

BEFORE I GO[®] YOU SHOULD KNOW



FUNERAL CONSUMERS ALLIANCE

Protecting a consumer's right to
choose meaningful, dignified, and
affordable funerals since 1963.



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INTRODUCTION

This workbook is a place to record everything your survivors will need to know to be able to handle your estate and carry on. Complete and give copies to those who will need it. Update it annually. Keep it in a readily accessible place. Do not keep it in a safe deposit box as your survivors will need it immediately.

You do not need to fill out every section. Some areas might be unimportant or irrelevant to you. Any part that you complete will be appreciated by your survivors.

Legal Name _____

Street _____

City, State, Zip _____

I am a member of the Funeral Consumers Alliance of:

If you have questions call them at: _____

Or, call the national Funeral Consumers Alliance office at 802-865-8300. FCA and its affiliates do not provide funeral services but educate and advocate on behalf of consumers.

Date Completed: / /

Date Updated: / /

Date Updated: / /

Date Updated: / /

Date Updated: / /

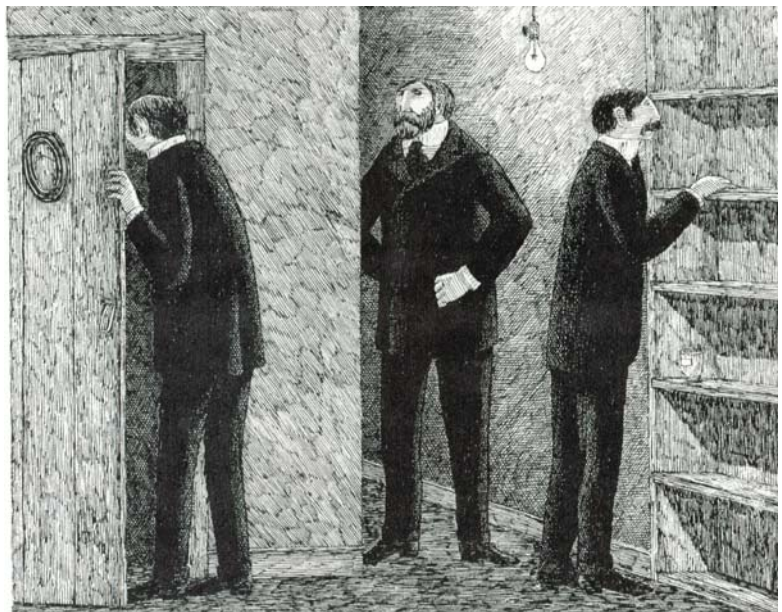




TABLE OF CONTENTS

Advance Directive/Living Will/Health Care Power of Attorney	1
Financial Power of Attorney/Durable Power of Attorney.....	3
Will	4
Designated Agent for Body Disposition	5
Funeral and Memorial Wishes	6
Options for Body Disposition	7
Service Options	10
Information for Obituary.....	12
Memorial Contributions/Information for Death Certificate	13
Whom to Notify	14
Papers and Essential Data.....	15
Assets	16
Debts and Liabilities	25
Your Online Life	27
Pets	28
Survivors' To-Do List	29
Resources.....	30



ADVANCE DIRECTIVE/LIVING WILL HEALTH CARE POWER OF ATTORNEY

An Advance Directive/Living Will is a statement about the medical care you wish to receive at the end of life. It only takes effect when you are unable to communicate your wishes due to illness, dementia or incompetence. You can indicate your treatment preferences on a spectrum from wanting all measures taken to sustain your life, regardless of your condition, to wanting no extraordinary measures taken if there is no reasonable hope of regaining a reasonable quality of life. Make sure that your physician will not have difficulty carrying out your wishes and that this form is with you at all times. This is a legal document that needs to be signed and witnessed while you are still competent. You do not need an attorney to complete this form.

A Health Care Power of Attorney is a person appointed by you authorized to make medical decisions on your behalf if you are unable. If you have completed an Advance Directive, it can be used to guide this person. Since the person you appoint is free to go against your wishes, make sure you choose this person carefully; someone who you believe will do what you want and not act in their own interests. Get a free state-specific directive here: caringinfo.org.

I have an Advance Directive and a Health Care Power of Attorney and they can be found:

Attached to these pages In this location _____

In the possession of my:

Health Care Power of Attorney:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Physician:

Name _____

Address _____

City, State, Zip _____

Phone _____

Attorney:

Name _____

Address _____

City, State, Zip _____

Phone _____

Spouse/Partner/Other:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Child/Other:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Child/Other:

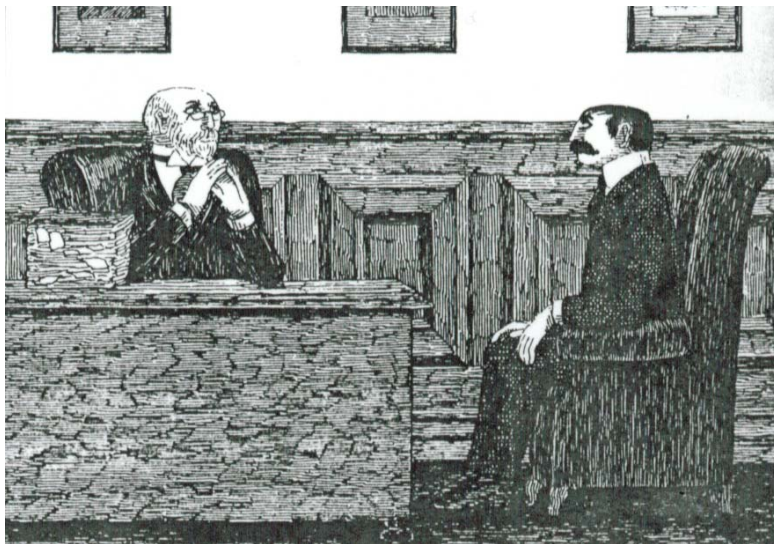
Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Other copies are located:





FINANCIAL POWER OF ATTORNEY

A Power of Attorney is a document in which you give another person the legal authority to act on your behalf, typically in regard to financial and business matters. It can be granted to take effect immediately, or just in special circumstances; it can restrict the things the agent can do and/or the amount of money spent. It is revocable at any time and the power automatically ends when you become incapacitated or incompetent or when you die.

A Durable Power of Attorney is similar except that it does not terminate if you become incapacitated or incompetent. A Springing Power of Attorney is similar except that it only takes effect when you become incapacitated or incompetent.

I have a Financial Power of Attorney Durable Power of Attorney and it/they can be found:

Attached to these pages In this location _____

In the possession of my:

Health Care Power of Attorney:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Attorney:

Name _____

Address _____

City, State, Zip _____

Phone _____

Spouse/Partner/Other:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Child/Other:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

WILL



A will states how you want your property distributed after you die, names the executor (the person responsible for the business of settling your estate), and the guardian you have chosen for your minor children. Without a will, your property will be distributed and the guardianship of your children decided by the state.

In distributing your assets, you can be general (I give my entire estate to my wife) or specific (I give my topaz ring to my cousin Lulu). A will must be signed and witnessed and may be revoked at any time by signing a new will or destroying it with the intent of revoking it. Update your will periodically. An attorney is helpful in drafting a will. Simple will forms may be purchased online or at office supply stores.

I have a will and it can be found:

Attached to these pages In this location _____

In the possession of my:

Attorney:

Name _____

Address _____

City, State, Zip _____

Phone _____

Executor:

Name _____

Address _____

City, State, Zip _____

Phone _____

Spouse/Partner/Other:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Child/Other:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____



DESIGNATED AGENT FOR BODY DISPOSITION

Designated agent forms allow you to name an individual to be in charge of the disposition of your body and any funeral or memorial arrangements. This can be especially helpful if there is any chance that your survivors will not agree on the disposition of your body (cremation, donation, etc.) or funeral wishes (religious service, etc.), or if your survivors want a home funeral or to make as many arrangements as possible without using a funeral director. Not every state has a Designated Agent for Body Disposition form. Check funerals.org/forconsumersmenu, then select Your Legal Rights, then Who Has the Right to Make Decisions About Your Funeral?

This page is not a legal document. I have a Designated Agent Form and it can be found:

Attached to these pages In this location _____

In the possession of my:

Designated Agent:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Alternate Agent:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____



FUNERAL AND MEMORIAL WISHES



These are my wishes regarding arrangements immediately after death. If I do not have a preference in a specific area, I have left that item blank.

- I have no opinion and prefer that my survivors make arrangements that are most meaningful to them.
- I have indicated preferences below, but my survivors should feel free to make arrangements that are most meaningful to them.
- I explicitly want the following (details on later pages).

These are the people who should be consulted immediately to make arrangements:

Name _____ Relationship _____
Address _____
City, State, Zip _____
Phone _____

Clergy:
Name _____
Address _____
City, State, Zip _____
Phone _____

Funeral Director I have no preference I prefer:
Name _____
Address _____
City, State, Zip _____
Phone _____

- I have made pre-arrangements with this funeral director
- I have not pre-paid I have pre-paid and the contract is located _____

Note: FCA encourages pre-planning but **strongly discourages** pre-paying for funeral arrangements unless you are spending down for Medicaid. A bank account payable on death to the beneficiary (not a funeral home) of your choice is safer and more portable if you're not doing a Medicaid spend-down. Medicaid will **not** accept a POD account for spend-down purposes.



OPTIONS FOR BODY DISPOSITION

You have a variety of choices including whether or not to embalm, cremation vs. burial, organ donation followed by cremation or burial, or full body donation followed by cremation. It is important to know if there are laws in your state that could affect your choices. Consult your local Funeral Consumers Alliance affiliate or funerals.org.

I have no preference regarding burial vs. cremation

Burial

I prefer burial

I would like my body to be embalmed

I would not like my body to be embalmed

I have no preference

I would like to be buried in:

wood metal cardboard shroud other: _____

I would like to be buried in:

the ground a mausoleum other: _____

I would like my casket in a vault

I would not like my casket in a vault

Note: *While never required by law, many cemeteries require the use of a vault to keep the ground level. However, you can save money by using a grave liner which has a top and sides but no bottom or you can ask that a vault, if required, be installed upside down and with no lid if you prefer the idea of returning to the earth.*

I would like to be buried: individually with a companion: _____

I have no preference about where I am buried

I would like to be buried in the following cemetery:

Name _____

Address _____

City, State, Zip _____

Phone _____

I have purchased a plot at this cemetery. Papers are located: _____

I am eligible for and would like to be buried in a veteran's cemetery. Papers are located: _____

I would like this kind of marker:

- upright flat monument/statue no preference
- other: _____
- I am eligible for and would like a veteran's marker. Papers are located: _____
- _____

Note: The cemetery may dictate the type of marker that can be used.

I would like the inscription to read: _____

Cremation

- I prefer cremation
- I have no preference
- I would like my ashes buried in a:
- cemetery memorial garden no preference
- other: _____
- Location: _____
- I would like my ashes interred in a:
- mausoleum columbarium no preference
- other: _____
- Location: _____
- I would like my ashes scattered
- Location: _____
- I would like my ashes kept in:
- container from crematory urn no preference other: _____
- I would like my ashes to be given to: _____
- I would like my ashes to be mingled with those of: _____
- My family or _____ has requested to view the cremation.

I have a pace-maker I have other implanted devices: _____

Full Body Donation

I have prearranged to donate my whole body to the following medical school for use in teaching or research. Papers are located: _____

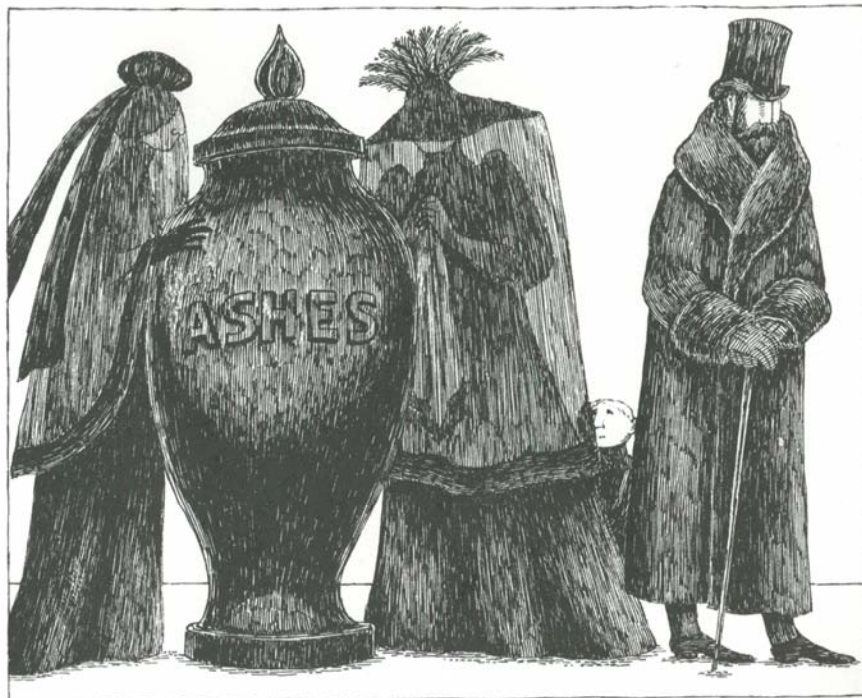
Name _____

Address _____

City, State, Zip _____

Phone _____

Note: It is important to make these arrangements for yourself prior to death. It is also important to indicate an alternative arrangement in the event that for any reason the medical school does not accept your body.



SERVICE OPTIONS



If you prefer a family-directed funeral (without using a funeral home, or with only limited service from a funeral home), see the state-specific chapter from the book Final Rights included with this planner.

Viewing (open casket)

I have no preference about a viewing

I would not like a viewing

I would like a public viewing private viewing

To be held at place of worship: _____

funeral home home other: _____

Visitation (closed casket or no casket present)

I have no preference about a visitation

I would not like a visitation

I would like a public visitation private visitation

To be held at place of worship: _____

funeral home home other: _____

Funeral Service (casket present)

I have no preference about a funeral service

I would not like a funeral service

I would like a public service private service

To be held at place of worship: _____

funeral home home graveside other: _____

Memorial Service (no body present)

I have no preference about a memorial service

I would not like a memorial service

I would prefer a public service private service

To be held at place of worship: _____

funeral home home graveside other: _____

I would like the service conducted by:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

I would like the service to be:

religious not religious military celebration of life no preference

other: _____

If I have preferences about prayers, readings, music, flowers, speakers, and the reception, those wishes will be attached to these pages.

Transportation for casket:

hearse van truck by family no preference

other: _____





INFORMATION FOR OBITUARY

Newspapers often have a prescribed format, but the following information is typically included. Many newspapers charge for obituaries.

Date and place of death, cause of death, age at death.

City of residence _____

Date of birth _____ Place of birth _____

Education, employment _____

Religious, social, community, volunteer affiliations _____

Hobbies, interests, honors, prizes, accomplishments _____

Children, close relatives _____

Memorial gifts (see next section)

I have written a draft obituary and it is located: _____

Attached to these pages

I would like my obituary to be placed in the following newspapers, alumni newsletters, etc.



MEMORIAL CONTRIBUTIONS INFORMATION FOR DEATH CERTIFICATE

I would like to suggest that memorial contributions be made to the following organizations.

Organization Name _____
Address _____
City, State, Zip _____
Phone _____ Website _____

Organization Name _____
Address _____
City, State, Zip _____
Phone _____ Website _____

Organization Name _____
Address _____
City, State, Zip _____
Phone _____ Website _____

The following information is required for the death certificate.

Social Security Number _____
Sex _____ Race _____ Date of Birth _____
Birthplace (city, state, country) _____
Armed Forces Service (war and dates) _____
Marital Status _____
Surviving Partner/Spouse Name (if wife, maiden name) _____
Father's Name _____ Date of Birth _____
Mother's Maiden Name _____ Date of Birth _____
Highest grade completed/degree _____
Occupation _____



WHOM TO NOTIFY

After my death, in addition to friends and family, please notify the following people. I've attached contact information.

- Social Security
- Go through my address book/contact list to find others. Location: _____

- Accountant/Tax Preparer _____
- Attorney (see page 7)
- Clubs, Memberships and Organizations to which I belong _____

- Employer (see page 26)
- Financial/Investment Advisor _____
- Hairdresser/Barber _____
- Household /Cleaning Service _____
- Neighbors _____
- Newspapers, Magazines, other Subscriptions _____

- Organizations for which I volunteer _____

- Physician, Dentist, Therapist, other Health Care Providers _____

- Professional Organizations _____

- Religious/Spiritual/Clergy _____
- Yard/Garden Service _____
- Utility Companies (gas, electric, cable, phone, internet) _____

- Veterinarian/Pet Sitter _____
- Others _____



PAPERS AND ESSENTIAL DATA

Review paperwork periodically to update, make sure beneficiaries are accurate, etc. Determine if your survivors will have easy access to your accounts after death.

Location of:

Marriage/Domestic Partnership/Civil Union _____

Pre and Post Nuptial Agreements _____

Divorce papers _____

Birth certificates/Adoption papers _____

Military Records _____

Voter Registration _____

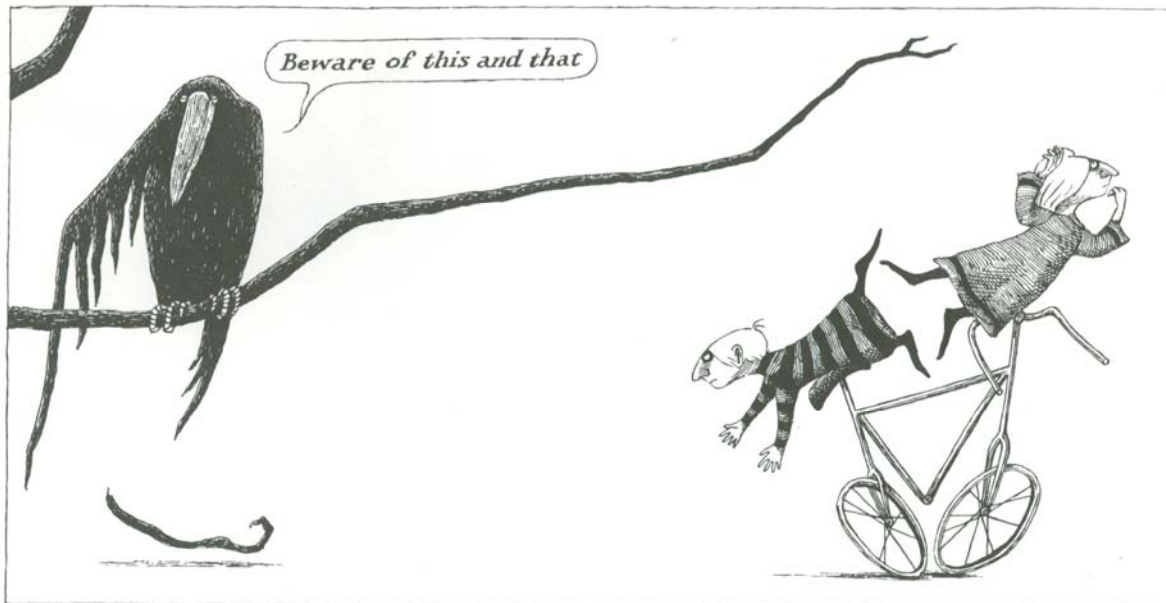
Passport _____

Naturalization papers _____

Past tax returns and supporting data _____

Court documents that could lay claim to the estate _____

Other _____



ASSETS



Indicate in one of the appropriate sections whom to notify immediately at time of death and which accounts to cancel or stop, e.g., 3rd party payments that are being made online, social security, pensions/ annuities, etc.

Safe Deposit Box

Name of bank or business _____

Address _____

City, State, Zip _____

Phone _____

Box number _____ Location of key _____

Note: An inventory of the contents is very helpful to help determine urgency in obtaining an order to open the box. A safe deposit box is not the place to keep your advance directive, health care power of attorney or other items that will need to be accessed quickly.

Home Safe

Location of safe _____

Location of key or combination _____

Storage Unit

Name of company _____

Address _____

City, State, Zip _____

Phone _____

Location of key _____

Bank/Credit Union Accounts

Name of bank/credit union _____

Address _____

City, State, Zip _____

Phone _____

Type of account _____

Account number _____

Name of bank/credit union _____

Address _____

City, State, Zip _____

Phone _____

Type of account _____

Account number _____

Name of bank/credit union _____

Address _____

City, State, Zip _____

Phone _____

Type of account _____

Account number _____

Name of bank/credit union _____

Address _____

City, State, Zip _____

Phone _____

Type of account _____

Account number _____

Name of bank/credit union _____

Address _____

City, State, Zip _____

Phone _____

Type of account _____

Account number _____

I use online banking and the following bills are paid automatically from my account _____

Investments, IRAs, Annuities

For each, list the type (mutual fund, stock, bond, etc.) and location (i.e. in your possession, safe deposit box, held by a brokerage house, in "street name")

Type _____
Location _____
Name of Firm _____
Name of Broker _____
Address _____
City, State, Zip _____
Phone _____
Number of Shares _____ Approximate Value _____
Date of Maturity and Possible Dates of Call _____

Type _____
Location _____
Name of Firm _____
Name of Broker _____
Address _____
City, State, Zip _____
Phone _____
Number of Shares _____ Approximate Value _____
Date of Maturity and Possible Dates of Call _____

Type _____
Location _____
Name of Firm _____
Name of Broker _____
Address _____
City, State, Zip _____
Phone _____
Number of Shares _____ Approximate Value _____
Date of Maturity and Possible Dates of Call _____

Type _____
Location _____
Name of Firm _____
Name of Broker _____
Address _____

City, State, Zip _____
Phone _____
Number of Shares _____ Approximate Value _____
Date of Maturity and Possible Dates of Call _____

Property

Owner _____
Location of title, title search, insurance, bill of sale, etc. _____

Amount of Mortgage and Outstanding Principal _____
Mortgage Holder _____
Address _____
City, State, Zip _____
Phone _____

Owner _____
Location of title, title search, insurance, bill of sale, etc. _____

Amount of Mortgage and Outstanding Principal _____
Mortgage Holder _____
Address _____
City, State, Zip _____
Phone _____

Automobiles

Make and Model _____
Owner _____
Location of Title _____
Outstanding Loan Amount _____
Lender _____
Address _____
City, State, Zip _____
Phone _____

Make and Model _____
Owner _____
Location of Title _____
Outstanding Loan Amount _____
Lender _____
Address _____
City, State, Zip _____
Phone _____

Make and Model _____
Owner _____
Location of Title _____
Outstanding Loan Amount _____
Lender _____
Address _____
City, State, Zip _____
Phone _____

Other Assets

Boat, RV, manuscripts, furs, firearms, jewelry, objets d'art, and other assets whose existence, location, or value may not be immediately recognized. Describe each asset as fully as appropriate. Attach receipts if appropriate.

Insurance

Homeowners/Renters Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Insurance Agent (if any) _____
Location of Policy _____

Automobile Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Insurance Agent (if any) _____
Location of Policy _____

Medical Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Insurance Agent (if any) _____
Location of Policy _____

Dental Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Insurance Agent (if any) _____
Location of Policy _____

Long Term Care Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Insurance Agent (if any) _____
Location of Policy _____

Professional Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Insurance Agent (if any) _____
Location of Policy _____

Liability Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Insurance Agent (if any) _____
Location of Policy _____

Disability Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Insurance Agent (if any) _____
Location of Policy _____

Life Insurance

Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Policy Number _____
Death Benefit _____
Outstanding Loan Amount (if any) _____
Beneficiary _____
Location of Policy _____
Insurance Agent (if any) _____

Insurance Company _____
Address _____
City, State, Zip _____
Phone _____
Policy Number _____
Death Benefit _____
Outstanding Loan Amount (if any) _____
Beneficiary _____
Location of Policy _____
Insurance Agent (if any) _____

Sources of Income

Salary/Wages/Employer _____

Address _____

City, State, Zip _____

Phone _____

Social Security Amount _____

Annuity Company and Amount _____

Address _____

City, State, Zip _____

Phone _____

Retirement/Pension Employer and Amount _____

Other income _____

Business Interests

Name of business _____

Sole Proprietor Corporation Partnership LLC

(Owners/Partners) _____

Address _____

City, State, Zip _____

Phone _____

Name of business _____

Sole Proprietor Corporation Partnership LLC

Owners/Partners _____

Address _____

City, State, Zip _____

Phone _____

Other contracts, partnership or corporate agreements, business interests _____

Is anyone dependent upon you for financial support? Reason, name and contact information



DEBTS/LIABILITIES

Credit Cards

Name of bank _____

Address _____

City, State, Zip _____

Phone _____

Account number: _____

Name of bank _____

Address _____

City, State, Zip _____

Phone _____

Account number: _____

Name of bank _____

Address _____

City, State, Zip _____

Phone _____

Account number: _____

Name of bank _____

Address _____

City, State, Zip _____

Phone _____

Account number: _____

Name of bank _____

Address _____

City, State, Zip _____

Phone _____

Account number: _____

Home Equity Loan or Line of Credit

Name of lender _____

Address _____

City, State, Zip _____

Phone _____

Type of account: _____

Account number: _____

Student Loans

Name of lender _____

Address _____

City, State, Zip _____

Phone _____

Type of account: _____

Account number: _____

Personal Loans

Name of lender _____

Address _____

City, State, Zip _____

Phone _____

Type of account: _____

Account number: _____

List any debts to others, notes and other money owed to you, undocumented loans, etc.



ONLINE LIFE

Be sure that your survivors will have access to all the passwords you use for social networking, shopping, online banking, etc. This list needs to be with a trusted person in a secure location. Consider storing them in a password protected document.

Computer location _____

Username: _____ Password _____

Computer location _____

Username _____ Password _____

Computer location _____

Username _____ Password _____

Email host _____

Username _____ Password _____

Email host _____

Username _____ Password _____

Email host _____

Username _____ Password _____

I have the following social networking accounts (i.e. Facebook, Twitter, LinkedIn, etc.) _____

Cell phone company _____

Cell phone number _____

Voicemail password _____

PETS



List your pets and the name and contact information of people who might adopt them. If your pets take medication and/or require special care of any kind, please attach additional sheets.

Name of pet _____ Type _____

What you feed them and when _____

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Name of pet _____ Type _____

What you feed them and when _____

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Name of pet _____ Type _____

What you feed them and when _____

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

Name of pet _____ Type _____

What you feed them and when _____

Name _____ Relationship _____

Address _____

City, State, Zip _____

Phone _____

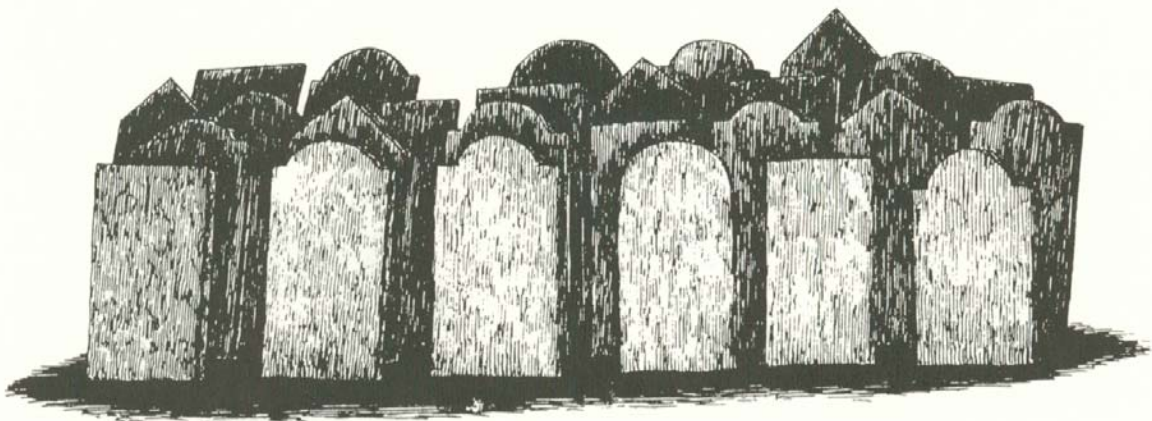


SURVIVORS TO DO LIST

- Notify friends and family (see page 14)
- Select funeral director (if using one) (see page 6)
- Choose time/place for funeral/memorial service/reception
- Consider making your own order of service/ceremony booklet
- Consider purchasing a signature book, prayer cards, casket or urn online
- Submit obituary (see page 12) with service details and suggestion for memorial contributions (see page 13)
- Keep a record of calls, visits, food, offers of help, etc.
- Arrange hospitality for visiting friends and relatives
- Notify the VA if deceased was a veteran and determine benefits (see page 30)
- Notify life insurance companies (see page 23)
- Notify social security, employer and other sources of income (see page 30)
- Notify executor and/or lawyer (see page 4)

If the deceased lived alone:

- Protect valuables and take precautions against intruders
- Provide for pets and houseplants
- Cancel subscriptions, newspaper, cable TV (see page 14)
- Cancel e-mail or internet accounts (see page 27)
- Cancel credit cards (see page 25)
- Arrange for payment of immediate bills, utilities, landlord, yard or household help
- File a change of address with the post office or collect mail regularly



RESOURCES



Resources

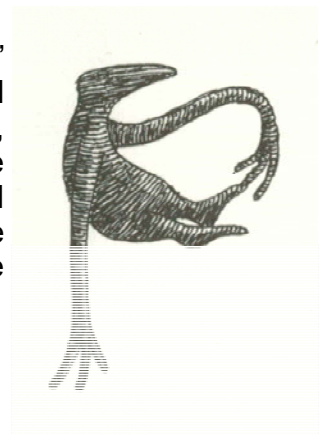
Post Office	800-275-8777
Post Office Change of Address	https://moversguide.usps.com
Social Security	800-772-1213
Veteran's Death and Burial Benefits.....	800-827-1000
Veteran's Life Insurance.....	800-419-1473
Veteran's Status of Headstones and Markers.....	800-697-6947

Forms

Advance Directives/Living Wills.....	www.caringinfo.org
Free Power of Attorney Forms	http://free-power-of-attorney-forms.com

THANK YOU TO EDWARD GOREY

Known to millions as the designer of animated titles for the PBS "Mystery" series and sets for the Broadway show "Dracula," Edward Gorey produced more than 100 books and stage designs. As both author and illustrator, Gorey's exquisite pen and ink drawings enhance his appealingly oblique work which runs the gamut from macabre to hilarious. The Funeral Consumers Alliance is deeply appreciative of Mr. Gorey's consent to use his work for this publication. All illustrations by Edward Gorey are copyrighted © and may not be reprinted without permission.





FUNERAL CONSUMERS ALLIANCE

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