

PERSONAL CONFIDENTIAL FORM

The information provided in this document is to be used in the event of the death or serious injury of this individual. *(Optional form- to be secured by individual.)*

First Last Middle Initial

FUNERAL ARRANGEMENT INFORMATION

- Do you have any pre-arranged funeral plans? Yes No
If yes, with whom? _____
- Is there a funeral home preference? Yes No

Name Address Phone

- Has a cemetery plot been purchased? Yes No
If yes, Plot Number: _____ Cemetery: _____
- Is there a cemetery preference? Yes No

Name Address Phone

- Have you already purchased a casket? Yes No
If yes, where? _____
- Are there any pre-arranged cremation plans? Yes No
If yes, where do you want your ashes to be placed or disposed?

- If a church is to be used, which one? Name, address phone point of contact

Name Address Point of Contact

Please list pallbearers:

- Do you wish for your funeral to be private? Yes No
- If yes, do you wish for a separate memorial service for the department? Yes No

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- Do you wish for a visitation? Yes No
- Do you wish for a graveside service? Yes No
- Are you a military veteran? Yes No
If yes, Branch of Service _____
Service Number _____ DD214 Number _____
- Do you desire a military funeral? Yes No
- If a veteran do you desire the American Flag on your casket? Yes No
- If not a veteran, do you desire a firefighter flag? Yes No
- Do you wish to have an open casket during visitation? Yes No
- Do you wish to have an open casket during the funeral? Yes No
- What type of burial clothing? Civilian ___ Fire Uniform ___ Military Uniform ___
- Do you have pastor that you would like to officiate your service? Yes No
If so, who? _____
- Do you wish to have another person officiate at the graveside service? Yes No
If yes, please name the organization and supply contact information: _____
- Do you desire flowers? Yes No
- Do you wish money to be donated to a designated charity or organization? Yes No
If yes, who? _____
- I would like a eulogy delivered by: _____
- I would like these songs:

Sung by: _____
- I would like these poems read:

- Read by: _____

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- I would like these bible verses read:

Read by: _____

- Music at the service:

Played by: _____

- Do you have any special requests, wishes, or directions that you would like to be cared for in the event of your serious injury or death? Yes No
If yes, please note below or provide an attachment.

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Details Lead to Peace of Mind

If your wife/husband or some other person suddenly had to run your affairs, what provisions have you made to be of help to them? Would their experience be panic-stricken confusion taking countless days of needless effort to fully determine your status? If you have not considered this problem-start NOW!

The following information is provided to both help plan your affairs and to assist your survivors when you die.

Actions for Survivors

Some of the following information is based upon the assumption that the member is survived by a spouse. Some of the information can only apply if property is in joint tenancy or joint accounts.

Survivors should:

1. Discontinue use of joint checking accounts and credit cards. Open a new checking account and obtain new credit card accounts.
2. File insurance and other benefit claims as soon as possible. Insurance policies should be duplicated and given to the attorney before applying.
3. Obtain several newspapers (if articles appear on the death). Some insurance companies and other benefit opportunities will require them. Out-of-state friends may request them.
4. Contact lending institutions about all outstanding debts, contracts and/or loans. Insurance to pay the remaining debt may have been a requirement of the loan or may have been an option taken.
5. Check all affiliations of the deceased (professional, service business, fraternal, etc.). Membership in some organizations may provide insurance coverage. Some banks offer cards that entitle the holder to special bank privileges (check guarantee card, overdraft payment, etc.). Cardholders may also be eligible (automatically) for a paid life insurance policy.
6. Have your attorney carefully review previous (cancelled) life insurance policies. Some benefits may still be available.
7. Most insurance companies and other benefit availabilities required certified supporting documents. These documents carry either a raised seal or an official stamp/seal. They can be obtained from the County Recorder's Office of the county in which the event occurred.

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Be Prepared:

1. Have prepared and/or maintained a current will. Standard attorney fees range from \$50.00 and up to have a will prepared. A very inexpensive and worthwhile investment, especially in cases where both parents die leaving dependent children.
2. Maintain all of your insurance and important papers in one central location. Make sure the location is known to at least two persons.
3. Make certain you have all of your insurance policies. Some insurance companies require your beneficiary to submit the policy with the claim. If the policy has been lost or misplaced, contact the insurance company now and submit a notice of lost policy. It may take six to eight weeks of delay for your beneficiary.
4. Consider registering all property (house, cars, etc.) and banking accounts in joint tenancy (Bob and Mary Smith). This procedure allows easier transfer to the surviving party.
5. Since delays in payments of death claims are normally experienced you should have readily accessible a sum of money equivalent to at least two months net salary. Banking institutions or savings and loans may be willing to loan money on insurance policies if this recommended procedure cannot be followed. Some insurance companies are also willing to advance part of the insurance claim immediately.
6. Make sure your current insurance policies and other potential benefit plans carry the names of the beneficiaries you want to receive these benefits.
7. Obtain three certified copies of birth, marriage and divorce certificates and keep them with other important papers. Many insurance companies and other agencies or organizations providing benefits may require them and it will be easier and quicker if they have already been obtained.
8. Complete the following checklist for those items that pertain to your case, and as you do so make certain that each of your beneficiary designations are up to date. (Keep this completed form in a location known to your family). Your family and loved ones will be eternally grateful that you have been considerate enough to complete this information. You should review and revise (as necessary) this information on a regular basis.

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Important Facts That Your Family Should Know

This form provides space for you to fill in the location of personal documents, insurance policies, banks, lawyers, agents, brokers, etc. It will help you to keep your affairs in order for the benefit of you and your family.

INSURANCE INFORMATION

❖ Name of **Life Insurance** Company(s) Policy No. Amt of Insurance Beneficiary

1. _____

2. _____

3. _____

Where do you keep the policy papers? _____

Insurance agent's organization's name and address: _____

❖ Name of **Health/hospitalization Insurance** Company(s) Policy No.

1. _____

2. _____

3. _____

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address: _____

❖ Name of **Accident Insurance** Company(s) Policy No.

1. _____

2. _____

3. _____

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address: _____

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❖ Name of **Automobile Insurance** Company(s)

Policy No.

Liability Amount? _____ Collision Amount? _____

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address: _____

❖ **Disability (Income Protection) Policy**

Policy No.

Name of Insurance company and address: _____

Are you a disabled Vet? Yes No ID# _____ %Disability _____

❖ Name of **Household Insurance** Company(s)

Policy No.

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address: _____

Fire Amount _____ Theft Amount _____ Comp. Amount _____

Where do you keep your insurance papers? _____

Insurance agent's or organization's name and address: _____

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SOCIAL SECURITY INFORMATION

What is your Social Security Number? _____

Where is the card kept? _____

What proof of age do you have? _____

Where is it located? _____

BANK ACCOUNT INFORMATION

Checking Accounts Yes No

<u>Bank</u>	<u>Account Name(s)</u>	<u>Account Number</u>
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1. _____

2. _____

Savings/Loan Accounts Yes No

<u>Savings/Loan Name</u>	<u>Account Name(s)</u>	<u>Account Number</u>
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1. _____

2. _____

Where are the Savings and Loan books kept? _____

Credit Union Accounts Yes No

<u>Credit Union Name</u>	<u>Account Number</u>
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Where are the credit union account books/records kept? _____

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STOCKS AND BONDS

Do you have stocks and bonds? Yes No

Where do you keep your stocks and bonds? _____

Are purchase slips attached to them (for income tax info)? Yes No

<u>Type</u>	<u>Name on Bond</u>	<u>Amount</u>	<u>Beneficiary</u>
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1. _____

2. _____

3. _____

4. _____

Broker's name and address:

1. _____

2. _____

REAL ESTATE INFORMATION

Do you own your home? Yes No

Is there a mortgage on your home? Yes No

In whose name is the title to the home? _____

Who holds the mortgage on the home? _____

When are the principal and interest due on the mortgage? _____

Where are the deeds, mortgages, survey and title papers kept? _____

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AUTOMOBILES & BOATS

License No.

Registered to

Payment Amount/Due Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Where are the title and registration papers kept? _____

SAFETY DEPOSIT BOX

Do you have a safety deposit box? Yes No

Where

Whose name(s) is it in?

- 1. _____
- 2. _____

Who has the keys/combinations to the box(es) kept? _____

CREDIT CARDS – CHARGE PLATES

Name of Card

Account Number

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

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WHO OWES YOU AND WHOM DO YOU OWE?

Do you owe anyone money? Yes No

Are your loans secured? Yes No

	<u>Name</u>	<u>Address</u>	<u>Amount</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Does anyone owe you money? Yes No

	<u>Name</u>	<u>Address</u>	<u>Amount</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Where are copies of notes, loan agreements, and receipts?

WILL

Have you made a proper Will? Yes No

What is its date? _____

Where is this Will kept? _____

Who should be consulted? _____

Who is the Executor? _____

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ATTORNEY

Name

Address

Phone Number

- 1. _____
- 2. _____

OTHER MONETARY INFORMATION

- Do you know the status of your family credit rating? _____
- What is your retirement/pension program(s)?
 - 1. _____
 - 2. _____
- IRA? _____
- Deferred Comp? _____
- Annuity Program? _____
- Social Security? _____
- Other? _____
- Where are tax return records kept? _____

- Are there any lawsuits you are involved in either as plaintiff or defendant? Yes No
- Who is the attorney handling these actions? _____

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PERSONAL SITUATION

- What would you like done with insurance settlement money received?

1. _____

2. _____

3. _____

4. _____

- Would you care if home and/or property were sold? Yes No

- Do you have special personal effects that you would like to go to specific people?

1. _____

2. _____

3. _____

- What would you like done with general personal effects?

1. _____

2. _____

3. _____

4. _____

- What type of feelings do you have about the use or non-use of life support systems, if necessary?

- What kind of provisions should be made with your “estate” in the event your spouse remarries?

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- Do you have special wishes for your children? Special dreams? Yes No
If yes, please note below or provide an attachment.

i.e. College

Gifts

Promises

Weddings

Other

- What about books, medals, photographs?

How would you like these handled? _____

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- Do you have any other personal requests or information that you wish to state? Yes No
If yes, please note below or provide an attachment.

Dated this _____ day of _____, _____.

Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public