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? If your spouse/partner dies?
• 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 simultaneous death of the parents?

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 both you and your spouse/partner have valid wills, 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.
Location of Important Papers

Adoption certificates___________________________________________________________
Annuities____________________________________________________________________
Bank book, check book_________________________________________________________
Bank monthly statements _______________________________________________________
Birth certificates ______________________________________________________________
Bonds ______________________________________________________________________
Business agreements or contracts _________________________________________________
Cancelled checks
Certificates of deposit___________________________________________________________
Credit cards __________________________________________________________________
Death certificates _____________________________________________________________
Divorce Documentation ___________________________________________________________
Drivers Licenses _________________________________________________________________
Federal and State Income Tax Returns_____________________________________________
Fraternal and trade societies with benefits provided_________________________________
Household financial records _____________________________________________________
Insurance policies _______________________________________________________________
List of people to whom you owe money, and terms______________________________
List of people who owe money to you, with notes ________________________________
Location of safes and combinations ______________________________________________
Marriage certificates ___________________________________________________________
Medical records ________________________________________________________________
Military service records, including serial number _________________________________
Mutual funds __________________________________________________________________
Medical records _______________________________________________________________
Notes Payables/ Receivables_____________________________________________________
Other investment statements_____________________________________________________
Passports ____________________________________________________________________
Pension, profit sharing, or other retirement, or death benefits _______________________

4
Location of Important Papers (continued)

Real estate deeds, copy of mortgages

Social Security Cards

Software passwords, codes

Stock, Bonds and Securities certificates

V.A. claim number

Vehicle registrations and title

Veteran’s Discharge certificate

W-2 / Earnings Records

Other

________________________________________________________

________________________________________________________

________________________________________________________
Family Records and Information

About the Family

My Name: ___________________________________________________________________

Place and Date of Birth: ________________________________________________________

Spouse’s Name: ______________________________________________________________

Place and Date of Birth: ________________________________________________________

Children (full name, place and date of birth):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Other Family (full name, place and date of birth):

____________________________________________________________________________

Family Records Location

Medical Records ______________________________________________________________

Marriage Certificates __________________________________________________________

Other Important Family Records _________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

* For simplicity, the term “spouse” will be used throughout the remainder of the text.
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 & Life/long-term care insurance policies:

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Policy #</th>
<th>Owner</th>
<th>Face Value</th>
<th>Beneficiary</th>
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</thead>
<tbody>
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</table>

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

Other Family Members:

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<thead>
<tr>
<th>Insurance Company</th>
<th>Policy #</th>
<th>Face Value</th>
<th>Beneficiary</th>
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**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 _________________________________________________________

________________________________________________________
Insurance and Annuities (continued)

Other Government sources

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

- Railroad Retirement
- Civil Service
- Active military of veterans’ service-connected death
- Veterans’ non-service-connected death
- Benefits because of my employment by state of 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:

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<thead>
<tr>
<th>Organization</th>
<th>Type of Benefit</th>
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The papers needed to apply for such benefits are located at______________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Insurance and Annuities (continued)

**Health Insurance**

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

<table>
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<tr>
<th>Insured</th>
<th>Insurance Co.</th>
<th>Policy No.</th>
<th>Type of Insurance</th>
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</table>

**Annuities**

We have the following annuities:

<table>
<thead>
<tr>
<th>Insurance Co.</th>
<th>Policy No.</th>
<th>Annuitant</th>
<th>Beneficiary</th>
</tr>
</thead>
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</tbody>
</table>

**Property/casualty insurance**

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

<table>
<thead>
<tr>
<th>Insurance Co.</th>
<th>Policy No.</th>
<th>Type of Insurance</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Policies for all insurance converges and annuities are located__________________________
Benefits Available Upon My Death

Available Death Benefits, Present Employer

My employer is (name, address, telephone number): ______________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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 (survivors benefits)
- Profit-sharing plan (survivors 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: ______________________________________
________________________________________________________________________________
________________________________________________________________________________
Benefits Available Upon My Spouse’s Death

Available Death Benefits, Present Employer

My employer is (name, address, telephone number):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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 (survivors benefits)
☐ Profit-sharing plan (survivors 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 spouse, ex-spouse, and/or children a monthly benefit of $______________

My Social Security number: _______________________________________________________
Spouses’ Social Security number: ________________________________________________
Children’s Social Security numbers:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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: ___________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

During the period immediately following my spouse’s death, the best sources for me to obtain cash to meet the additional expenses are as follows: ________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Care of Dependent Children
In the event my spouse and I both die while our children are young, the following arrangements have been made on their behalf (give name, relationship, address, and telephone number 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 my spouse and I would hope that the following arrangements could be made: ________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Trusts and Real Estate Information

**Trust(s) that I Have Set Up:** ________________________________________________
____________________________________________________________________________
The bank, trust company, or other fiduciary: ________________________________________
Trust officer: _________________________________________________________________
Telephone number: ____________________________________________________________
The trust is:
  □ Funded
  □ Unfunded

**Trust(s) My Spouse Has Set Up:** ______________________________________________
____________________________________________________________________________
____________________________________________________________________________
The bank, trust company, or other fiduciary: ________________________________________
Trust officer: _________________________________________________________________
Telephone number: ____________________________________________________________
The trust is:
  □ Funded
  □ Unfunded

**Real Estate Owned**

Home address:________________________________________________________________
It is owned:
  □ Jointly by _______________________________________________________________
  □ Singly by _______________________________________________________________
Mortgagor: __________________________________________________________________
Telephone number ____________________________________________________________
Location of mortgage or deed: _________________________________________________
We 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)

<table>
<thead>
<tr>
<th>Certificates of Deposit</th>
<th>Account #</th>
<th>Joint/Ind. Owner</th>
<th>Name &amp; Location</th>
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<tbody>
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Location of passbooks, checkbooks, cancelled checks, and statements

|                        |           |                  |                |
|                        |           |                  |                |
|                        |           |                  |                |

## Stocks, Bonds, and Securities Portfolio

<table>
<thead>
<tr>
<th>Stocks, bonds, securities</th>
<th>Records located</th>
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<tbody>
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<thead>
<tr>
<th>Mutual Fund Companies</th>
<th>Records located</th>
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<thead>
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<th>Money Market account(s)</th>
<th>Records located</th>
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## Additional Financial Information

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<th>Major debts (other than first mortgages and revolving charge accounts):</th>
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<th>Money owed to us:</th>
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<th>Location of notes payable and receivable:</th>
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<th>Other Information:</th>
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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)_______________________________________________________________
____________________________________________________________________________
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
My Personal Effects

At the discretion of my executor or next of kin, I suggest that the distribution of my personal effects (not covered in my will) be as follows (what it is and who is to receive it):

<table>
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<tr>
<th>Item(s)</th>
<th>Person to receive</th>
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</table>
**Spouse’s Personal Effects (if different)**

At the discretion of my executor or next of kin, I suggest that the distribution of my personal effects (not covered in my will) be as follows (what it is and who is to receive it):

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<th>Item(s)</th>
<th>Person to receive</th>
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</table>
Funeral and Burial Preferences
(Husband)

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: ______________________________________________________________
Internment 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
Funeral and Burial Preferences  
(Wife)

**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:________________________________________________________________________________
Internment 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: ________________________________________________________________________________________________________________________________________________________________________

My obituary should be sent to the following newspapers: ______________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This biographical information will be of help in preparing an obituary news story about my spouse:______________________________________________________________________
____________________________________________________________________________
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My spouse’s obituary should be sent to the following newspapers:_______________________
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<th>Name:</th>
<th>Relationship:</th>
<th>Address:</th>
<th>Telephone:</th>
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People to Contact

(Wife)

Name: __________________________________________________________
Relationship: ______________________________________________________
Address: __________________________________________________________
Telephone: _________________________________________________________

Name: __________________________________________________________
Relationship: ______________________________________________________
Address: __________________________________________________________
Telephone: _________________________________________________________

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Telephone: _________________________________________________________

Name: __________________________________________________________
Relationship: ______________________________________________________
Address: __________________________________________________________
Telephone: _________________________________________________________
Additional Instructions and Information

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

Date completed and/or updated: __________________________________________________

My Signature_________________________________________________________________

My Spouse’s 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)