

KansasMethodistFoundation.org



To my loved ones

A guide to planning my funeral and final affairs



One of the best gifts you can give your family is to know they are honoring your wishes.

By sharing your preferences today, your loved ones will experience greater peace of mind later. Proper planning equips the people you care about with the information they need to settle your affairs and make the right choices.

This guide is designed to help you think about questions your family will need to answer when you pass away. Please share with loved ones that you've recorded your wishes and personal information. Keep your completed planner in a safe but familiar place so that your family can find it, perhaps alongside your estate documents and other important papers like deeds, titles, insurance policies, and tax returns. You may also want to provide a copy to loved ones who are likely to assist with your end-of-life arrangements.



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Dearest Loved Ones,

This booklet is intended to be my gift to you - a gift of a bit of peace of mind (I hope) and an expression of my love.

Life gets complicated for each of us, and this book is my attempt to ease the complications that my death may cause for you. I have tried to keep this information up to date - but there are no guarantees!

It should at least give you a good starting place to work from when the inevitable happens.

LOVE,

Signed this date: _____

CHECKLIST FOR WHAT TO DO NOW THAT I HAVE DIED

The following checklist is a reference for my family and loved ones. Much of the needed information can be found in this workbook.

- ☐ Locate important legal and financial records
 - Estate documents such as a Will or Trust
 - Bank and brokerage accounts
 - Insurance policies, pension and retirement plans, IRAs
 - Charitable gifts that provide income (i.e., gift annuities, charitable remainder trusts)
 - Last year's tax statements
 - Bills and credit cards; outstanding loans
 - Titles to vehicles, real estate deeds
 - (Please note any 'non-probate transfer' instructions, such as beneficiary designations on these items.)
- ☐ Locate list of usernames and passwords for online accounts
 - Banks, stock brokerages, administrators of pension and retirement plans
 - Service providers (utilities, cell phone, etc.)
 - Email accounts and social media (Facebook, LinkedIn, etc.)
- ☐ Obtain at least ten (10) official copies of the death certificate. You will need them to close bank accounts and settle debts. These may be obtained from the county health department.
- ☐ Notify life insurance companies and file claims.
- ☐ Notify banks and stockbrokers and remove my name from any joint accounts.
- ☐ Notify any charities that administer gifts that pay income to me and terminate payments.
- ☐ Arrange a meeting with a lawyer to discuss documents and the contents of this workbook. If assets are being transferred under the terms of a Last Will and Testament, the Probate Court will need to be contacted.
- ☐ There may need to be an inventory (and appraisal, if needed) of my personal effects. (The probate court may require this.)
- ☐ Close credit card accounts in my name and destroy cards.

KEY PEOPLE TO BE NOTIFIED

List your executor, trustee, physician, attorney, CPA, or other key contacts.

| Name | Relationship | Address | Phone/Email |
|------|--------------|---------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Other contacts to make:

| | | |
|--------------------------------|--|--------------|
| Social Security Administration | www.ssa.gov | 800-772-1213 |
| Veterans' Administration | www.va.gov | 800-827-1000 |
| My Insurance Agent(s) | | |
| | | |
| | | |
| | | |
| | | |
| | | |

BASIC INFORMATION

This section assembles important family information that will be helpful to your loved ones to complete documents such as a death certificate and obituary. Update and insert additional pages as needed. Please include the location of any supporting documents.

PERSONAL INFORMATION

Full Legal Name: _____

Social Security Number: _____

Religious Affiliation: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Place of birth: _____

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

Father's name: _____

Father's place of birth: _____

Mother's name: _____

Mother's place of birth: _____

SPOUSE (IF APPLICABLE)

Name of Spouse/Partner (include maiden name as appropriate): _____

Wedding Date and Location: _____

EDUCATION AND EMPLOYMENT

High School/Graduation Year: _____

College(s)/University(ies): _____

Degree(s) Completed: _____

Church/Lodges/Memberships: _____

Occupation: _____ Business/Industry: _____

Employer: _____ Years in occupation: _____

Additional Education/Employment: _____

LEGAL DOCUMENTS

Please check any of the following documents that you presently have:

- ☐ Will
- ☐ Revocable Living Trust
- ☐ Durable Power of Attorney for Finances
- ☐ Durable Power of Attorney for Health Care
- ☐ Advanced Health Care Directive
- ☐ Beneficiary Designations

Additional information can be found on page 18.

ARMED FORCES

Branch of Service: _____ Service Number: _____
Date entered: _____ Place of entry: _____
Type of separation or discharge of service: _____
Separation/Discharge date: _____ Place of discharge: _____
Location of military discharge papers (DD214): _____
Highest grade, rank, or rating received: _____
Wars/Conflicts served: _____
Medals/Honors/Citations/Additional Information: _____

MY CHILDREN AND RELATIVES

CHILDREN

Name: _____

Address: _____

Phone: _____ Email: _____

Date and Place of Birth: _____

Spouse: _____

Grandchildren: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Date and Place of Birth: _____

Spouse: _____

Grandchildren: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Date and Place of Birth: _____

Spouse: _____

Grandchildren: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Date and Place of Birth: _____

Spouse: _____

Grandchildren: _____

(Add pages as needed)

FAMILY

Preceded in death by: _____

Number of grandchildren: _____ Number of great-grandchildren: _____

ADDITIONAL FAMILY AND LOVED ONES

If there are other family and loved one that do not fit the prior categories, but whom you intend to provide for in your estate plan and/or through other arrangements, please list those names with contact information and a brief description of the relationship:

FAMILY HISTORY

Memories of my parents (Names, places of birth, place of marriage)

Memories of my grandparents (Names, places of birth, place of marriage)

Use this space to include additional stories describing people, places, events, and experiences. Imagine that you are writing a memoir for your loved ones to read. Your family will appreciate you for passing along this history. Add pages as needed.

FUNERAL HOME AND BURIAL PREFERENCES

Name of Funeral Home: _____

Address: _____

City, State Zip: _____ Phone: _____

Funeral Director: _____

☐ Check if the services are pre-paid

Amount Paid: \$_____ Date Paid: _____

Preferred method of disposition (check one): ☐ Burial ☐ Cremation

I prefer the casket be closed: ☐ Yes ☐ No ☐ No Preference

Special Instructions for casket/urn: _____

Address for internment of casket or urn: _____

Phone: _____

I have purchased a plot: ☐ Yes ☐ No If yes, specify plot number: _____

Location(s) for scattering of ashes: _____

Person who will receive remains if not interred: _____

CLOTHING CHOICES

Shirt/Dress: _____

Pants: _____

Shoes: _____

Jewelry Returned (check one): ☐ Yes ☐ No

Glasses Returned (check one): ☐ Yes ☐ No

If no, jewelry and glasses should be given to _____

OBITUARY

Name of Newspaper(s): _____

Other: _____

Visitation: ☐ Yes ☐ No ☐ Public ☐ Private

FUNERAL/MEMORIAL SERVICE PREFERENCES

TYPE OF SERVICE

The biggest difference of a traditional funeral and a memorial service is that the body is not present in a casket at a memorial service. However, an urn with the loved one's ashes may be present at a memorial service.

- ☐ Funeral service, followed by a graveside service or a service at the cemetery, followed by burial or cremation.
- ☐ Only a graveside service or a service at the cemetery, followed by burial or cremation.
- ☐ Memorial Service after the burial or cremation
- ☐ Other: _____

SERVICE LOCATION

Church: _____

Other Location: _____

PASTOR

Please note that pastors move/retire and the pastor currently serving the church has the authority to decide if a former pastor can come back for the service.

Name of Pastor to lead the service: _____

Address: _____

Phone: _____

Email: _____

Additional Name(s): _____

EULOGIES

Friends, family members, clergy, and/or funeral conductors often give eulogies.

Name/Contact Info: _____

Name/Contact Info: _____

Name/Contact Info: _____

PALLBEARERS

Anyone who isn't physically capable of carrying the weight of a casket can be made "honorary pallbearers" and walk beside or behind the casket. List name and contact information.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

SCRIPTURE READINGS

List the scriptures you would like to be used in your service.

Passage: _____

Passage: _____

Passage: _____

SONGS & MUSIC

List songs, hymns, and other music you'd like played at your service. If you have a preference for a musician, please list their name by the song.

Song: _____

Song: _____

Song: _____

FLOWER ARRANGEMENTS

Let your family and loved ones know your favorite type of flowers for any arrangements they might want present at your funeral.

MEMORIAL GIFTS

List charitable organizations you would like people to support to honor your memory.

Note: You can name your legacy fund at the KMF as a recipient of your memorials.

Charity: _____

Charity: _____

Charity: _____

ATTENDEES

List any groups, organizations, and clubs who should be notified of and invited to your funeral or memorial service (such as veterans' groups, alumni associations, sports or hobby clubs, etc.):

Group/Contact Info: _____

Group/Contact Info: _____

Group/Contact Info: _____

Group/Contact Info: _____

Group/Contact Info: _____

List any people whom your family may not know who should be notified of and invited to your funeral or memorial service.

Name/Contact Info: _____

Name/Contact Info: _____

Name/Contact Info: _____

Name/Contact Info: _____

Name/Contact Info: _____

Name/Contact Info: _____

Name/Contact Info: _____

Name/Contact Info: _____

Name/Contact Info: _____

MY OBITUARY

Some people prefer to write their own obituary while others prefer to provide information that their loved ones can use to write it.

I have a draft obituary ☐ No ☐ Yes – Location: _____

If you do not have a draft obituary, you can use the space below. A few questions to consider are: How do you want to be remembered? What aspects of your life are the most important to you? What stories capture who are you the most?

[illegible]

A FEW MORE THINGS MY LOVED ONES MIGHT LIKE TO KNOW ABOUT ME

Hobbies / Special Interests / Charitable Activities: _____

Community Service / Volunteering: _____

Medals / Honors / Citations / Awards: _____

IMPORTANT INFORMATION FOR MY FAMILY'S USE

ESTATE PLAN

God calls us to be good stewards with the gifts we have been entrusted. A will or trust protects your family and ensures your charitable wishes are honored. If you die without an estate plan, state law and the courts may decide who will administer your estate, handle financial matters and who would act as guardian of your minor children.

KMF offers free resources to help you create your estate plan. If you need assistance in creating or updating your will and other important estate documents, please contact us at info@kansasmethodistfoundation.org.

Do you have a will? ☐ No ☐ Yes – Date ____/____/____

Do you have a trust? ☐ No ☐ Yes – Date ____/____/____

Attorney who wrote the will or trust: _____

Executor of the Will: _____

Successor Trustee, if applicable: _____

Location of estate documents:

☐ At Home ☐ Attorney's office ☐ Other: _____

Do you have an Advance Health Care Directive? ☐ No ☐ Yes

If yes, location _____

Do you have a durable power of attorney for health? ☐ No ☐ Yes

If yes, location _____

Do you have a durable power of attorney for finance? ☐ No ☐ Yes

If yes, location _____

LOCATION OF IMPORTANT DOCUMENTS

Safe Deposit Box: _____ Box number: _____

Key(s) Location: _____

Birth certificate: _____

Children's birth certificate(s): _____

Funeral and cemetery arrangement documents: _____

Real Estate deeds: _____

Income tax records: _____

Auto registration/title(s): _____

Other documents: _____

BANKING

Bank name/ branch: _____

Type of account: ☐ Checking ☐ Savings ☐ Other: _____

Bank name/ branch: _____

Type of account: ☐ Checking ☐ Savings ☐ Other: _____

Bank name/ branch: _____

Type of account: ☐ Checking ☐ Savings ☐ Other: _____

Bank name/ branch: _____

Type of account: ☐ Checking ☐ Savings ☐ Other: _____

CREDIT CARDS

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ _____

Account Number: _____ Exp. Date: _____

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ _____

Account Number: _____ Exp. Date: _____

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ _____

Account Number: _____ Exp. Date: _____

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ _____

Account Number: _____ Exp. Date: _____

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ _____

Account Number: _____ Exp. Date: _____

PENSION/RETIREMENT PLANS (401K, 403B, IRA, PENSION, ETC.)

Company: _____ Account Number: _____

Phone: _____ Beneficiary: _____

Company: _____ Account Number: _____

Phone: _____ Beneficiary: _____

Company: _____ Account Number: _____

Phone: _____ Beneficiary: _____

Company: _____ Account Number: _____

Phone: _____ Beneficiary: _____

AUTO INSURANCE

Company: _____

Agent (if applicable): _____ Phone: _____

Policy Number: _____

HOME INSURANCE

Company: _____

Agent (if applicable): _____ Phone: _____

Policy Number: _____

HEALTH INSURANCE

Company: _____

Phone: _____ Policy Number: _____

Company: _____

Phone: _____ Policy Number: _____



LIFE INSURANCE

Company: _____

Agent (if applicable): _____

Phone: _____ Policy Number: _____

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ _____

Beneficiary: _____ Amount: \$ _____

Company: _____

Agent (if applicable): _____

Phone: _____ Policy Number: _____

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ _____

Beneficiary: _____ Amount: \$ _____

Company: _____

Agent (if applicable): _____

Phone: _____ Policy Number: _____

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ _____

Beneficiary: _____ Amount: \$ _____

Company: _____

Agent (if applicable): _____

Phone: _____ Policy Number: _____

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ _____

Beneficiary: _____ Amount: \$ _____



INVESTMENTS/BROKERAGE ACCOUNTS

Company: _____ Account Number: _____

Advisor (if applicable): _____ Phone: _____

Beneficiary: _____

Company: _____ Account Number: _____

Advisor (if applicable): _____ Phone: _____

Beneficiary: _____

Company: _____ Account Number: _____

Advisor (if applicable): _____ Phone: _____

Beneficiary: _____

Company: _____ Account Number: _____

Advisor (if applicable): _____ Phone: _____

Beneficiary: _____

REAL ESTATE HOLDINGS

Description: _____

Address: _____

City: _____ State: _____ Zip: _____

Deed Location: _____

Description: _____

Address: _____

City: _____ State: _____ Zip: _____

Deed Location: _____

MORTGAGE

Lender: _____ Account Number: _____

Phone: _____ Location: _____

Lender: _____ Account Number: _____

Phone: _____ Location: _____

OTHER LOAN INFORMATION

SOCIAL MEDIA ACCOUNTS AND IMPORTANT LOGIN INFORMATION

Facebook

Username: _____ Password: _____

Twitter

Username: _____ Password: _____

Instagram

Username: _____ Password: _____

LinkedIn

Username: _____ Password: _____

Account Name: _____ Web Address/URL: _____

Username: _____ Password: _____

Account Name: _____ Web Address/URL: _____

Username: _____ Password: _____

[illegible]

ADDITIONAL PEOPLE AND ORGANIZATIONS TO NOTIFY OF DEATH

| Name | Phone | Notified |
|------|-------|--------------------------|
| 1. | | <input type="checkbox"/> |
| 2. | | <input type="checkbox"/> |
| 3. | | <input type="checkbox"/> |
| 4. | | <input type="checkbox"/> |
| 5. | | <input type="checkbox"/> |
| 6. | | <input type="checkbox"/> |
| 7. | | <input type="checkbox"/> |
| 8. | | <input type="checkbox"/> |
| 9. | | <input type="checkbox"/> |
| 10. | | <input type="checkbox"/> |
| 11. | | <input type="checkbox"/> |
| 12. | | <input type="checkbox"/> |
| 13. | | <input type="checkbox"/> |
| 14. | | <input type="checkbox"/> |
| 15. | | <input type="checkbox"/> |
| 16. | | <input type="checkbox"/> |
| 17. | | <input type="checkbox"/> |
| 18. | | <input type="checkbox"/> |
| 19. | | <input type="checkbox"/> |
| 20. | | <input type="checkbox"/> |
| 21. | | <input type="checkbox"/> |
| 22. | | <input type="checkbox"/> |
| 23. | | <input type="checkbox"/> |
| 24. | | <input type="checkbox"/> |



Connect with us:



620-664-9623



100 East First Ave., P.O.Box 605
Hutchinson, KS 67504



info@KansasMethodistfoundation.org



KansasMethodistFoundation.org