



SURVIVOR'S GUIDE

THIS GUIDE IS NOT FOR MY BENEFIT, IT IS FOR MY FAMILY I HAVE COMPLETED THIS BECAUSE, "I LOVE YOU".



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TAKE TIME NOW TO PLAN

Each member makes a valuable contribution to the family – but when a family member dies, how do the survivors cope?

The purpose of *Survivor's Guide: Take Time Now to Plan*, is to motivate you to make plans for an orderly transition. Eventually, someone will have to handle your affairs without you. Please sit down and complete *Survivor's Guide: Take Time Now to Plan**. Preparation will ease the burden of your survivors.

We recommend that you give adequate consideration to matters such as:

- What funeral arrangements would you prefer?
- What will be the state of the family's finances if you die?
- Where would be the most practical place for the survivor(s) to live?
- Specifically, who could be helpful to the survivor(s) in making major decisions?
- What benefits will the survivor(s) be eligible for?
- What records are needed to apply for those benefits, and where are they located?
- If you own a business, farm, or other enterprise, what should be done with it upon your death?
- What arrangements should be made for the care of dependent children in the event of your death?

Please take the time to plan now while it is just a chore, and not an additional burden later to those you leave behind. The death of a loved one is excruciating enough without the responsibilities of settling their affairs. Make the arrangements and assemble the documents that will at least make the financial and legal arrangements as simple as possible.

This publication provides a convenient place to list those arrangements and to record where valuable documents are kept. You will undoubtedly want to talk with an attorney, your life insurance agent, and other financial advisors to help assemble your affairs. You will want to make sure that you have a valid will, that your life insurance program is adequate for the financial needs of your family, and that federal estate taxes will be held to a minimum.

Take the time to record your information here now. It is a caring way to help your family through what will be one of the most trying periods of their lives.

**** All individuals should complete a separate *Survivors Guide*.***

LOCATION OF IMPORTANT PAPERS

Item	Location
Last Will and Testament	
Revocable Living Trust	
Living Will	
Durable Powers of Attorney	
Limited Partnership Papers	

Promissory Notes	
Credit cards	
Checkbooks	
Bank monthly statements	
Cancelled checks	

CD Certificates	
Stock & Bond Certificates	
Annuities	
Mutual funds	
Other Investments	
Retirement Plans	
Pension, profit sharing or other retirement or death benefits	
Tax Records	
Mortgage Records	
Car Loan Records	

Deeds to Property	
Time Share Deed	
Property Tax Bills	
Vehicle Registration	

Life Insurance Policy	
Property/Casualty Insurance Policies	
Medical Insurance Policies	
Medical records	

Marriage certificate(s)	
Birth certificate(s)	
Death certificate(s)	

Item	Location
Divorce certificate(s)	
Adoption papers	
Social Security Card(s)	
Driver's License(s)	
Passport(s)	
Military service records, including serial number	
V.A. claim number	
Veteran's Discharge certificate	
Immigration & Naturalization papers	

Location of safes and combinations	
Software passwords, codes	

Other	
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IMPORTANT CONTACTS

FINANCIAL PLANNER

Name: _____

Address: _____

Phone: _____

Email: _____

CERTIFIED PUBLIC ACCOUNTANT (CPA)

Name: _____

Address: _____

Phone: _____

Email: _____

ATTORNEY

Name: _____

Address: _____

Phone: _____

Email: _____

DOCTOR

Name: _____

Address: _____

Phone: _____

Email: _____

FUNERAL HOME

Name: _____

Address: _____

Phone: _____

Email: _____

EXECUTOR OF WILL

Name: _____

Address: _____

Phone: _____

Email: _____

BANKING CONTACT

Name: _____

Address: _____

Phone: _____

Email: _____

LANDLORD

Name: _____

Address: _____

Phone: _____

Email: _____

BUSINESS ASSOCIATE

Name: _____

Address: _____

Phone: _____

Email: _____

REAL ESTATE AGENT

Name: _____

Address: _____

Phone: _____

Email: _____

FAMILY RECORDS AND INFORMATION

About the Family

My Name: _____

Place and Date of Birth: _____

Children:

Full Name	Place of Birth	Date of Birth

Other Family:

Full Name	Place of Birth	Date of Birth

Family Records Location

Item	Location
Medical Records	
Marriage Certificates	
Other Important Family Records	

WILLS AND SAFE DEPOSIT BOXES

Wills/Trusts

- I have a will/trust.
- I do not have a will/trust. (NOTE: if you checked this box, you have an important duty to perform, now.)

Original and copies of my will/trust are located at: _____

Executor's name, address, and telephone number _____

Name of Attorney, address, and telephone number _____

Safe Deposit Boxes

- I do not have a safety deposit box
- It is held in my name only
- It is held jointly with _____

Box number _____

Name and location of bank _____

Location(s) of keys _____

INSURANCE AND ANNUITIES

Life Insurance

I have the following life & long-term care insurance policies:

Insurance Company	Policy #	Owner	Face Value	Beneficiary

* If any policies listed are survivorships (last-to-die) plans, it is also important to notify the insurer.

Other Family Members:

Insurance Company	Policy #	Face Value	Beneficiary

Government Life Insurance

I served in the (branch of service) _____ from _____
to _____ and received the following type of discharge _____

My serial number was _____

The status of my government life insurance is as follows (expired or still in force; face amount):

The policy is located at:

Other Government Sources

My Family will be eligible for those benefits, which are checked and described below:

- Railroad Retirement
- Civil Service
- Active military or veterans' service-connected death
- Veterans' non-service-connected death
- Benefits because of my employment by state or local government

My V.A. Claim number is: _____

Records and documents needed to apply for benefits are located at:

Membership Organizations

Because of my membership in various organizations (union, trade associations, fraternal benefit society, etc.), my survivors may be eligible for certain benefits. The organizations and benefits are as follows:

Organization	Type of Benefit

The papers needed to apply for such benefits are located at:

Policies for all insurance coverage and annuities are located:

Health Insurance

My health insurance policies (hospitalization, disability income, accident, long-term care, etc) are as follows:

Insured	Insurance Co.	Policy #	Type of Insurance

Annuities

I have the following annuities:

Insurance Company	Policy #	Annuitant	Beneficiary

Property/Casualty Insurance

I have the following type of insurance (homeowners, automobile, personal liability, business coverages, fire, vehicle, and disability etc.):

Insurance Company	Policy #	Type of Insurance

BENEFITS AVAILABLE UPON MY DEATH

Available Death Benefits, Present Employer

My employer is:

Name	Address	Phone

My family may be eligible for the following benefits from my employer upon my death.

Check all that apply:

- Group life insurance
- Deferred compensation
- Group health insurance (death benefit)
- Credit union deposits
- COBRA continuation coverage
- Pension (survivor's benefits)
- Profit-sharing plan (survivor's benefits)
- Unpaid salary
- Other

If I am killed on the job, additional benefits may be payable to my family from:

- Workmen's compensation
- Accident travel insurance, common carrier insurance, tickets purchased by credit card
- Other

Past Employer(s)

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

Papers needed to apply for benefits are located at:

SOCIAL SECURITY

The Social Security Administration offers a variety of benefits. Call 1-800-772-1213 for help in calculating the dollar amounts below, and for complete details on all Social Security Benefits.

A lump sum burial benefit of \$255 may be payable to my spouse or children.

Social Security may provide my children a monthly benefit of

\$ _____

My Social Security number: _____ - _____ - _____

Children's Social Security numbers:

Childs Name	Social Security Number

To receive benefits, you will need the following information:

- A certified copy of the death certificate
- The deceased's Social Security number
- Information on the deceased's employer, and approximate earnings for the past two years, such as tax returns, or W-2's
- Your marriage certificate
- Social Security numbers and birth certificates for you and your dependent children

NOTE: Order at least 15 death certificates. A separate certified death certificate will be needed for each insurance policy, and each asset, (i.e., real estate, stocks, bonds, mutual funds, bank accounts, etc.) The funeral director can order them for you.

SOURCES OF IMMEDIATE CASH / CARE OF DEPENDENT CHILDREN

Sources of Immediate Cash

During the period immediately following my death, the best sources for my family to obtain cash for immediate needs are as follows:

Care of Dependent Children

In the event I (or if married my spouse and I) die while my children are young, the following arrangements have been made on their behalf (give name, relationship, address, and phone of guardian, and describe trust arrangements, if any):

Or, my will contains the following guardianship designation and trust arrangement:

Or, no official arrangements have been made to date, but I would hope that the following arrangements could be made:

TRUST INFORMATION

Trust(s) that I Have Set Up:

The bank, trust company, or other fiduciary: _____

Trust officer: _____

Telephone number: _____

The trust is:

- Funded
- Unfunded

REAL ESTATE INFORMATION

Real Estate Owned

Home address: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Telephone number _____

Location of mortgage or deed: _____

I have a second home at: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Telephone number _____

Other real estate owned (excluding business, farm, or other enterprise):

FINANCIAL ASSETS

Bank Accounts (Including Savings & Loan Associations, Credit Union)

Checking and Savings

Certificates of Deposit	Account #	Owner	Name & Location

Location of passbooks, checkbooks, cancelled checks, and statements:

Stocks, Bonds, and Securities Portfolio

Stocks, bonds, securities _____

Records located _____

Mutual Fund Companies _____

Records located _____

Money Market account(s) _____

Records located _____

Additional Financial Information

Major debts (other than first mortgages and revolving charge accounts):

Money owed to me:

Location of notes payable and receivable:

Other Information:

BUSINESS, FARM OR OTHER ENTERPRISE INFORMATION

Name of business _____

Kind of business _____

Location _____

Percentage of ownership (%) _____

Form of business (sole proprietorship, partnership, corporation):

Other owners (if any):

Is the business subject to a buy/sell agreement?

Information on any other business interests or farms owned

Arrangements that have been made (or should be made after my death) in continuing or disposing of each business interest:

Location of business books, records and pertinent papers

Additional information

Person or persons who could offer sound advice in carrying on the business, or operating the farm - or in disposing of the business or farm (names, addresses, and telephone numbers)

PERSONAL LETTER OF DIRECTION

Dear Family and Friends:

As you know, maintaining harmony in the family has always been a priority with me. One way to continue this objective is to be sure there are no misunderstandings as to certain personal property items that are to be distributed at my death. I know from painful firsthand experience how a devastating family dispute can develop because these issues are not addressed at the appropriate time. I have given a great deal of thought as to how this goal might be accomplished. Therefore, on the following pages you will find a list of specific items to be distributed to specific individuals.

I recognize that some of the items do not have great monetary value. However, I do know that they are of great sentimental value to me, and perhaps will be to you as well. I hope you will find as much joy in receiving these items as I have had in gifting them to you.

I apologize if any of you feels slighted because I directed an item to someone else that you thought was intended for you. Please be assured that I have done my best to be sure that everyone is treated fairly. If I fall short in that desire it is because of my own shortcomings, and is not borne out of a desire to hurt anyone's feelings.

Thank you for your love and support!

FUNERAL AND BURIAL PREFERENCES

Body or Organs to be Donated:

- Yes (indicate specific organs **NOT** to be donated, if any) _____
- No (see Health Care Durable Power of Attorney, or Health Care Directive)

Preferred mortuary: _____

City: _____ State: _____

Place of Service:

Church: _____

Mortuary Chapel: _____

Church or Denomination: _____

Person to be in Charge of Final Arrangements: (see Health Care Durable Power of Attorney, or Health Care Directive)

Relationship: _____

Telephone: _____

Description of Services Desired:

Special Readings or Music: _____

Service to be Conducted by: _____

Relationship: _____

Telephone: _____

Interment Requests

I prefer:

- Earth burial
- Cremation
- Mausoleum

Name of Cemetery: _____

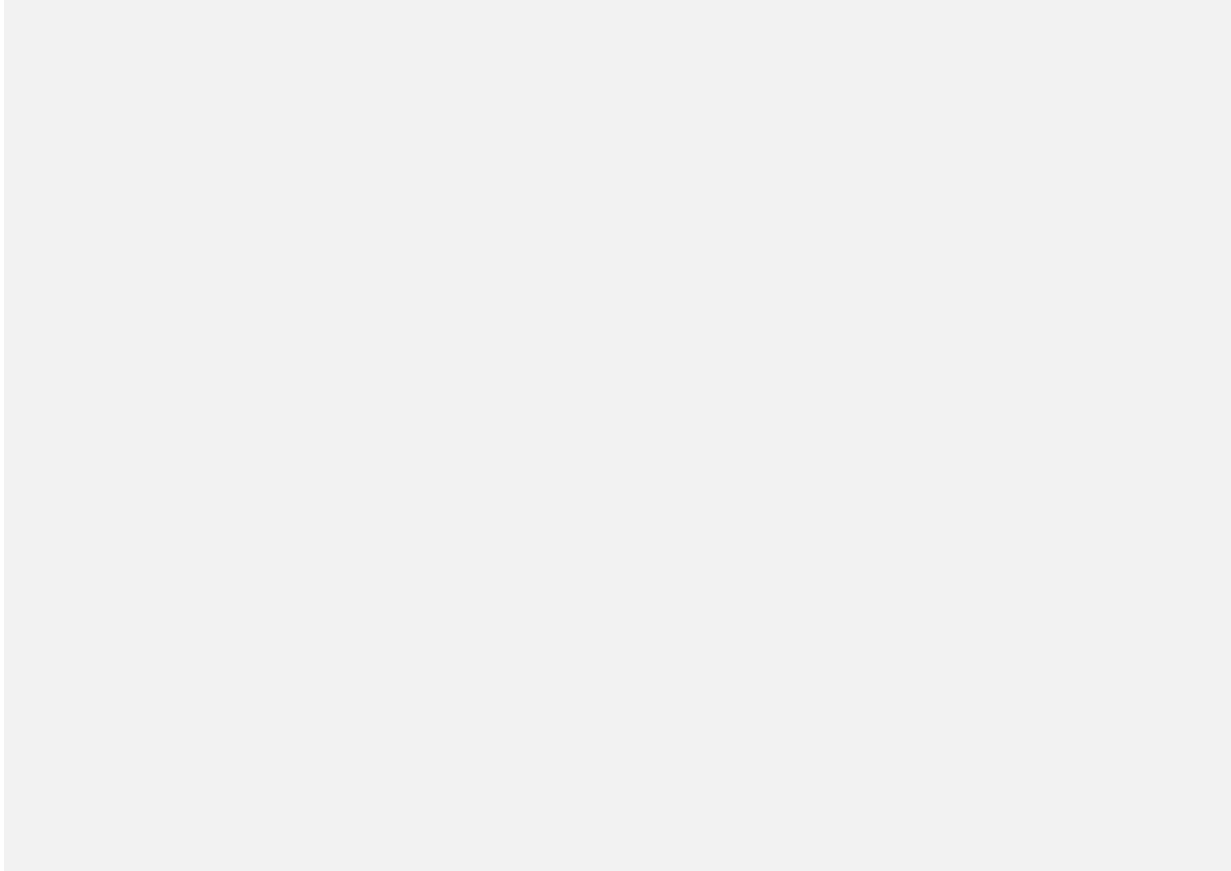
City: _____ State: _____

() I have reserved facilities (attach deed, and/or, other paperwork)

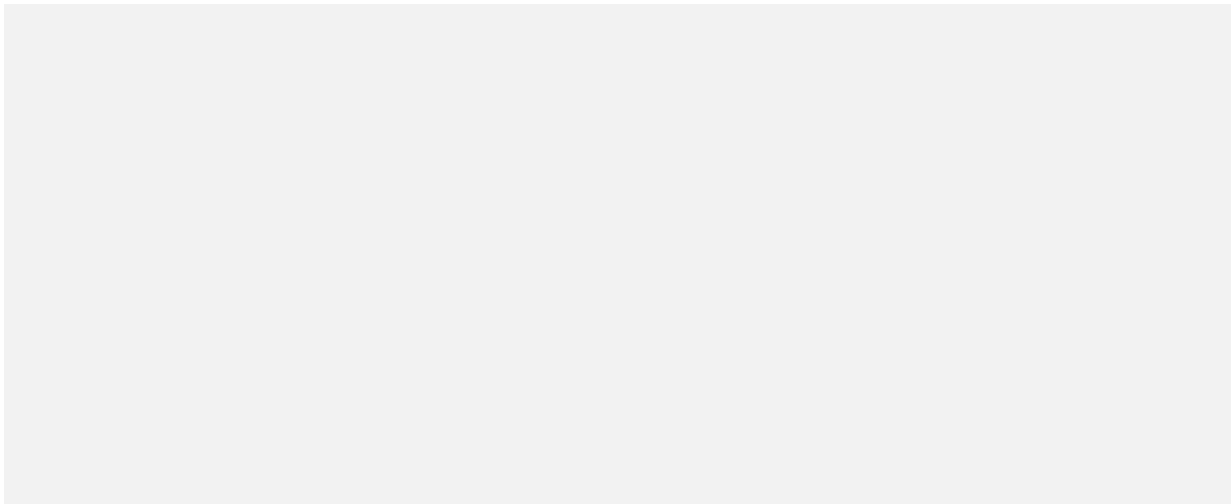
() I have not reserved facilities

OBITUARY INFORMATION

This biographical information will be of help in preparing an obituary news story about me:

A large, empty rectangular box with a light gray background, intended for the user to provide biographical information for an obituary.

My obituary should be sent to the following newspapers:

A large, empty rectangular box with a light gray background, intended for the user to list the newspapers where they want their obituary published.

PEOPLE TO NOTIFY

Name:	
Relationship:	
Address:	
Phone:	

Name:	
Relationship:	
Address:	
Phone:	

Name:	
Relationship:	
Address:	
Phone:	

Name:	
Relationship:	
Address:	
Phone:	

Name:	
Relationship:	
Address:	
Phone:	

Name:	
Relationship:	
Address:	
Phone:	

Name:	
Relationship:	
Address:	
Phone:	

ADDITIONAL INSTRUCTIONS AND INFORMATION

Additional instructions or information for survivors that has not been covered previously:

Date completed and/or updated: _____

My Signature _____

Witness _____

Address _____

Witness _____

Address _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of _____, County of: _____

On _____ before me, _____

(Name/Title, i.e., "Jane Doe, Notary Public")

personally appeared _____
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature)

(Notary Seal)