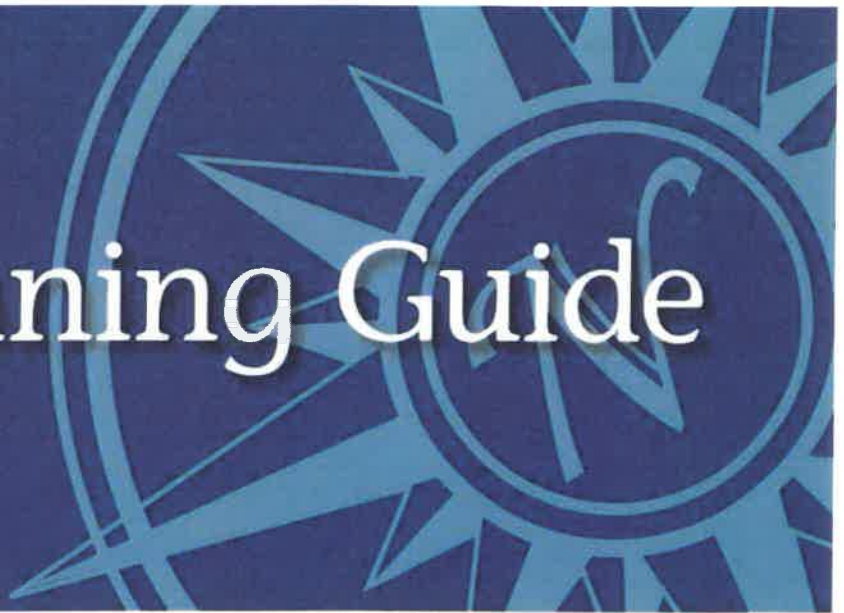




Preplanning Guide



My Dear Loved Ones



What I want you to know...

... Is that I'm still with you. As I sign this message, I envision the day you are forced to read these words in my absence. My wish would be never to leave you, but that is not the way it is meant to be.

This planner is a record of my wishes. I thoughtfully made each selection in this plan one at a time. In this way, I desire to spare you from countless, unfamiliar decisions at a difficult and stressful time. I love you very much. Please accept this plan as a final gift to you, which hopefully represents the best of memories we have shared together.

My greatest wish is to be there, right now, to comfort you like so many times in the past. May the warmth of my touch be replaced with the warmth of these heartfelt words. Take comfort in the knowledge that every decision made here is one that you will not have to make. I know that at a time like this your chief concern is to carry out my wishes and do what I would want. There's no need for you to wonder or be concerned. My wishes are clearly recorded here.

All you need to do is take this planner to my provider and let these wishes embrace you like the arms that held you so often in the past. When this event has passed, I ask you to get on with your lives and remember our best of times together. Finally my loved ones, live well, and know that I am always with you.

Love,



Three meaningful but often ignored questions.

1. Why is it important to **PLAN AHEAD** for the inevitable and **record my wishes** in advance?
2. In **PLANNING AHEAD**, what information should I collect to create **my personal profile**?
3. What decisions are necessary to **clearly communicate MY WISHES** to family and loved ones?

1 Why is it important to plan ahead for the inevitable and record my wishes in advance?

- Clear Road Map
- Confidence and Assurance
- Wishes Honored



If a close loved one passed away last night and you are responsible for the arrangements, what would you be doing today?

Over
100 DECISIONS and
INFORMATION REQUIREMENTS
must be handled
immediately.



2 In planning ahead, what information should I collect to create my personal profile?

What You Need to Know and Do

Table of Contents	Page
Vital Statistics	8
Summary of Important Contacts	9
Military Service	10
Veterans Benefits	10
Social Security Information	10
Will Information	11
Living Will	11
Financial Accounts	12
Banks	12
Savings and Loans	12
Credit Unions	12
Safe Deposit Box	12
Credit Cards	13
Life Insurance	13
Accidental Death Insurance	13
Real Estate	14
Portfolio Assets	14
Investment Companies	15
Bequests and Personal Items	15
Medical History	16
Life Celebration Service Information	17
Memorialization Information	19
Family and Relatives	20
Others to be Notified	21
Organizations	21
Biographical Sketch	22
"My Warm Memories"	23





Vital Statistics



Name: _____
First Middle Last

Address: _____
Street City Country State Zip

Sex: Male Female Residence Phone: _____

Race (*White, Black, American Indian, Asian, etc.*): _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Place of Birth: _____
City County State Country

Marital Status: Married _____ Never Married Widowed Divorced
Date

Name of Surviving Spouse: _____
(Maiden name if wife)

Usual Occupation: _____ Type of Business/Industry: _____

Employer: _____

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

Degree(s): _____

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

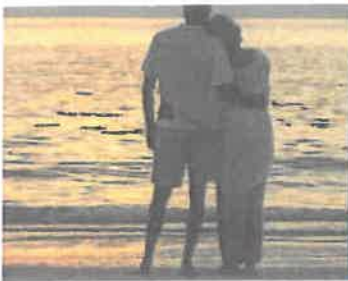
Mother's Maiden Name: _____ Place of Birth: _____
First Middle Last

PERSON COMPLETING ARRANGEMENTS

Name: _____ Relationship: _____

Address: _____ Phone: _____
Street City State ZIP





Summary of Important Contacts



Name

Phone

Legal Representative of Estate	_____	_____
Immediate Family Member	_____	_____
Immediate Family Member	_____	_____
Immediate Family Member	_____	_____
Funeral Director	_____	_____
Cemetery	_____	_____
Doctor	_____	_____
Employer	_____	_____
Insurance Agent	_____	_____
Attorney	_____	_____
Banker	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____



Military Service and Social Security Information

Branch of Service: _____ Serial Number: _____
Date Entered Service: _____ Place: _____
Type of Separation or Discharge of Service: _____ Date: _____
Place of Separation: _____
Location of Military Discharge Papers (DD214): _____
Highest Grade, Rank or Rating Received: _____
Wars / Conflicts Served: _____
Additional Information / Medals / Honors / Citations: _____

VETERANS BURIAL BENEFITS

Burial benefits available for veterans buried in a private cemetery include a Government headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Some veterans may also be eligible for Burial Allowances.

BURIAL ALLOWANCE

A VA burial allowance is a partial reimbursement of an eligible veteran's burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance.

In a Nonservice-Related Death, the VA will pay up to \$300 toward burial and funeral expenses. The plot-interment allowance is \$300 for deaths on or after December 1, 2001.

HEADSTONE AND MARKER BENEFIT

The Department of Veterans Affairs (VA) will furnish an appropriate headstone or marker for the graves of eligible veterans buried in private cemeteries, whose deaths occur on or after September 11, 2001, regardless of whether the grave is already marked with a non-government marker. The VA furnishes upon request, at no charge to the applicant, a government headstone or marker for the grave of any deceased eligible veteran in any cemetery around the world.

Other terms and eligibility conditions apply. Contact the VA for current information at 800-827-1000 or visit <http://www.cem.va.gov>

SOCIAL SECURITY DEATH BENEFIT INFORMATION

A lump-sum death benefit of \$255 may be paid upon the death of a person who has worked long enough to be insured under the Social Security program. The lump-sum death benefit can be paid upon the death of the insured person even if they were not receiving retirement or disability benefits at the time of death.

Other terms and eligibility conditions apply. Contact the Social Security Administration for current benefit information at 800-772-1213 or visit www.ssa.gov.



Will Information



IMPORTANCE OF A WILL

Should you die without a *Will*, the state in which you live will make one for you. However, the *Will* made for you by law is rigid and arbitrary in its distribution of your estate after your death. You will not have any say as to disposition of your assets. Therefore, regardless of the size, nature or extent of your estate, everyone should have a skillfully prepared *Will* which carries out your wishes and desires.

A *Will* is a document that transfers your property at your death to designated persons. It is revocable, which means that it is subject to change until your death. It becomes effective only upon your death. The goal of your *Will* is to distribute your property to whom you wish. A *Will* also provides for your assets to be managed or for the care of your children by naming guardians for them.

I have a *Will*: Yes No

Date of *Will*: _____

Location of *Will*: _____

Executor/Executrix: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Attorney
Preparing *Will*:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

LIVING WILL

A living will is not a part of your will. It is a separate document that lets your family members know what type of care you do or don't want to receive should you become terminally ill or permanently unconscious. It becomes effective only when you cannot express your wishes yourself. If your state recognizes a power of attorney for health care, have one executed to authorize someone to act in accordance with your present intentions.

I have a Living Will: Yes No

Date of Living Will: _____

Location of Living Will: _____



Financial Accounts



BANKS, SAVINGS AND LOANS, CREDIT UNIONS

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of Account: _____ Account Number: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of Account: _____ Account Number: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of Account: _____ Account Number: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of Account: _____ Account Number: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of Account: _____ Account Number: _____

SAFE DEPOSIT BOX

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Box Number: _____ Key Location: _____



Credit Cards and Insurance



CREDIT CARDS

Credit Card Provider (*VISA, Mastercard, Discover, etc.*): _____

Account Number: _____ Exp. Date: _____

Customer Service Number: _____

Exact Name on Card: _____

Credit Card Provider (*VISA, Mastercard, Discover, etc.*): _____

Account Number: _____ Exp. Date: _____

Customer Service Number: _____

Exact Name on Card: _____

Credit Card Provider (*VISA, Mastercard, Discover, etc.*): _____

Account Number: _____ Exp. Date: _____

Customer Service Number: _____

Exact Name on Card: _____

Credit Card Provider (*VISA, Mastercard, Discover, etc.*): _____

Account Number: _____ Exp. Date: _____

Customer Service Number: _____

Exact Name on Card: _____

LIFE/ACCIDENTAL DEATH INSURANCE

Type of Policy (*Whole Life, Term, Universal, Accidental Death, etc.*): _____

Name of Company: _____

Policy No.: _____

Date on Policy: _____

Beneficiary: _____

Location of Policy: _____

Type of Policy (*Whole Life, Term, Universal, Accidental Death, etc.*): _____

Name of Company: _____

Policy No.: _____

Date on Policy: _____

Beneficiary: _____

Location of Policy: _____



Real Estate and Portfolio Assets



REAL ESTATE

Address of Holding: _____

City: _____ State: _____ Zip: _____

Description of Holding: _____

Lender Information: Company Name: _____

(if applicable)

Phone: _____ Account Number: _____

Address of Holding: _____

City: _____ State: _____ Zip: _____

Description of Holding: _____

Lender Information: Company Name: _____

(if applicable)

Phone: _____ Account Number: _____

Address of Holding: _____

City: _____ State: _____ Zip: _____

Description of Holding: _____

Lender Information: Company Name: _____

(if applicable)

Phone: _____ Account Number: _____

PORTFOLIO ASSETS *(Stocks, Bonds, Mutual Funds, IRAs, 401Ks, Keoghs, etc.)*

Type/Description: _____

Broker/Investment Manager: _____

Phone: _____

Location of Documents: _____

Type/Description: _____

Broker/Investment Manager: _____

Phone: _____

Location of Documents: _____

Type/Description: _____

Broker/Investment Manager: _____

Phone: _____

Location of Documents: _____

Type/Description: _____

Broker/Investment Manager: _____

Phone: _____

Location of Documents: _____





Medical History



Families have many factors in common, including their genes, environment, and lifestyle. Together, these factors can give clues to medical conditions that may run in a family. By noticing patterns of disorders among relatives, healthcare professionals can determine whether an individual, other family members, or future generations may be at an increased risk of developing a particular condition.

Record your health history including treatment for:

TREATMENT DESCRIPTION:

- Cancer _____
- Heart disease _____
- Diabetes _____
- Asthma _____
- Mental illness _____
- High blood pressure _____
- Stroke _____
- Kidney disease _____
- Alcoholism _____

ALLERGIES TO:

- Medicines _____
- Foods _____
- Chemicals _____
- Natural substances _____
- Man-made substances _____
- Insects _____
- Other _____
- Other _____

MEDICAL PRACTITIONERS:

	Name	Phone
Primary Care Doctor	_____	_____
Specialist	_____	_____
Specialist	_____	_____
Specialist	_____	_____
Chiropractor	_____	_____
Pharmacist	_____	_____

MEDICATIONS THAT HAVE PROVED BENEFICIAL:

- Name: _____ Side Effects: _____
- Name: _____ Side Effects: _____
- Name: _____ Side Effects: _____
- Over-the-counter products (vitamins, herbs, and etc.): _____
- _____
- _____

I am an Organ Donor: Yes No





Life Celebration Service Information



Association/Celebration Hall/Funeral Home/Crematorium Preferred: _____

Address: _____ Street Address City State Phone: _____

Place of Service: Funeral Home/Mortuary: _____ Church: _____

Cemetery/Memorial Park Chapel Graveside Memorial Service

Other: _____

Religious Preference: _____ Celebrant/Clergyman: _____

Participating Organizations (*military, fraternal, lodge, etc.*): _____

I would like: Home movies playing to my favorite music Family photographs arranged on a collage board

Family photographs inserted into a movie and played to my favorite music Food and beverages

Inside/Outside? Other _____

Flag: Draped Folded Presented to: _____

Wake/Rosary Service: Yes No Location: _____ Officiator: _____

Viewing: Public Private None Portrait Display: Yes No

Clothing Preference: From Current Wardrobe New Other: _____

Description/Color: _____

Personal Accessories: Wedding Band Stays On or Return to: _____

Eyeglasses Stays On or Return to: _____

Other Stays On or Return to: _____

Floral Preference (*type and color preferred*): _____

Memorial donations may be made to: _____

Music Selections: _____

Organist: _____ Soloist(s): _____

Religious Passages Selected: _____

Eulogy by: _____ Notations for Eulogy: _____

Newspaper Notices (*Names of Papers*): _____

Casket: Open during service Closed during service

Type of Casket: Hardwood Metal Cremation Coffin Other: _____

Description: _____



Life Celebration Service Information (continued)



Pallbearers' Names

Relationship

Phone Number

Honorary Pallbearers' Names

Relationship

Phone Number

Special Instructions/Pictures/Obituary Requests/Items to be placed with the remains.



Memorialization Information



At my final resting place I would like:

A dove release A balloon release Live music (bag pipes, guitar or other heritage music)

Electronic music Liquid refreshments Other: _____

Memorial Park/Cemetery/Garden/Setting preferred: _____

Address: _____ Street _____ City _____ State _____ Phone: _____

I Own Prefer

Type of Arrangement: Family Estate Companion Single

Type of Burial Rights: Mausoleum Lawn Crypt Ground Burial Cremation with
Memorialization

If Owned, Name of Person Who Interment Rights are Deeded to: _____

Legal Description of Burial Rights: _____

Location of Deed _____

I Own Prefer Vault/Outer Burial Container

Memorialization: Upright Monument Memorial Plaque Bronze Plaque Granite Plaque

Other: _____

Inscription: _____

Emblem(s): _____

Family Present During Closing of Property? Yes No

Opening and Closing of Property? Prepaid To be determined

If Cremation, What Type of Disposition? Burial Niche

Scattering Garden Cremation Garden

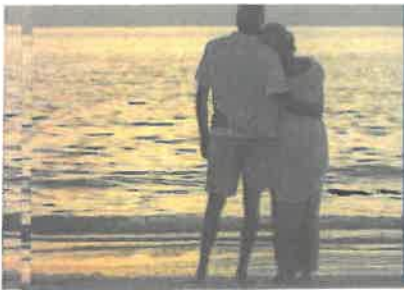
Other: _____

Cremation Memorial Plaque Inscription: _____

Cremation Remains Container: Urn Keepsake Memorial Other: _____

Description: _____

Additional Remarks/Special Instructions/Items to be placed with the remains, etc.



Family and Relatives



Name: _____

Relationship: _____ Phone: _____

Address: _____
Street Address City State Zip

Name: _____

Relationship: _____ Phone: _____

Address: _____
Street Address City State Zip

Name: _____

Relationship: _____ Phone: _____

Address: _____
Street Address City State Zip

Name: _____

Relationship: _____ Phone: _____

Address: _____
Street Address City State Zip

Name: _____

Relationship: _____ Phone: _____

Address: _____
Street Address City State Zip

Name: _____

Relationship: _____ Phone: _____

Address: _____
Street Address City State Zip

Name: _____

Relationship: _____ Phone: _____

Address: _____
Street Address City State Zip





Others To Be Notified



CLOSE FRIENDS

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

ADVISORS

Name: _____

Firm/Professional Relationship: _____ Phone: _____

Name: _____

Firm/Professional Relationship: _____ Phone: _____

ORGANIZATIONS

Name of Organization: _____

Contact Person: _____ Phone: _____

Name of Organization: _____

Contact Person: _____ Phone: _____



Biographical Sketch



My Early Years _____

School Days _____

My First Job After Graduation _____

What I Enjoy During My Free Time _____

My Favorite Vacation _____

The Place Where I Am Most At Peace _____

A Life-Changing Moment _____

A Wonderful Family Experience _____

My Career and Civic Accomplishments _____





The WRONG Way



- Anxiety
- Confusion
- Stress
- Uncertainty
- Emotional Overspending

Cash

No terms at the time of death and payment must be made in full.

Increasing Prices

Inflation robs you as prices go up year after year. It's like leaving a blank check at the funeral home which they fill out at the time of death.

Alone

A loved one will be making extremely difficult decisions on one of the worst days of their lives.





The RIGHT Way



- Peace of Mind
- Clear Direction
- Comfort
- Confidence
- Savings

Payment Terms

Many affordable payment options are available, and you can choose one that fits your budget.

Frozen Prices

Inflation's never-ending drain has no effect on your plans. What you have "chosen" is "frozen."

Together

You named your children, chose your home, and made every other meaningful decision in your life together. You can make these decisions with the one you love, too.

*“Show me the manner in which
a nation or community cares for
its dead and I will measure with
mathematical exactness the
tender mercies of its people, their
respect for the laws of the land
and their loyalty to high ideals.”*

—WILLIAM GLADSTONE