Funeral Planning Guide

A loving gift for your family...

Includes Planning Forms For:

- Husband & Wife Funeral Services Instructions.
- People To Be Notified.
- Medical History, Historical Information.
- Estate Info, Banking, Real Estate, Insurance.
- Special Instructions & Additional Information.

Your Tribute
We hope this Funeral Planning Guide will help ease the difficulties associated with planning one of life’s eventualities.

Within you will find all the forms and information necessary to ensure that your final wishes are known. Included and outlined in detail are the arrangements needed for any funeral service. All you or your loved ones will have to do is provide these completed forms to your Funeral Director and everything will be conducted as requested.

Your arrangements can be pre-planned in detail. Saving your loved ones the added burden at one of life’s most difficult moments.

We have also included various statistics and records that will be needed as well as information on how your family can follow-up.

We at Your Tribute hope that you and your family find this Funeral Planning Guide helpful. Our goal is to allow your loved ones to focus and cherish the warm memories of the wonderful years you have shared together.

Sincerely,
Jason Ropchan
CEO, Your Tribute

For more articles and advice on funeral planning, memorials and more visit http://resources.yourtribute.com

To create a free online obituary or permanent memorial website for your loved one at http://www.yourtribute.com
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Husband’s Vital Statistics

Name: ____________________________________________________________

Address: __________________________________________________________________________

City/State/Zip: ________________________________________________________________

Phone Number: __________________________________________________________________________

Date of Birth: _______________ Place of Birth: ________________________________

Social Security Number: ____________________________________________________________

☐ MARRIED
☐ NEVER MARRIED
☐ WIDOWED
☐ DIVORCED

Employer: ________________________________________________________________

Occupation: ______________________________________________________________

Business Type: __________________________________________________________

Length of Employment: ________________________________

City/State of Business: _______________________________________________________

Father’s Full Name: _________________________________________________________

Father’s State of Birth: ______________________________________________________

Mother’s Full Name: _________________________________________________________

Mother’s State of Birth: ______________________________________________________

Branch of Service: _________________________________________________________

Serial Number: ____________________________________________________________

Date Entered Service: __________ Location: _________________________________

Date of Separation: __________ Location: _________________________________

Grade, Rank or Rating(s): ________________________________________________

Wars/Conflicts Served: _____________________________________________________

Additional Information: _________________________________________________
Wife’s Vital Statistics

Name: ____________________________________________

Address: ____________________________________________

City/State/Zip: ____________________________________________

Phone Number: ____________________________________________

Date of Birth: _______________ Place of Birth: _______________

Social Security Number: ____________________________________________

☐ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED

Employer: ____________________________

Occupation: ____________________________

Business Type: ____________________________

Length of Employment: ____________________________

City/State of Business: ____________________________________________

Father’s Full Name: ____________________________________________

Father’s State of Birth: ____________________________________________

Mother’s Full Name: ____________________________________________

Mother’s State of Birth: ____________________________________________

Branch of Service: ____________________________________________

Serial Number: ____________________________________________

Date Entered Service: __________ Location: ____________________________

Date of Separation: __________ Location: ____________________________

Grade, Rank or Rating (s): ____________________________________________

Wars/Conflicts Served: ____________________________________________

Additional Information: ____________________________________________
Husband’s Funeral Service Instructions

Funeral Home: ________________________________

Service Location: ________________________________

Church/Synagogue/Temple: ________________________________

Clergy Requested: ________________________________

Lodge/Veteran Services: ________________________________

Floral Arrangements: ________________________________

Musical Selections: 1. ________________________________
                    2. ________________________________
                    3. ________________________________
                    4. ________________________________

Clothing: ________________________________

Jewelry: ________________________________  Glasses: YES / NO

Other Instructions: ________________________________

PALLBEARERS

Name: ________________________________ Phone: ________________________________
Address: ________________________________

Name: ________________________________ Phone: ________________________________
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Name: ________________________________ Phone: ________________________________
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Address: ________________________________
Wife’s Funeral Service Instructions

Funeral Home:________________________________________________________

Service Location:____________________________________________________

Church/Synagogue/Temple:____________________________________________

Clergy Requested:____________________________________________________

Lodge/Veteran Services:______________________________________________

Floral Arrangements:__________________________________________________

Musical Selections: 1._________________________________________________

2.___________________________________________________________

3.___________________________________________________________

4.___________________________________________________________

Clothing:___________________________________________________________

Jewelry:_________________________________Glasses: YES / NO

Other Instructions:___________________________________________________

________________________________________________________

PALLBEARERS

Name:_____________________________Phone:___________________________

Address:________________________________________________________________

Name:_____________________________Phone:___________________________

Address:________________________________________________________________

Name:_____________________________Phone:___________________________

Address:________________________________________________________________

Name:_____________________________Phone:___________________________

Address:________________________________________________________________

Name:_____________________________Phone:___________________________

Name:_____________________________Phone:___________________________

Address:________________________________________________________________
Husband’s Memorialization Information

Cemetery: ___________________________________________________________

Phone Number: _____________________________________________________

Address: __________________________________________________________

City/State/Zip: _____________________________________________________

Type of Property:  □ Mausoleum
                  □ Ground Burial
                  □ Lawn Crypt
                  □ Urn/Niche

Description: _______________________________________________________

Location of Plot: ____________________________________________________

Location of Deed (Do not keep in a safety deposit box): _________________
______________________________________________________________

Type of Memorial Marker: ___________________________________________
                  □ Companion  □ Individual

Additional Comments: _______________________________________________
______________________________________________________________
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______________________________________________________________
Wife’s Memorialization Information

Cemetery: ____________________________________________________________

Phone Number: ______________________________________________________

Address: ____________________________________________________________

City/State/Zip: _________________________________________________________

Type of Property:  
☐ Mausoleum  
☐ Ground Burial  
☐ Lawn Crypt  
☐ Urn/Niche

Description: __________________________________________________________

Location of Plot: ______________________________________________________

Location of Deed (Do not keep in a safety deposit box): ______________________

Type of Memorial Marker: _____________________________________________

☐ Companion  ☐ Individual

Additional Comments: _________________________________________________

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Persons To Be Notified

Name/Relationship: ____________________________
Phone: ______________________________________
Address: ____________________________________

Name/Relationship: ____________________________
Phone: ______________________________________
Address: ____________________________________

Name/Relationship: ____________________________
Phone: ______________________________________
Address: ____________________________________

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Name/Relationship: ____________________________
Phone: ______________________________________
Address: ____________________________________

Name/Relationship: ____________________________
Phone: ______________________________________
Address: ____________________________________

Name/Relationship: ____________________________
Phone: ______________________________________
Address: ____________________________________
**Medical History**

*This is very important information for your spouse, children and grandchildren as physicians will often ask for a family medical history. It is also suggested that you keep an updated copy of your medical records for your family’s information.*

<table>
<thead>
<tr>
<th>I Have Been Treated for:</th>
<th>HUSBAND</th>
<th>WIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Diabetes</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Circulatory</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Heart</td>
<td>YES</td>
<td>NO</td>
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Other:________________________________________________________________________

________________________________________________________________________

I am allergic to the following medications:_____________________________________

________________________________________________________________________

________________________________________________________________________

Physician:______________________________________________________________

Phone:______________________________________________________________

Address:______________________________________________________________

Additional Remarks:_______________________________________________________

________________________________________________________________________

________________________________________________________________________
Estate Information

Location of Will: ____________________________
Date of Will: ____________________________
Executor: ____________________________
Executor Phone: ____________________________
Executor Address: ____________________________
City/State/Zip: ____________________________
Attorney: ____________________________
Attorney Phone: ____________________________
Attorney Address: ____________________________
Accountant: ____________________________
Accountant Phone: ____________________________
Accountant Address: ____________________________

Banking

Bank Name: ____________________________
Account Type: ____________________________
Bank Name: ____________________________
Account Type: ____________________________
Safety Deposit Box Location: ____________________________
Box Number: ____________________________ Key Location: ____________________________
Other Investments: ____________________________


Real Estate Information

Property Description: _______________________________________
Deed Location: ____________________________________________
Property Description: _______________________________________
Deed Location: ____________________________________________
Property Description: _______________________________________
Deed Location: ____________________________________________

Insurance Information

Notify the Following Insurance Companies, Unions, Etc. Paying Death Benefits

Name: _____________________________________________________
Policy Number: _____________________________________________
Name: _____________________________________________________
Policy Number: _____________________________________________
Name: _____________________________________________________
Policy Number: _____________________________________________
Name: _____________________________________________________
Policy Number: _____________________________________________
Location of Policies: _________________________________________

Additional Information: ______________________________________

__________________________________________________________
Historical Information

(Obituary)

Years of Education:_____________________________________

Degrees/Certifications:_____________________________________

_________________________________________________________

Fraternity/Honor Societies:_________________________________

_________________________________________________________

Positions/Dates Held:_______________________________________

_________________________________________________________

Military Service/Years:_____________________________________

Rank Achieved:___________________________________________

Civic or Public Office:_____________________________________

_________________________________________________________

Special Achievements/Recognitions:___________________________

_________________________________________________________

Other Comments:__________________________________________

_________________________________________________________

To Our Loved Ones

We have completed this Memorial Planning Guide and other arrangements for the purpose of relieving you from making those difficult decisions and of the financial and emotional burden associated with our passing. It is with that spirit of love and consideration that this book is presented to you.

Signed:________________________________________Date:____________

Signed:________________________________________Date:____________
Update, Special Information, and Instructions

These last pages are provided for your use to update this Memorial Guide with additional information or special instructions. It is important to keep the information in this guide current and accurate. It is also recommended that you date all entries to avoid possible confusion at a later date.

Date:

________________________________________________________________________

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Certified Copies of Death Certificates

The original Death Certificate is filed with the County Registrar where the death occurred. Additional certified copies of the death certificate may be ordered at any time; however, receiving them will take a few days. For this reason we suggest you order a sufficient number of Death Certificates now.

You will need certified copies for the following items:

- Transfer of real property, houses, lots.
- Settling insurance claims 1 for each company.
- Obtaining union benefits, usually 2 or 3 required.
- Transfer of automobile, trailer, boat or camper.
- Transfer of stocks or bonds, 1 for each corporation.
- Transfer of bank savings or trust accounts.
- Transfer of checking accounts.
- Entry into bank safety deposit vault.
- Filing Federal/State/City income tax refunds.
- Social Security benefits.
- Veteran’s Administration benefits.
- For insured loans, insured credit cards.
- For credit union accounts.
- To qualify for bereavement times with some employers.
- Personal requests from children, family members.
- Mortgage insurance.
- Attorney, or legal obligations.
- Welfare benefits.
- Sibling/Power of attorney.
The following checklist is designed to help you properly file for your Social Security Benefits so that prompt payment may be made.

**ELIGIBILITY**

- The deceased worker must have credit for work covered by Social Security, ranging from 1 ½ to 10 years depending on his or her age at death.

**WHO MAY RECEIVE MONTHLY BENEFITS**

- A widow or widower age 60 or older (50 if disabled) or at any age if caring for an entitled child who is under 16 or disabled.
- A divorced widow or widower age 60 or older (50 if disabled) if the marriage lasted 10 years, or if caring for an entitled child who is under 16 or disabled.
- Unmarried children up to 18 (19 if they are attending a primary or secondary school full time.)
- Children who were disabled before reaching 22, as long as they remained disabled.
- Dependent parent or parents 62 or older.

**LUMP-SUM DEATH PAYMENT**

A one time payment of $255.00 is paid in addition to the monthly cash benefits described above. The lump-sum death payment (LSDP) is paid in the following priority order:

- A surviving spouse who lived in the same household as the deceased person at the time of death.
- A surviving spouse eligible for or entitled to benefits for the month of death.
- A child or children eligible for or entitled to benefits for the month of death.

**APPLYING FOR BENEFITS**

You must apply in order to receive benefits. You may apply at any Social Security Office or, if you wish, you may apply by telephone. Just dial the toll-free number (800) 772-1213 and the operator will schedule an appointment for you or arrange the local Social Security Office to take your claim by telephone.

**SOCIAL SECURITY TELESERVICE-DOING BUSINESS BY TELEPHONE**

You may call Social Security toll-free, 365 days a year, 24 hours a day. The number to use is (800) 722-1213. To speak with a representative, call between the hours of 7:00 a.m. and 7:00 p.m. on regular business days. At other times and on weekends and holidays, you may leave a message and they will call you back, in most cases, the next business day.

**SMART CHECK**

It is a good idea to check your Social Security Record every three (3) years to make sure that earnings are being correctly reported to your record.
Military veterans and their dependents are entitled to a variety of benefits depending on their circumstances. Contact the Veterans Affairs Office to determine what benefits can be claimed and then gather the information required.

Before You Can File You Will Need
- Certified copy of or original DD214
- (Enlisted Record & Report of Separation)
- Certified copy of or original marriage certificate
- Certified copy of Death Certificate
- Verification of amount of life insurance you will receive as a result of Veteran’s death.
- Paid receipts for funeral and cemetery expense
- Paid receipts for hospital and doctor bills incurred by last illness, if applicable.
- Social Security number for yourself and your dependent children.

If the Veteran was previously married…
- A certified copy of or original divorce decree, or a Death Certificate proving the previous marriage was dissolved by divorce or death.
- If there are Dependent Children…
  - For children under the age of 18, or over 18 and still in school, you need certified copy of or original birth certificates for each.
  - If over 18 and still in school, you will need VA Form 21-674 filled out.

If either of you currently receive Social Security Benefits…
- You will need to know the exact amount received for each of you.

If you already have a VA claim number…
- You must furnish the VA with the claim number you have been assigned.

If either of you receive additional income…
- The source and exact amount of the benefit must be reported to the VA.

**BURIAL BENEFITS PAYABLE**

1.) A burial and funeral expense allowance may be paid for deceased veterans entitled to receive pension or compensation, or who would have been entitled to receive compensation but for the receipt of military retired pay.
2.) An interment allowance for deceased veterans may be paid if eligible for burial allowance, veterans of any war, or if discharged from active duty because of disability incurred or aggravated in the line of duty and not buried in a national cemetery.
3.) A marker allowance will be paid when a veteran’s family provides the memorial instead of utilizing the Veteran’s Administration’s issued government memorial.
4.) An American Flag to drape the casket of an eligible veteran may be provided upon request to the Veteran’s Administration Office.

IMPORTANT: If you will qualify for Social Security benefits, you should go to the Social Security office before going to the Veteran’s Administration office. Once you have all the forms and information that apply to you, call the VA office and make an appointment to file your claim.

Your Veterans Affairs Office phone number is listed in your local telephone directory under: UNITED STATES GOVERNMENT, VETERANS AFFAIRS DEPARTMENT OFFICE Toll Free Telephone Number (US Only) 1-800-827-1000
Wills

No matter what the age or financial situation, every adult should have a will. A will is a legally binding document that can prevent a great deal of problems for your survivors. If you die without a will, state law will determine who inherits your property and assets, and it is unlikely that they will be given to the persons you desire or in the proportions you would choose. Without a will, state laws and the probate judge will determine who will administer your estate, handle financial matters, and act as a guardian for your children. Through a will, you can make these choices and decisions yourself.

In making your will, you should name an executor of your estate. Because he or she will be responsible for filing with the court and carrying out the provisions of your will, the executor should be someone with whom you feel completely confident.

Upon your death, your will must be probated and your estate administered. The will is formally offered in court. The court then approves the personal representative, estate inventory is prepared and filed, and debts and taxes are recognized and paid.

The law is quite specific in its requirements with respect to the drafting, execution and witnessing of wills. Wills may be contested due to legal technicalities that may have been overlooked when prepared by someone inexperienced with the procedure. For this reason, the services of a competent attorney are recommended both in drawing up the will and in settling the estate. Some homemade or “do-it-yourself” wills lack some necessary legal requirements and are subsequently ruled invalid by the courts. In any event, it is always wise to comparatively shop for an attorney you can afford, trust and feel comfortable with.

You should review your will every few years, particularly if you have moved or if your family situation (i.e., divorce, birth of a child, death of a beneficiary, etc.) has changed since you last executed a will. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a will was executed.

In the absence of a will, the procedure is the same, except that the court, not you, makes any of the critical decisions. In addition, the process is likely to take much longer, and your estate may be subject to much higher tax rates than if you had left a will. In the meantime, your assets may be tied up for quite a while before being distributed by the court in accordance with state laws on inheritance.

Federal and state laws regarding wills and estate taxes change from time to time. Your attorney should review your will periodically to ensure that it takes maximum advantage of the changes in the law.
The Truth About Living Trust

Consumers have been bombarded by advertising for “living trusts” during the last few years. Flyers, newspaper advertisements, home solicitations, telephone salesmen, and radio spots shout trust as the cure-all for avoiding the “evils” of Probate. Prices seem to vary from $299.00 “complete” to $2,000.00 or more for a “trust package”. This article outlines common questions asked of the author by clients.

First, before answering what a living trust is, and what it does, it is useful to understand the basic issues involved in Probate and Conservatorship.

WHY DO WE HAVE PROBATE?
Probate is caused by the lack of a necessary signature. The court authorizes someone to sign on your behalf after your death. The court process of obtaining this authorization, and then transferring your estate and paying your debts is called Probate.

There are several exceptions to the requirement of probate. Property held in joint tenancy with others goes by operation of law to the surviving joint tenants. Bank accounts that “pay on death”, or the proceeds of life insurance policies pay automatically to the named beneficiaries. In each exception, note that the signature of the deceased is not required. Other exceptions to Probate include estates valued at $100,000.00 or less (but may still require a court hearing), motor vehicles and mobile homes, and any property that goes to a surviving spouse.

WHAT IS CONSERVATORSHIP?
When a person becomes mentally or physically incompetent, they can no longer sign legal documents. Conservatorship is essentially a Probate proceeding for the living. The court appoints someone to act on your behalf and sign necessary documents, pay bills, and care for you.

WHAT’S WRONG WITH PROBATE?
Most people object to the costs and delays. In Probate, fees are paid to lawyers at a fixed percentage (averaging two and one half percent), based upon the gross value of the estate. For instance, a $300,000.00 estate generates an attorney fee of $7,150.00. In fairness, this fee compares favorably with the six percent required by a real estate broker for simply selling your home. There are other costs such as court filing fees, appraisal fees, and newspaper publication fees that can add up to $1,000.00 to the overall costs. Probate typically requires between eight and fourteen months to complete.

WHAT ARE THE ADVANTAGES OF A LIVING TRUST?
A living trust (also known as a revocable trust) is simply an alternative legal method of holding title to your assets. You hold title to the trust property as “Trustee” and can do with your property as you wish during your life. But when you are no longer able to be the Trustee (due to death or incapacity), an alternate persons you have named in the trust can sign on your behalf any necessary documents to handle your financial affairs. As you can see, if properly set up and funded before your death, the living trust avoids the problems associated with lack of a necessary signature. No probate or conservatorship should be required, saving the estate time (about one year) and thousands (or even tens of thousands) of dollars. A trust also allows you to control when and for what purposes certain heirs receive their money. This is very important when a young (or spendthrift) beneficiary might receive a significant lump sum. Like a Will, your revocable trust provisions may be changed at any time or you may revoke the trust entirely. Living trusts become irrevocable after the death of the person who created it (or after the second death in a husband/wife trust). Trusts are private, whereas Probate documents are available to the public.
For more articles and advice on funeral planning, memorials and more visit http://resources.yourtribute.com

To create a free online obituary or permanent memorial website for your loved one at http://www.yourtribute.com