

PERSONAL ESTATE PLANNING CHECKLIST

Confidential information Contained Within

Completion of the Following Will:

- Not Supersede or Replace any Wills or Trust Documents. This is not a Legal Document
- Need to be Conveyed to Your Loved ones or kept accessible.
- Potentially Allow for Continuance of Customs or Traditions Important to You

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Method of Interment

Please choose from one of the following options:

- ☐ Cemetery Burial
- ☐ Mausoleum Entombment
- ☐ Cremation
- ☐ Donation to Medical Science
- ☐ Other Interment Type: _____

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Customs and Traditions

In review of the list below, please select one of the following that best describes the "custom" or "tradition" in which you would like your funeral services conducted. As your loved ones move through the process of carrying out your wishes, they can refer to the specific customs or traditions of what you would like below as a reference:

- | | | |
|----------------------------------------------------|------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Christian Customs | <input type="radio"/> Christian Overview | <input type="radio"/> Assemblies of God |
| <input type="radio"/> Baptist | <input type="radio"/> Catholic | <input type="radio"/> Christian Orthodox |
| <input type="radio"/> Christian Scientist | <input type="radio"/> Church of Christ | <input type="radio"/> Church of God |
| <input type="radio"/> Episcopal | <input type="radio"/> Greek Orthodox | <input type="radio"/> Jehovah's Witness |
| <input type="radio"/> Lutheran | <input type="radio"/> Mennonite | <input type="radio"/> Methodist |
| <input type="radio"/> Moravian | <input type="radio"/> Mormon | <input type="radio"/> Pentecostal |
| <input type="radio"/> Presbyterian | <input type="radio"/> Salvation Army | <input type="radio"/> United Church of Christ |
| <input type="radio"/> Baha'i | <input type="radio"/> Buddhist | <input type="radio"/> Hindu |
| <input type="radio"/> Islam | <input type="radio"/> Jewish | <input type="radio"/> Quaker |
| <input type="radio"/> Unitarian Universalist | <input type="radio"/> Ethnic Customs | <input type="radio"/> African American |
| <input type="radio"/> Chinese | <input type="radio"/> Greek | <input type="radio"/> Hmong |
| <input type="radio"/> Italian | <input type="radio"/> Mexican American | <input type="radio"/> Native American |
| <input type="radio"/> Samoan | <input type="radio"/> Seminole Indian | |
| <input type="radio"/> Other As Defined Here: _____ | | |

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Ceremony Details

You may want or feel the need for your loved ones, to conduct certain ceremonial services after your passing. If so, what ceremonies would you like held?

- ☐ Will there be a traditional funeral with the casket present?
- ☐ A memorial service without the presence of the casket?
- ☐ An open casket at the ceremony?
- ☐ Wake or Celebration of Life in Addition to Traditional Ceremonies?
- ☐ No ceremonies at all.
- ☐ Left to the discretion of: _____

SAMPLE RESOURCE

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Ceremony Details

If you would like ceremonies held, please provide details as to specific requests here.

Location where you would prefer the ceremonies be held?

Name of specific funeral home you have arrangements at or prefer?

- At a place of worship? _____
- At the graveside? _____
- Will the deceased be embalmed? ☐ Yes ☐ No
- Should a DNA sample be taken? ☐ Yes ☐ No
- Who will participate in the funeral ceremonies?

- Name of desired clergy? _____
- Names of requested Pallbearers (4 to 6 people)?
 - (i) _____ (ii) _____
 - (iii) _____ (iv) _____
 - (v) _____ (vi) _____
- Speakers?
 - (i) _____
 - (ii) _____
- Musicians or vocalists? _____
- Will the ceremonies feature certain music, readings, or tributes?
 - Biblical Chapter and Verse: _____ ◦ Hymns: _____
 - Biblical Chapter and Verse: _____ ◦ Hymns: _____
 - Other: _____ ◦ Songs: _____
 - Other: _____ ◦ Songs: _____
- Will there be a procession to the cemetery? ☐ Yes ☐ No
- Will the deceased be transported in a hearse? ☐ Yes ☐ No
- Will family travel in a limousine? ☐ Yes ☐ No

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Burial Products

Please select, in accordance with your interment choices, which of the following (may be more than one) you would like:

- | | | |
|----------------------------------------------------|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Traditional Casket | <input type="checkbox"/> Nontraditional Casket | <input type="checkbox"/> Urn |
| <input type="checkbox"/> Burial Vault | <input type="checkbox"/> Cryogenic Chamber | <input type="checkbox"/> Carbon Keepsake |
| <input type="checkbox"/> Tombstone. Wording: _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Funeral products such as caskets, burial vaults and urns can be purchased from a Funeral home.

Information on "Third Party" Funeral Services Information: Who Does What?

Various products and services are typically provided by parties other than your primary funeral service provider. For your convenience, most Funeral Directors will arrange these items for you and include the total cost in their billing statement, usually found on the statement in the section labeled "Cash Advances".

Examples of third party services and products are:

- Honorariums/fees for the services of clergy.
- Honorariums/fees to religious organizations for use of their sanctuaries for funeral services.
- Fees for the services of musicians and vocalists.
- Floral arrangements.
- Clothing for the deceased.
- Food and beverages for luncheons and other receptions.
- Newspaper obituaries.
- Internet memorials.
- Certified copies of death certificates.
- Last Words - Your Obituary.

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Obituary

Only funeral homes can submit an Obituary to a Newspaper for publication. Most ask that you keep your wording to under 140 characters. However, more can be added for a fee. Please use the following for my obituary:

- ☐ I would like someone else to write my obituary.
- ☐ I would like this specific person to write my obituary. _____
- ☐ I would not like an obituary.
- ☐ I would like to use this photograph for my obituary picture.
- ☐ I would not like a photograph used for my obituary.

Place
photo
here
if desired

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Professional Contacts

Information on "Third Party" Professionals:

Name of Financial Advisor: _____ Ph: _____
 Name of Estate Attorney: _____ Ph: _____
 Name of general Physician: _____ Ph: _____
 Name of CPA or Accountant: _____ Ph: _____
 Name of: _____ Ph: _____
 Notes: _____

Information Regarding Beneficiaries

	Yes	No	Appointed Agent	Location of Document
Power of Attorney?	<input type="radio"/>	<input type="radio"/>	_____	_____
Durable	<input type="radio"/>	<input type="radio"/>	_____	_____
Advanced Health Care Directive	<input type="radio"/>	<input type="radio"/>	_____	_____
Last Will and Testament	<input type="radio"/>	<input type="radio"/>	_____	_____
Trust (if applicable)	<input type="radio"/>	<input type="radio"/>	_____	_____

Information Regarding Beneficiaries

Bank Account	Has Transfer on Death Established?	Bank Account	Has Transfer on Death Established?
_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No

Investment Account	Has Primary Beneficiaries	Contingent
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Life Insurance With	Has Primary Beneficiaries	Contingent
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Pension With	Has Beneficiary
_____	<input type="radio"/> Yes <input type="radio"/> No

Other	Has Primary Beneficiaries	Contingent
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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