremation Society for direct cremation, or State Anatomy Board for body donation).

Steps (1)-(11) above are the most immediate ones to take when an independent living resident dies at Charlestown. If the resident lived alone in the apartment, a continuation of this process is included in the next section (3b) of this document, Charlestown's Move Out Handbook, obtainable from the Move Out Coordinator at (410) 737-8838, ext. 8375.

3b. CHARLESTOWN PROCEDURAL DOCUMENTS

Independent Living Move Out Handbook

(This handbook is a 23-page document. To obtain it, Charlestown residents should see the final paragraph of the previous page.)

(BLANK)

4. Non-Government Notifications Checklist (Suggested priority)

This is a suggested priority list for non-government notifications upon the death of a Charlestown resident. Portions of the Charlestown procedural checklist shown in Para 3a and the Government Notifications Checklist in Para 5 may be pursued simultaneously as desired.

a. Charlestown Security - See Para 3a.

b. Funeral Home of Choice - See Part 2e.

c. Family - See Part 2c.

d. Close Friends - See Part 2c.

If you use Facebook or other social media, you may want to add them here or to Part 2c. Include account name, user I.D., password, and any other pertinent information.

e. Personal Representative (Executor) - See Para 1a,b.

f. Clergy - See Part 2d.

g. Lawyer - See Parts 2d,g.

h. Insurance Agents - See Parts 1b, 2d,k.

i. Doctors, Dentist, Pharmacy, Veterinarian - See Part 2d.

j. Pet Care - See Parts 2c,d.

k. Newspaper(s) for Obituary - See Parts 2e,f.

l. Financial and Investment Institutions - See Parts 1b, 2d,h.

m. Credit/Debit Card Companies - See Parts 1b, 2h.

n. Private Pension Administrators - See Parts 2h,k.

o. Telephone, Computer, Cable TV Service Providers - See Part 2d.

p. Newspaper, Magazine Subscriptions - Part 2d.

q. Professional, Fraternal Organizations - See Part 2d.

r. Charities - See Parts 2d,e.

s. Others as Appropriate -

5. Government Notifications Checklist

(Suggested Priority)

Priority of notifications for these offices should include the County Register of Wills initially, due to the reasons outlined in Para 1 of this document. Remaining priorities should be determined by your own individual situation.

a. Baltimore County

(1) Register of Wills - See Para 1b.

(2) Other -

b. State of Maryland

(1) Motor Vehicle Administration (MVA) - See Part 2i. Report sale/transfer of any vehicles. Contact: Vehicle Title and Registration, Maryland MVA, 6601 Ritchie Highway NE, Glen Burnie, MD 21062. (410) 768-7000. www.mva.maryland.gov.

(2) Comptroller of Maryland - Prepare and submit final state income tax report. Contact: Comptroller of Maryland, Revenue Administration Division, Taxpayer Service Section, 110 Carroll Street, Annapolis, MD 21411. (410) 260-7980. www.marylandtaxes.com.

(3) Other -

c. Federal (as appropriate)

(1) U. S. Postal Service - Notify local office of death and mail hold/forwarding requirements. Ensure that mail is not marked "Return to Sender", but is forwarded to Personal Representative or other appropriate person. Contact: U. S. Post Office, 1001 Frederick Road, Catonsville, MD 21228. (410) 869-7204. www.uspspostoffices.com/md/catonsville.

(2) Social Security Administration - Call the local office to inquire about Social Security death and survivor benefits. To apply for benefits, you will need original or certified copies of the following documents, as applicable. Contact the office to ensure that this list is current and complete:

- (a) Death certificate
- (b) Marriage certificate
- (c) Divorce decrees and/or death certificates of former spouses
- (d) Birth certificates of eligible children
- (e) Birth certificate of deceased
- (f) Birth certificate of widow/widower
- (g) DDForm 214 of deceased
- (h) Social Security numbers of deceased, widow/widower, eligible children, and parents
- (i) Income information on deceased for year prior to death and year of death (total income and social security tax withheld - FICA)

Contact: Social Security Administration, Lakeside Building, Suite 110, 8865 Stanford Blvd., Columbia, MD 21045. Phone: (800) 772-1213. www.ssa.gov.

(3) Internal Revenue Service - Prepare and submit final federal income tax report.
Contact (closest office): IRS Taxpayer Assistance Center, 31 Hopkins Plaza, Baltimore, MD 21201. Phone: (443) 853-5660. www.irs.gov.

(4) Military/Uniformed Services -

(a) The nearest full-service installation is Fort George G. Meade, 830 Chisholm Avenue, Ft. Meade, MD 20755. www.fortmeade.acs.

Pertinent offices and phone numbers are the following:

- Information (301) 677-5590
- I.D. Cards (301) 677-9586 (Renew family member I.D. cards in order to remain eligible for all benefits.)
- Defense Military Pay Office (301) 677-7126 (answer pay questions)
- Legal Services (301) 677-9504 (answer legal questions, notary, etc.)
- Survivor Outreach Office (301) 677-4116 (answer questions concerning survivor benefit plans, residual retired pay, funeral military honors, etc.)

(b) To report the death of a military service member, contact Defense Finance and Accounting Service (DFAS), U.S. Military Annuitant Pay, P. O. Box 7131, London, KY 40742. Phone (800) 321-1080. www.dfas.mil.

(c) To report the death of a U. S. Coast Guard or NOAA member, call (800)772-8724 for information.

(d) To report the death of a Public Health Service member, call (800) 638-8744 for information.

(5) Veterans Administration (VA) -

(a) To report the death of a veteran, inquire about pay/compensation issues, funeral benefits, etc., contact the local VA office: Baltimore Regional VA Office, 31 Hopkins Plaza, Fallon Federal Building, Baltimore, MD 21201. Phone (800) 827 -1000. www.va.gov.

(b) If the deceased was a participant in any of the several VA insurance programs, call (800) 669-8477.

(6) Civil Service -

(a) If the deceased participated in the Civil Service or the Federal Employee Retirement System (CSRS and FERS), contact the Office of Personnel Management (OPM) at (724) 794-2005.

(b) To inquire about the Civil Service Survivor Benefit Plan or Casualty and Federal Group Life Insurance, call (888) 767-6738.

(7) Thrift Savings Plan - If the federal civilian retiree participated in the Thrift Savings Plan, contact the Federal Retirement Thrift Investment Board at (877) 968-3778.

(8) Other -