

Relatives and Close Friends to Be Contacted

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Date Completed: _____

FUNERAL AND BURIAL INSTRUCTIONS

Full Name: _____ Place of Birth: _____
Date of Birth: _____
Present Address: _____ Since: _____

FAMILY INFORMATION

Father's Name: _____ Birthplace: _____
Address if Living _____
Deceased? _____ Date of Death _____
Mother's Maiden Name: _____ Birthplace: _____
Address if Living: _____
Deceased? _____ Date of Death _____

| Your Education: | School(s) | Degree(s) | Year |
|-----------------|-----------|-----------|-------|
| _____ | _____ | _____ | _____ |

Married _____ Deceased? _____
Spouse or Significant Other's Name/ maiden name
Date of Marriage _____ at _____

Living Children: (please attach another sheet if needed)

| Name | Date of Birth | Address | Occupation |
|-------|---------------|---------|------------|
| _____ | _____ | _____ | _____ |

Living Grandchildren: (please attach another sheet if needed)

| Name | Date of Birth | Address | Occupation |
|-------|---------------|---------|------------|
| _____ | _____ | _____ | _____ |

Living Brothers and Sisters: (please attach another sheet if needed)

| Name | Date of Birth | Address | Occupation |
|-------|---------------|---------|------------|
| _____ | _____ | _____ | _____ |

Deceased Children, Grandchildren, Brothers and Sisters:

| Name | Relationship | Date of Death |
|-------|--------------|---------------|
| _____ | _____ | _____ |

Other Relatives: (please attach another sheet with names, addresses and relationship)

COMMUNITY INFORMATION

Church: _____

Clubs, Fraternal and Military Organizations: _____

Civic Organizations: _____

Offices held and recognition received: _____

| Military Service | Rank Attained | Unit | Date Entered | Date Discharged |
|------------------|---------------|------|--------------|-----------------|
|------------------|---------------|------|--------------|-----------------|

Employment/Business/Corporate Directorates and Offices Held:

| Firm | Since (date) | Present Position |
|------|--------------|------------------|
|------|--------------|------------------|

Other items of interest concerning business or history: _____

BURIAL ARRANGEMENTS

I prefer:

BURIAL CREMATION

Cemetery Lot Wishes for my ashes:

Need to purchase

Already own

Where? _____

Lot #? _____

Mausoleum

Which? _____

Where? _____

Burial (Where?)

Scattered (Where and by whom?) _____

Other _____

FUNERAL HOME

Name: _____

Address: _____ Phone: _____

OTHER PREFERENCES

Do you wish a vault? _____ What kind of Casket? _____

Any jewelry, clothing or other items you wish to be buried with or not buried with?

FUNERAL ARRANGEMENTS

I wish:

Calling hours:

- | | | |
|---|--|---|
| <input type="checkbox"/> No funeral service | <input type="checkbox"/> Church: _____ | <input type="checkbox"/> at funeral home |
| <input type="checkbox"/> Memorial service | <input type="checkbox"/> Home: _____ | <input type="checkbox"/> at my home |
| <input type="checkbox"/> Funeral service: | <input type="checkbox"/> Mortuary: _____ | <input type="checkbox"/> no calling hours |
| If funeral, from: | Chapel: _____ | |

SERVICES

Clergyman/Rabbi: _____

Special Bible readings, Special Music or other readings: (please attach information)

Flowers? _____ Donation to organization in lieu of flowers? _____

Which organization? _____

Requested pallbearers or club, fraternal, civic or military organizations you wish to assist with your service?

Preferences for stone or marker? _____

Any special inscription or epitaph? (Please attach)

Cemetery _____

Obituaries - preference for printing in following papers: _____

Date Completed: _____

This is merely informational. If you wish to make your organ donation binding on your family, it is also important to remember that you complete the organ donor form with the Secretary of State or contact "The Gift of Life" organization in Ann Arbor at 800-482-4881 (www.giftoflifemichigan.org).

Anatomical Gift Form

I, _____, hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

Personal Information

Home Address: _____

Social Security Number: _____

Patient Advocate Name: _____

Patient Advocate Telephone Number: _____

I give (place a check mark in the appropriate box):

Any needed organs or parts

Only the following organs or parts:

I have previously signed with a medical school: Yes No

If yes, name of school: _____

I have filed written instruction with the Secretary of State or Gift of Life: Yes No

I have the following special wishes concerning my anatomical gift: _____

I authorize the physician listed below to furnish my attending physician with any pertinent medical information in the event of my death:

Physician's name: _____

Physician's Telephone Number: _____

I have signed my anatomical gift form on _____.

Donor Signature: _____

Location Lists & Contacts and Directions for Trustee

In this section there are several schedules for you to complete and information for the successor Trustee.

Location of Important Papers

Step 1: Identify two locations where important documents are stored.

LOCATION #1:

LOCATION #2:

Step 2: Indicate (with a check mark) where each of the following can be found:

| TYPE OF DOCUMENTS | DOCUMENT | #1 | #2 |
|----------------------------------|--|----|----|
| ESTATE PLANNING DOCUMENTS | Living Trust | | |
| | Trust Property Inventory | | |
| | Pour Over Will | | |
| | Certificate of Trust Existence and Authority | | |
| | Estate Planning Letter | | |
| | Living Will and Patient Advocate Designation | | |
| | Anatomical Gift Form | | |
| | Durable Power of Attorney | | |
| BUSINESS PAPERS | Partnership Agreements | | |
| | Corporation Papers | | |
| | Employment Agreements | | |
| TAX RECORDS | State and Federal Income Tax Returns | | |
| | Gift Tax Returns | | |
| | Estate Tax Returns | | |
| BANKING RECORDS | Checkbooks | | |
| | Passbooks | | |
| | Certificates of Deposit | | |
| | Bank Statements and Canceled Checks | | |
| | Credit Card Records | | |

UPDATED ESTATE PLANNING INFORMATION

Please use this form to update the Confidential Estate Planning Information that you completed when we set up your Estate Plan. A copy of that information should be located in this section of your notebook.

Date Completed: _____

Advisors. List names, addresses and phone numbers.

Financial Advisor: _____

Life insurance agent: _____

Real Estate Interests.

Please list all real property that you own, including Time Shares, land contract sales or purchases or Oil and Gas Interests for which you have a deed.

Checking/Savings/Money Market Accounts/Certificate of Deposit (CD)

NAME OF INSTITUTION

ACCOUNT NUMBER

Investment/Brokerage Accounts. (Stocks, bonds, dividend reinvestment account)

Please list all accounts with brokerage firms that hold stock certificates, bonds and mutual funds for you.

NAME OF BROKERAGE

ACCOUNT NUMBER

Retirement Benefits. (IRA, 401k, 403B, Annuity)

COMPANY NAME

ACCOUNT NUMBER

Life Insurance:

Company: _____ Company: _____

Policy Number: _____ Policy Number: _____

Insured: _____ Insured: _____

Owner: _____ Owner: _____

Key Advisors to Be Contacted

Attorney _____

Phone _____ Firm _____

Address _____

Accountant _____

Phone _____ Firm _____

Address _____

Auto Insurance Agent _____

Phone _____ Firm _____

Address _____

Bank _____

Phone _____ Bank _____

Address _____

Credit Union _____

Phone _____ Bank _____

Address _____

Clergy _____

Phone _____ Church/Synagogue _____

Address _____

Doctor _____

Phone _____ Hospital _____

Address _____

Employer _____

Phone _____ Firm _____

Address _____

Financial Advisor _____

Phone _____ Firm _____

Address _____

Funeral Director _____

Phone _____ Firm _____

Address _____

General Insurance Agent _____

Phone _____ Firm _____

Address _____

Mortgage Company _____

Phone _____ Firm _____

Address _____

Life Insurance Agent _____

Phone _____ Firm _____

Address _____

Business Partner _____

Phone _____ Firm _____

Address _____

Trust Officer _____

Phone _____ Institution _____

Address _____

Other _____

Phone _____ Firm _____

Address _____

SPECIFIC GIFTS UPON DEATH

Pursuant to the provisions of my Last Will and Testament, which incorporates this specific gifts form by reference, I instruct the Personal Representative to distribute the following gifts:

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

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Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

This list must be handwritten, signed and dated where indicated.

SPECIFIC GIFTS UPON DEATH

Pursuant to the provisions of my revocable living trust which incorporates this specific gifts form by reference, I instruct the trustee(s) to distribute the following gifts:

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

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Desired Recipient and Relationship: _____
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Dated: _____ Signed: _____

Description of Gift: _____
Desired Recipient and Relationship: _____
Dated: _____ Signed: _____

This list must be handwritten, signed and dated where indicated.

My Agent under any Durable Power of Attorney or my Trustee under my Living Trust shall take possession of any and all pets I own. They shall have the authority to arrange for them to receive medical treatment as deemed appropriate and to pay for all such services from my resources.

Instructions for Pet

Description of Pet

Pet's Name: _____

Approximate Age of Pet _____ Breed _____

New Owner

I request my pet be given to the following individual(s)(in order of preference):

1. _____
Address _____ Ph. _____

2. _____
Address _____ Ph. _____

Medical Information

Veterinarian _____ Ph. _____

Address _____

Medical Problems/Allergies: _____ Medication(s): _____

Food

Type/Amount/Frequency: _____

Miscellaneous

Favorite Treats, Toys, Games: _____

Groomer _____ Address _____ Ph. _____

Boarding Kennel _____ Address _____ Ph. _____

Exercise Routine: _____

Other Instructions: _____

Date Completed: _____