



*These are My Wishes
to be Remembered.....*

MY PLANNING GUIDE

PERSONAL HISTORY

This Portfolio has been designed to guide you, your family members or friends through the funeral planning process. By recording Vital Statistics and Person Information now, you will now that you have eased the burdens for those you care for when the time arrives for these instructions to be carried through.

This Planning Guide is a valuable document that will help guide your loved ones through the arrangements you have made, giving you peace of mind that your wishes have been fulfilled. Place this guide in a safe place and make sure family members or friends know of its location. If you have any questions regarding any aspect of funeral arranging, please do not hesitate to telephone your funeral planner.

VITAL STATISTICS

Date _____

Name _____
First Middle Maiden Name Last

Address _____

City County State Zip
Sex: Male Female Home Phone: _____ Other Phone: _____

Social Security Number: _____ Race: _____

Place of Birth: _____
City County State Zip

Date of Birth: _____ Age: _____

In city since: _____ Moved from: _____ Year: _____

Marital Status: Married Place: _____ Date: _____ Never Married Widowed Divorced

Name of Spouse/Partner: (Maiden name, if applicable) _____

Father's Name: _____ Father's Birth Place: _____
First Middle Last

Mother's Maiden: _____ Mother's Birth Place: _____
First Middle Last

Usual Occupation: _____ Type of Business or Industry: _____

Employer: _____ Years in Occupation: _____

Education (highest grade): Elementary/Secondary _____ College: _____
0-12 1-4 or 5+

School(s) attended/Degree(s) earned: _____

Church, Lodges, Memberships: _____

Hobbies: _____

ARMED FORCES

Branch of Service: _____ Service Number: _____

Date Entered: _____ Place of Entry: _____

Type of Separation or Discharge of Service: _____ Date: _____

Place of Discharge: _____

Location of Military Discharge Papers (DD214): _____

Highest Grade, Rank or Rating Received: _____

Wars/Conflicts Served: _____

Additional Information/Medals/Honors/Citations: _____

CHILDREN, RELATIVES, FRIENDS

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Number of Grandchildren _____ Number of Great Grandchildren _____

TO BE NOTIFIED

This is the list of your close friends in case your family can use their assistance

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Other Phone _____

IMPORTANT INFORMATION FOR YOUR FAMILY'S USE

Do you have a will or living trust? Yes No Attorney who wrote document? _____

Executor of Estate: _____

Do you have a living will? Yes No Location: _____

Important papers are located at: _____

MEMORIAL INSTRUCTIONS

Funeral Home: _____ Phone: _____

Church Preference: _____ Phone: _____

Officiant: _____ Phone: _____

Disposition Preference: Burial Mausoleum Entombment Cremation

Memorial Service to be held at: Funeral Home Church Graveside Other: _____

Visitation/Friends Calling: Yes No Casket: Open Closed

Participating fraternal, military or service organizations: _____

Obituary: Yes No Photo Newspapers: _____

Pallbearers: _____

Flowers (describe): _____

Favorite Religious Passages, quotations, poems: _____

Favorite musical selections: _____

Specific requests to be performed at service: _____

Contributions (Name of charity): _____

Flag (If Veteran): Folded Draped Given to: _____

Specific Clothing (describe): _____

Glasses to be worn: Yes No After reviewing, removed and given to: _____

Jewelry to be worn: Yes No After viewing, removed and given to: _____

Specific jewelry (describe) _____

CEMETERY INSTRUCTIONS

Cemetery property owned: Yes No Cemetery: _____

Address: _____

City: _____ State: _____ Phone: _____

Location: Section/Garden: _____ Lot: _____ Space: _____ Marker Owned: Yes No

Cremation memorialization: Niche Burial Other: _____

Additional instructions: _____

For the purpose of assisting my family in making funeral and burial arrangements in the event of need, the preceding information represents my personal wishes and desires.

Signature: _____ Date: _____

Funeral Planning Professional: _____

FUNERAL ESTIMATE SHEET

I understand that this Estimate Sheet does not represent items bought or sold and is not a contract to do so. These figures represent only an estimate of the costs of my funeral preferences at today's prices.

Name _____ Signature: _____ Date: _____

SECTION I - SERVICES

Funeral Package, describe: _____ \$ _____

For details please refer to General Price List

ITEMIZED SERVICES

Basic Service of Funeral and staff	\$ _____	Use of equipment and staff for ceremony	\$ _____
Transfer of deceased to funeral home		Funeral Coach	\$ _____
_____ Miles @ \$ _____ per mile	\$ _____	Family Car no. _____ @ \$ _____ ea	\$ _____
Embalming	\$ _____	Other, please specify	\$ _____
Other preparation of body	\$ _____	_____	\$ _____
Use of facilities and staff for viewing		_____	\$ _____
_____ Days @ \$ _____	\$ _____		
Use of facilities and staff for ceremony	\$ _____	SUBTOTAL - SECTION I	\$ _____

SECTION II - MERCHANDISE

CASKET

\$ _____

Name _____

Description _____

Interior fabric and color _____

Exterior material and color _____

Gauge weight (where applicable) _____

OUTER BURIAL CONTAINER \$ _____

Name _____

Description _____

OTHER MERCHANDISE

Alternative Container _____ \$ _____

Urn _____ \$ _____

Marker _____ \$ _____

Memorial Package _____ \$ _____

_____ \$ _____

_____ \$ _____

SUBTOTAL - SECTION II \$ _____

SECTION III - MISC. ITEMS

Memorial Package \$ _____

Obituary notices \$ _____

Death Certificates

 _____ copies @ \$ _____ per ea copy \$ _____

Flowers \$ _____

Clergy honorarium \$ _____

Musician honorarium \$ _____

Reception \$ _____

Grave opening and closing \$ _____

Setting Fees \$ _____

Sales Tax \$ _____

Other _____ \$ _____

SUBTOTAL - SECTION III \$ _____

SUBTOTAL - SECTIONS I & II \$ _____

TOTAL - SECTIONS I, II & III \$ _____

PAYMENT OPTIONS:

PAYMENT PLAN OPTIONS

Single Premium \$ _____

One-Year \$ _____ per month

Three Year \$ _____ per month

Five Year \$ _____ per month

Ten Year \$ _____ per month

IMPORTANT INFORMATION

SOCIAL SECURITY

If you are working and paying into Social Security, some of the Social Security taxes you pay are applied toward survivor benefits. The amount of these benefits will be determined by Social Security.

For answers to your specific questions, contact the nearest Social Security office or call (800) 772-1213 between the hours of 7 a.m. and 7 p.m. weekdays. Informative publications are available at your local office or on the Internet at www.ssa.gov

To file a claim, call (800) 777-1213 between the hours of 7 a.m. and 7 p.m. weekdays. The operator will need to know the deceased person's social security number, date of death and survivor's information. TDD users can call (800) 325-0078.

VETERANS ADMINISTRATION

If you are an honorably discharged veteran, your survivors may be eligible for a wide range of benefits. Information on a wide variety of topics may be obtained by calling (800) 827-1000 or on the Internet at www.va.gov. For specific information about your benefits, have your VA number available for the benefits counselor when you call.

Some of the benefits currently available to survivors of honorably discharged veterans include a byurial flag, presidential memorial certificate, headstone or marker for the grave or niche of the veteran, and, in some cases, burial allowances. For specific questions regarding eligibility and options, contact the Veterans Administration at the number given above.

FEDERAL EMPLOYEES

Survivors of employees of the federal government may be eligible for a wide range of benefits including group life insurance, annuities and health insurance continuation. For answers to specific questions, you can contact the office of Personnel Management at (888) 767-6738 or visit their website at www.opm.gov

WILL

A document in which you specify what is to be done with your property when you die and name your executor, or personal representative. You can also use your will to name a guardian for your young children. Will must be handled through a process known as "probate".

PROBATE

Simply stated, probate is the court process following a person's death that includes:

- ◆ proving the authenticity of the deceased
- ◆ appointing someone to handle the deceased person's affairs
- ◆ identifying and inventorying the deceased person's property
- ◆ paying debts and taxes
- ◆ identifying heirs, and
- ◆ distributing the deceased person's property according to the will or, if there is no will, according to state law

LIVING TRUSTS

A trust you can set up during your life. Living trusts are an excellent way to avoid the cost and hassle of probate because the property you transfer into the trust during your life passes directly to the trust beneficiaries after you die. The successor trustee – the person you appoint to handle the trust after your death – simply transfers ownership to the beneficiaries you named in the trust.

POWER OF ATTORNEY

A document that gives another person legal authority to act on your behalf. If you create such a document, you are called the principal, and the person to whom you give this authority is called your attorney-in-fact. If you make a durable power of attorney, the document will continue in effect even if you become incapacitated.

LIVING WILL

A legal document in which you state your wishes about certain kinds of medical treatments and life-prolonging procedures. The document takes effect if you can't communicate your own healthcare decisions. A Living Will may also be called a healthcare directive, advance directive or directive to physicians. Laws vary from state to state. Check with your state authorities for specific laws related to living wills.

LIFE INSURANCE

A contract in which an insurance company agrees to pay money to a designated beneficiary upon the death of the policyholder. In exchange, the policy holder pays a regularly scheduled fee, known as insurance premiums. The purpose of life insurance is to provide financial support to those who survive the policyholder, such as family members or business partners. When the policyholder dies, the insurance proceeds pass to the beneficiaries free of probate, though they may be counted for federal estate tax purposes.

FUNERAL SERVICE

Whether you choose to be buried in a casket or cremated, the funeral service itself is the first step in overcoming the grief of the loved ones left behind. Although an immediate cremation without any form of gathering or service is an option, it ignores the need of your survivors for closure. And a funeral brings together friends and relatives in mutual support at a time when it is most needed. The ritual can be as meaningful as a baptism or wedding, helping loved ones to move ahead with their lives following a loss.

Due to the many details and decisions that must be made when a death occurs, these arrangements are usually more satisfying when made in advance. For example, you may dislike the idea of a viewing but can probably recognize there is value in a gathering for close friends and relatives. You can plan where your funeral will be held and the style of the ceremony. You may prefer for friends and family to gather informally and share their feelings and memories. Favorite music selections can be identified and photographs are sometimes a very important part of the event.

Some circumstances are handled best by a memorial service. The only difference between a funeral and a memorial service is that the body of the deceased is not present, possibly because the body was buried at another site or was cremated.

Final arrangements for yourself or a loved one involve some of the most personal decisions you will make. The only thing that matters is that you and your family are pleased with your decisions. For questions you may have a consult with your funeral director or funeral planning professional.

PRE-ARRANGED FUNERAL PLAN

A contract in which a funeral establishment agrees to provide merchandise and services upon the death of the contract beneficiary. This plan is funded using a life insurance policy specifically designed to keep pace with inflation and is part of the contract. The plan provides not only the funding for the funeral, but allows individuals the opportunity to specify their own wishes for the funeral ceremony and merchandise. Those who have chosen to pre-arrange their funeral have expressed a deep sense of satisfaction knowing that they have relieved their family of the task of making emotional decisions at a difficult time.

THINGS TO REMEMBER

- ◆ When someone dies you should contact us immediately. We will assist in making all arrangements.
- ◆ If someone dies away from home – in another city, state or country – call us immediately. We will coordinate arrangements with a local funeral home on your behalf.

