



**MONEY, FAITHFULNESS  
AND GENEROSITY**

**Legacy Planning Guide**

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## Personal Financial Statement

### ASSESTS (current market value)

Cash on hand/checking account	
Savings	
Stocks, Bonds, Mutual Funds	
IRA, 401K, 403B	
Coin, Jewelry	
Real Estate	
Home	
Notes Receivable	
Business Valuation	
Vehicles	
Personal property	
Pension/Retirement Plans	
Other Assets	

Total Assets:

### Liabilities (Current amount owed)

Credit Card debt	
Vehicle Loans	
Home Mortgage	
Other Real Estate Mortgage	
Personal debt	
Business loans	
Educations loans	
Medical/other bills	
Life Insurance loans	
Bank loans	
Other debt/loans	

Total Liabilities:

Net Worth (total assets minus total liabilities):



## Retirement Income Estimation/Calculator

Source of Income	Amount of Monthly Income
Company Retirement Benefits	
Savings	
Salary (Part-Time/Full-Time)	
Investments	
Real Estate	
Business Income	
Veterans Income	
Social Security	
Other:	
Other:	
Other:	

Total Monthly Income:



## Future Income upon Loss of Spouse

Following the loss of \_\_\_\_\_ the estimated monthly income for our family will be as follows:

Source of Income	Amount of Monthly Income
------------------	--------------------------

Survivor's Wage	
Social Security	
Company Retirement Benefits	
Savings and Investments	
Real Estate Income	
Life Insurance Proceeds	
Other Income	
<b>TOTAL INCOME:</b>	
Less Monthly Spending:	

Surplus or Deficit:



## Important Connections

**Clergy:**

Name:

---

Church Name:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Attorney:**

Name:

---

Law Firm:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Accountant:**

Name:

---

Accounting Firm:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## Important Connections

**Financial Advisor:**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Insurance Agent:**

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_





## Important Connections

**Stock Broker:**

Name:

---

Company Name:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Real Estate Agent:**

Name:

---

Company Name:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Other:**

Name:

---

Relationship:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## Important Connections

**Other:**

Name:

---

Relationship:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Other:**

Name:

---

Relationship:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## Important Connections

**Other:**

Name:

---

Relationship:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Other:**

Name:

---

Relationship:

---

Address:

---

City, State, Zip:

---

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## Location of Needed Information

Exhibit	Needed Information	Location
A&B	<ul style="list-style-type: none"> <li>• Safe deposit box(es) &amp; keys</li> </ul>	
C&D	<ul style="list-style-type: none"> <li>• Computer Passwords</li> </ul>	
E	<ul style="list-style-type: none"> <li>• Bank Accounts</li> </ul>	
F	<ul style="list-style-type: none"> <li>• Investments</li> </ul>	
	<ul style="list-style-type: none"> <li>• Deeds</li> </ul>	
G	<ul style="list-style-type: none"> <li>• Credit/Charge Accounts</li> </ul>	
H	<ul style="list-style-type: none"> <li>• Personal Property List</li> </ul>	
I	<ul style="list-style-type: none"> <li>• Military Service Records</li> </ul>	
	<ul style="list-style-type: none"> <li>• Social Security Card</li> </ul>	
J	<ul style="list-style-type: none"> <li>• Social Security Benefits</li> </ul>	
K	<ul style="list-style-type: none"> <li>• Company Retirement Benefits</li> </ul>	
L	<ul style="list-style-type: none"> <li>• Partnership/Business Arrangements</li> </ul>	
	<ul style="list-style-type: none"> <li>• Birth Certificates</li> </ul>	
	<ul style="list-style-type: none"> <li>• Marriage Certificates</li> </ul>	
	<ul style="list-style-type: none"> <li>• Death Certificates</li> </ul>	
	<ul style="list-style-type: none"> <li>• Divorce Decrees</li> </ul>	
	<ul style="list-style-type: none"> <li>• Wills/Trusts</li> </ul>	
	<ul style="list-style-type: none"> <li>• Power of Attorney</li> </ul>	
	<ul style="list-style-type: none"> <li>• Citizenship Papers</li> </ul>	
M	<ul style="list-style-type: none"> <li>• Vehicle Titles</li> </ul>	
N	<ul style="list-style-type: none"> <li>• Real Estate List</li> </ul>	
O	<ul style="list-style-type: none"> <li>• Insurance Policies</li> </ul>	
P	<ul style="list-style-type: none"> <li>• Taxes</li> </ul>	
	<b>OTHERS:</b>	



## Inventory of Safe-Deposit Box

Location of Safe Deposit Box: \_\_\_\_\_

Box Number: \_\_\_\_\_ Location of Keys: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Those with Authorization to Sign: \_\_\_\_\_

### Inventory

Birth Certificates	
Marriage certificate	
Wills/Trusts	
Social Security Cards:	
Investment Documents:	
Military Discharges:	
Deeds:	
Mortgages:	
Leases:	
Automobile Titles:	
Insurance Policies:	
Business Agreements:	
Divorce Decree:	
Power of Attorney:	
Other:	



## Inventory of Home Safe

Location of Safe: \_\_\_\_\_

Location of Keys or Combination: \_\_\_\_\_

### Inventory

Birth Certificates	
Marriage certificate	
Wills/Trusts	
Social Security Cards:	
Investment Documents:	
Military Discharges:	
Deeds:	
Mortgages:	
Leases:	
Automobile Titles:	
Insurance Policies:	
Business Agreements:	
Divorce Decree:	
Power of Attorney:	
Other:	



## Computer Instructions

Location of Computers:

---

---

Contact information for person(s) familiar with our computer and programs who can retrieve what is needed:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Program with  
Important Information

Name of Program Files  
Containing Information

Name of Program with Important Information	Name of Program Files Containing Information



## Computer Passwords

Computer: \_\_\_\_\_

Name of Program	Username	Password





## Bank Account List

**Account Name:**

\_\_\_\_\_

Account # \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Business \_\_\_\_\_

Other (describe): \_\_\_\_\_ Joint Account: \_\_\_\_\_

Those Authorized to Sign: \_\_\_\_\_

Location of Checkbooks: \_\_\_\_\_

**Account Name:**

\_\_\_\_\_

Account # \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Business \_\_\_\_\_

Other (describe): \_\_\_\_\_ Joint Account: \_\_\_\_\_

Those Authorized to Sign: \_\_\_\_\_

Location of Checkbooks: \_\_\_\_\_

**Account Name:**

\_\_\_\_\_

Account # \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Business \_\_\_\_\_

Other (describe): \_\_\_\_\_ Joint Account: \_\_\_\_\_

Those Authorized to Sign: \_\_\_\_\_

Location of Checkbooks: \_\_\_\_\_

**Account Name:**

\_\_\_\_\_

Account # \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Business \_\_\_\_\_

Other (describe): \_\_\_\_\_ Joint Account: \_\_\_\_\_

Those Authorized to Sign: \_\_\_\_\_

Location of Checkbooks: \_\_\_\_\_



## Investments (Stocks, Bonds, Mutual Fund, Other)

Type of Investment: \_\_\_\_\_  
Name and Description: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ Maturity Date (if applicable): \_\_\_\_\_  
Person to Contact (if applicable): \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Where Held: \_\_\_\_\_  
Other Information: \_\_\_\_\_

Type of Investment: \_\_\_\_\_  
Name and Description: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ Maturity Date (if applicable): \_\_\_\_\_  
Person to Contact (if applicable): \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Where Held: \_\_\_\_\_  
Other Information: \_\_\_\_\_

Type of Investment: \_\_\_\_\_  
Name and Description: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ Maturity Date (if applicable): \_\_\_\_\_  
Person to Contact (if applicable): \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Where Held: \_\_\_\_\_  
Other Information: \_\_\_\_\_



## Credit/Charge Accounts

Name of Account: \_\_\_\_\_ Card #: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Authorized to Use Card: \_\_\_\_\_

Location of all Cards: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Account: \_\_\_\_\_ Card #: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Authorized to Use Card: \_\_\_\_\_

Location of all Cards: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Account: \_\_\_\_\_ Card #: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Authorized to Use Card: \_\_\_\_\_

Location of all Cards: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Account: \_\_\_\_\_ Card #: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Authorized to Use Card: \_\_\_\_\_

Location of all Cards: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_



## Valuable Personal Property List

Description of Property:

\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ Appraised: Y/N

Description of Property:

\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ Appraised: Y/N

Description of Property:

\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ Appraised: Y/N

Description of Property:

\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ Appraised: Y/N

Description of Property:

\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ Appraised: Y/N

Description of Property:

\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ Appraised: Y/N

Description of Property:

\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ Appraised: Y/N

Description of Property:

\_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ Appraised: Y/N



## Military Service Record Information

Name:

---

Military Service Branch \_\_\_\_\_

Date Entered

---

Place Where Entered \_\_\_\_\_

Separation Date

---

Separation Place

---

Grade or Rank

---

Grade Rank/Rating

---

Service Serial Number \_\_\_\_\_



## Social Security

Location of Social Security Card: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Nearest Social Security Office:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

For more information visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet, contact any Social Security office or call 1-800-722-1213. You can also write to Social Security Administration, Office of Earnings Operations, P.O. Box 33026, Baltimore, MD 21290-3026

### How to File for Social Security Benefits upon the Death of a Spouse

To receive Social Security Benefits, go in person to the local Social Security office as soon as possible after your spouse's death. A delay may void some of your benefits. When you go, you will need to take with you a death certificate, your spouse's Social Security card, your birth certificate, your marriage certificate and the birth certificate for each of your children.



## Company Retirement Benefits

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Department/Contact Person: \_\_\_\_\_

Brief Description of Retirement Plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount paid monthly to beneficiary at death, if applicable: \_\_\_\_\_

Lump sum amount paid to beneficiary at death, if applicable: \_\_\_\_\_

Current value of retirement plan: \_\_\_\_\_ date \_\_\_\_\_

Benefit booklet location (if applicable) \_\_\_\_\_



## Business Arrangements Accounts Receivable

Debtor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Terms of Payment: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Location of Agreement: \_\_\_\_\_

Debtor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Terms of Payment: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Location of Agreement: \_\_\_\_\_

Debtor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Terms of Payment: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Location of Agreement: \_\_\_\_\_

Debtor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Terms of Payment: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Location of Agreement: \_\_\_\_\_





## Vehicle Title List

Registered Owner(s): \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Lic.No/State: \_\_\_\_\_ VIN #: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_

Lien Holder: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Lic.No/State: \_\_\_\_\_ VIN #: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_

Lien Holder: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Lic.No/State: \_\_\_\_\_ VIN #: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_

Lien Holder: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Lic.No/State: \_\_\_\_\_ VIN #: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_

Lien Holder: \_\_\_\_\_



## Real Estate List

Property Address:

\_\_\_\_\_

Name(s) on Deed:

\_\_\_\_\_

Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Location of Deed: \_\_\_\_\_

Value of: Land \_\_\_\_\_ Building \_\_\_\_\_ Total \_\_\_\_\_

Taxes/Assessments Due: \_\_\_\_\_ Due Date: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

If Fully Paid - Mortgage Satisfaction Location \_\_\_\_\_

Lease/Rental Agreement Location: \_\_\_\_\_

Terms of Lease/Rental:

\_\_\_\_\_

Property Address:

\_\_\_\_\_

Name(s) on Deed:

\_\_\_\_\_

Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Location of Deed: \_\_\_\_\_

Value of: Land \_\_\_\_\_ Building \_\_\_\_\_ Total \_\_\_\_\_

Taxes/Assessments Due: \_\_\_\_\_ Due Date: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

If Fully Paid - Mortgage Satisfaction Location \_\_\_\_\_

Lease/Rental Agreement Location: \_\_\_\_\_

Terms of Lease/Rental:

\_\_\_\_\_



## Insurance Policies

**LIFE INSURANCE:**

Insurance Company: \_\_\_\_\_ Person Insured: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_  
Value: \_\_\_\_\_ Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_

**LIFE INSURANCE:**

Insurance Company: \_\_\_\_\_ Person Insured: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_  
Value: \_\_\_\_\_ Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_

**LIFE INSURANCE:**

Insurance Company: \_\_\_\_\_ Person Insured: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_  
Value: \_\_\_\_\_ Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_



**LIABILITY INSURANCE:**

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Person(s) Covered: \_\_\_\_\_

Coverage: \_\_\_\_\_

Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_

**AUTOMOBILE INSURANCE:**

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Property Covered: \_\_\_\_\_

Coverage: \_\_\_\_\_

Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_

**AUTOMOBILE INSURANCE:**

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Property Covered: \_\_\_\_\_

Coverage: \_\_\_\_\_

Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_

**HOME INSURANCE:**

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Property Covered: \_\_\_\_\_

Coverage: \_\_\_\_\_

Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_



**HEALTH INSURANCE:**

Insurance Company: \_\_\_\_\_ Person Insured \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Person Covered: \_\_\_\_\_

Coverage: \_\_\_\_\_

Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_

**DISABILITY INSURANCE:**

Insurance Company: \_\_\_\_\_ Person Insured \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Person Covered: \_\_\_\_\_

Coverage: \_\_\_\_\_

Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_

**OTHER:**

Insurance Company: \_\_\_\_\_ Person Insured \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Person Covered: \_\_\_\_\_

Coverage: \_\_\_\_\_

Premium Due Date: \_\_\_\_\_ Premium Payment: \_\_\_\_\_



## Insurance Policies/Work Related

Name of Company Where I Work: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Department to Contact: \_\_\_\_\_

### LIFE INSURANCE:

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \_\_\_\_\_ Accidental Death Amount: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Policy #: \_\_\_\_\_

### HEALTH INSURANCE:

Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### DENTAL INSURANCE:

Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### VISION INSURANCE:

Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### \_\_\_\_\_ INSURANCE:

Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy #: \_\_\_\_\_

Contact Person: \_\_\_\_\_



## Tax and Estate Planning Documents

### Tax Returns and Forms

Tax Year	Form/Description	Location

### Estate Planning Documents

Form/Description	Location



## Funeral Arrangement Instructions

Wishes of: \_\_\_\_\_

Cemetery Burial Desired Location \_\_\_\_\_

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Section #: \_\_\_\_\_

Funeral Home:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Arrangements already made: \_\_\_\_\_

\_\_\_\_\_

Viewing: Opening Casket/ Closed Casket/Cremation

If Cremated: Desire for Ashes: \_\_\_\_\_

Type of Casket:

\_\_\_\_\_

Pall Bearers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_





Location of Service:

Name of Church or Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Minister: \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Musical Requests:

\_\_\_\_\_

Biblical Passages:

\_\_\_\_\_

Clothing Requests: \_\_\_\_\_

Flowers: Yes/No

In lieu of flowers, please make contributions to the following organizations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Donor Information: I do/do not wish to make an anatomical gift, to take effect upon my death.

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Funeral Planning Personal Information**

Funeral Planning of Personal Information For

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Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City of Residence \_\_\_\_\_

County of Residence \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country of Residence \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_ Last Birthday \_\_\_\_\_

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

Birth Place \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

U.S. Citizen YES NO

Naturalization Number \_\_\_\_\_

Marital Status Spouse  
(maiden name) \_\_\_\_\_

Ancestry Race \_\_\_\_\_

## Funeral Planning Personal Information

Father's Full Name \_\_\_\_\_

Father's Birth Place \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Birth Place \_\_\_\_\_

Education Highest Level \_\_\_\_\_

College  
(name & dates) \_\_\_\_\_

High. School  
(name/dates) \_\_\_\_\_

Grade School  
(name/dates) \_\_\_\_\_

**My Children** Address & Phone Numbers

## **Funeral Planning Personal Information**

**People To Notify** Address & Phone Numbers

## **Funeral Planning Personal Information**

### **Organizations I Want Notified** Phone Numbers