

A List of
Final
Instructions
From

First things to do

1. If a person dies in the home, you should call "911" immediately.
2. Inform your religious leader. _____ Phone: _____
3. Call a friend to come help answer phones/make phone calls/answer the door etc.
_____ Phone: _____
4. Notify your funeral home _____ Phone: _____
5. Notify relatives (Heads of households) (see attached)
6. Notify close friends _____ (see attached)
7. Notify employer _____ Phone: _____
8. Notify attorney _____ Phone: _____
9. Notify accountant _____ Phone: _____
10. Notify family doctor(s) _____ Phone: _____
11. Request multiple copies (10) of the death certificate from County/State Bureau of Vital Statistics
_____ Phone: _____
12. Notify mortgage bank _____ Phone: _____
13. Locate the will(s). Location: _____

Special Household Instructions

You may want to include a sketch of your floor plan here...

1. Pet care _____

Vet: _____ Phone: _____

Possible caregiver for pet: _____ Phone: _____

2. Yard care _____

3. Newspapers _____

4. Garbage pick-up _____

5. Location of water valves for shut off _____

6. Location of gas valves for shut off _____

More Special Household Instructions

7. Location of breaker panel _____

8. Instructions to start electrical generator _____

9. Location of septic tank and drain field _____

10. Location of keys/combinations to locks/safes _____

11. Location of fireproof safe(s) _____

12. Other instructions: (i.e. The silk plants are... or Before moving the piano...)

13. Passwords for electronics: _____

Cell Phone: _____

Other: _____

Computer: _____

Other: _____

Internet: _____

Other: _____

Other: _____

Other: _____

Location of Personal Papers

Birth certificates _____

Divorce decree _____

Durable power of attorney _____

Inventory of personal property _____

Last will and testament (see attached) _____

Living will * (see attached) _____

Marriage certificate _____

Military records _____

Adoption papers _____

Income tax returns: _____

Stock certificates: _____

Other: _____

* Your Living Will could be kept on your refrigerator; be sure your neighbors know it's there and what to do if the paramedics come

Cars

Year: _____ Make: _____ Model: _____

Body type: _____ License number: _____

VIN number: _____ Color: _____

Location of title: _____

Year: _____ Make: _____ Model: _____

Body type: _____ License number: _____

VIN number: _____ Color: _____

Location of title: _____

Year: _____ Make: _____ Model: _____

Body type: _____ License number: _____

VIN number: _____ Color: _____

Location of title: _____

Year: _____ Make: _____ Model: _____

Body type: _____ License number: _____

VIN number: _____ Color: _____

Location of title: _____

Year: _____ Make: _____ Model: _____

Body type: _____ License number: _____

VIN number: _____ Color: _____

Location of title: _____

Important Warranties & Receipts

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

Item: _____ Location of warranty: _____

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Item: _____ Location of warranty: _____

Money you may receive from your Employer

1. Employer: _____
_____ Contact person: _____
Phone: _____
2. Unused sick leave: _____
_____ Contact person: _____
Phone: _____
3. Other employee benefits: _____
_____ Contact person: _____
Phone: _____
4. Pension Plan: _____
_____ Contact person: _____
Phone: _____
5. Life Insurance: _____
_____ Contact person: _____
Phone: _____
6. Profit Sharing: _____
_____ Contact person: _____
Phone: _____
7. Accident Insurance: _____
_____ Contact person: _____
Phone: _____
8. Thrift Savings Plan: _____
_____ Contact person: _____
Phone: _____

Money you can expect from Social Security

1-800-772-1213 or www.socialsecurity.gov

Social Security Number: _____

Name on Card: _____

Location of Card: _____

Other names under which you had Social Security earnings (i.e. maiden name):

Lump sum to spouse: (\$255 if eligible) \$ _____

Monthly benefit: \$ _____

Social Security benefits should be applied for as soon as possible following the death of a wage earner. The average time for benefits to begin is 45 days, so doing this right away is important. Family members will need to take the following documents to the Social Security office (if the phone call to Social Security doesn't take care of it):

1. Social Security number of deceased
2. Death certificate
3. Marriage license
4. Previous divorce papers of deceased
5. Birth certificates of deceased, spouse, children, and step-children living in the home of the deceased
6. Military discharge papers
7. Income tax returns for previous two years
8. Social Security numbers of spouse, children, and step-children living in household:

Name: _____ SS#: _____

Name: _____ SS#: _____

Name: _____ SS#: _____

Name: _____ SS#: _____

Name: _____ SS#: _____

Money you can expect from Life Insurance

Company: _____ Phone: _____

Address: _____ Agent: _____

Amount of insurance: \$ _____ Beneficiary(s): _____

Policy number: _____ Issue date: _____

Policy type: _____ Maturity date: _____

How paid out: _____

Location of policy: _____

Company: _____ Phone: _____

Address: _____ Agent: _____

Amount of insurance: \$ _____ Beneficiary(s): _____

Policy number: _____ Issue date: _____

Policy type: _____ Maturity date: _____

How paid out: _____

Location of policy: _____

Company: _____ Phone: _____

Address: _____ Agent: _____

Amount of insurance: \$ _____ Beneficiary(s): _____

Policy number: _____ Issue date: _____

Policy type: _____ Maturity date: _____

How paid out: _____

Location of policy: _____

Money you may be eligible for from other sources

Auto Insurance: _____
Contact person: _____ Phone: _____
Policy number: _____ Beneficiary: _____
Location of policy: _____

Auto Insurance: _____
Contact person: _____ Phone: _____
Policy number: _____ Beneficiary: _____
Location of policy: _____

Homeowners/Property Insurance: _____
Contact person: _____ Phone: _____
Policy number: _____ Beneficiary: _____
Location of policy: _____

Medical Insurance: _____
Contact person: _____ Phone: _____
Policy number: _____ Beneficiary: _____
Location of policy: _____

Mortgage Insurance Company: _____
Contact person: _____ Phone: _____
Policy number: _____ Beneficiary: _____
Location of policy: _____

Money from Stocks, Bonds and Notes/Bills

Stocks

Company: _____ Phone: _____
Address: _____ Agent: _____
Name on certificate(s) _____
Certificate number(s): _____ Number of shares: _____
Purchase price: \$ _____ /share Purchase date: _____
Location of stock certificates: _____

Bonds

Issuer: _____ Phone: _____
Address: _____
Agent: _____
Issued to: _____ Bond number(s): _____
Purchase price: \$ _____ Purchase date: _____
Face amount: _____ Maturity date: _____
Location of certificate(s): _____

Notes/bills

Issuer: _____ Phone: _____
Address: _____ Agent: _____
Issued to: _____ Note number(s): _____
Purchase price: \$ _____ Purchase date: _____
Face amount: _____ Maturity date: _____
Location of certificate(s): _____

Savings Accounts

Each account should always have two people in case of death;
they don't have to be a signer, but a P.O.D. (payable on death).

Bank: _____ Address: _____
Phone: _____ Account type: _____
Name on account: _____ Account number: _____
Location of passbook: _____
Special instructions: _____

Bank: _____ Address: _____
Phone: _____ Account type: _____
Name on account: _____ Account number: _____
Location of passbook: _____
Special instructions: _____

Bank: _____ Address: _____
Phone: _____ Account type: _____
Name on account: _____ Account number: _____
Location of passbook: _____
Special instructions: _____

Certificates of Deposit (CD's)

Each certificate should always have two people in case of death;
they don't have to be a signer, but a P.O.D. (payable on death).

Bank: _____ Address: _____
Phone: _____ Amount: _____
Name on CD: _____ Account number: _____
Location of Certificate: _____
Special instructions: _____

Bank: _____ Address: _____
Phone: _____ Amount: _____
Name on CD: _____ Account number: _____
Location of Certificate: _____
Special instructions: _____

Bank: _____ Address: _____
Phone: _____ Amount: _____
Name on CD: _____ Account number: _____
Location of Certificate: _____
Special instructions: _____

Checking accounts

Each account should always have two people in case of death;
they don't have to be a signer, but a P.O.D. (payable on death).

Bank: _____ Address: _____

Phone: _____ Account type: _____

Name on account: _____ Account number: _____

Location of cancelled checks: _____

Location of statements: _____

Special instructions: _____

Bank: _____ Address: _____

Phone: _____ Account type: _____

Name on account: _____ Account number: _____

Location of cancelled checks: _____

Location of statements: _____

Special instructions: _____

Bank: _____ Address: _____

Phone: _____ Account type: _____

Name on account: _____ Account number: _____

Location of cancelled checks: _____

Location of statements: _____

Special instructions: _____

Safety Deposit Box

Bank: _____

Address: _____

Phone: _____

Name on account: _____

Box number: _____ Location of keys (be sure to put the name of the bank on the

keys): _____

Contents: (see attached)

Other assets

Retirement: _____

Retirement: _____

Annuity contracts: _____

Stock-options: _____

Profit-sharing plans: _____

Limited partnerships: _____

House, Condominium, Cooperative

(print out one for each dwelling)

In whose name: _____

Address of house/condo/coop: _____

Lot: _____ Block: _____ On map called: _____

Other description: _____

Attorney at closing: _____

Phone: _____ Location of statement of closing, policy of title insurance, deed, land survey, appraisal, inspection, etc. _____

Cost of house:

Initial buying price: \$ _____ Purchase closing fee: _____

Other costs(i.e real estate agent, legal fees) \$ _____ Improvements as of _____

Total: \$ _____ Location of home improvement bills: _____

Mortgage(s)

Held by _____ Phone: _____

Amount of original mortgage: \$ _____ Date taken: _____

Amount owed now: \$ _____ Life insurance on _____

Method of payment: _____ mortgage? Yes No

Location of payment: _____

Veteran's exemption claim: (Questions? Contact local tax assessor)

Location of documentation: _____

Annual amount: \$ _____ Property taxes Amount yearly: \$ _____

Location of receipts: _____ Due on: _____ and annually.

Information about rental

Lease: Yes No Lease expires on: _____

Landlord: _____ Phone: _____

Address: _____

Other information:

Debt

Credit Cards

All credit cards should be cancelled or, on joint accounts, converted to the name of surviving spouse.

My credit score as of _____ is _____.

1. Company: _____ Phone: _____

Name(s) on card: _____

Acct. #: _____

2. Company: _____ Phone: _____

Name(s) on card: _____

Acct. #: _____

3. Company: _____ Phone: _____

Name(s) on card: _____

Acct. #: _____

4. Company: _____ Phone: _____

Name(s) on card: _____

Acct. #: _____

5. Company: _____ Phone: _____

Name(s) on card: _____

Acct. #: _____

6. Company: _____ Phone: _____

Name(s) on card: _____

Acct. #: _____

7. Company: _____ Phone: _____

Name(s) on card: _____

Acct. #: _____

Outstanding Loans

Bank: _____

Address: _____

Phone: _____

Loan type: _____

Name on loan: _____

Account number: _____ Monthly payments: \$

Location of papers: _____

Collateral (if any): _____

_____ Life insurance on loan? Yes No

Bank: _____

Address: _____

Phone: _____

Loan type: _____

Name on loan: _____

Account number: _____ Monthly payments: \$

Location of papers: _____

Collateral (if any): _____

_____ Life insurance on loan? Yes No

Bank: _____

Address: _____

Phone: _____

Loan type: _____

Name on loan: _____

Account number: _____ Monthly payments: \$

Location of papers: _____

Collateral (if any): _____

_____ Life insurance on loan? Yes No

Death Certificate

The death certificate is generated by the funeral director and is then recorded at the Bureau of Vital Statistics.

Facts for the funeral director for death certificate

My full name: _____

Date of birth: _____ Birthplace: _____

Social Security number: _____

Residence: _____

Marital Status: married divorced widowed single

Spouse: _____

Father's name: _____

Father's birthplace: _____

Mother's maiden name: _____

Mother's birthplace: _____

Length of residence in state: _____

Military service? Yes No

If yes, serial number: _____

Date of active duty: _____

Date of discharge: _____

Copy of DD214 (discharge papers)

Location of DD214: _____

Cemetery

Name of cemetery: _____

Lot #: _____ Block #: _____ Section #: _____

When purchased: _____ Deed number: _____

Location of deed: _____

Contact person: _____ Phone: _____

I would like to be buried in Lot # _____

About the Obituary

The newspaper will want an obituary as soon as possible so having this done is a real blessing to your loved ones.

In a standard obituary the family gives the facts to the funeral home that write it and submit it to the newspaper. The newspaper will edit it.

A family tribute is more personal (i.e. grandpa was the best fisherman in the world) and costs more. This is written by the family and given to the funeral home who submits it to the newspaper.

Picture

Picture I want used for funeral program and/or obituary: (see attached)

My Obituary

Specific things I want included in my obituary (beyond what's in the life sketch):

Full Name _____

Street address _____

Birthplace _____

Birthdate _____

Resided in County _____ State _____

Lived here since _____ Marital status: Married Single

Spouse name (including maiden name): _____

Marriage date _____ Marriage place _____

Occupation _____

Company _____

Type of business industry _____

Veteran/Branch of service _____

Serial No. _____

Name of war/Dates served _____

Organization _____

Rank _____

Enlisted at _____ Date _____

Discharged at _____ Date _____

Location of Discharge Certificate _____

Father's full name _____

Father's Birthplace _____

Mother's full maiden name _____

Mother's Birthplace _____

I have written my obituary. Feel free to add to it. (see attached).

About funerals

A funeral is a place of joy where good memories are talked about and families draw together. As you consider your funeral program, remember that funerals serve a purpose and are a necessary part of grieving—the lives and hearts of your family and friends will be empty without you. Your funeral can give your loved ones hope in eternal things beyond this life. Funerals fall under the same protocol as sacrament meetings—they are a religious ceremony that emphasizes Christ. Therefore, the music should be planned with that mind. Church protocol dictates that the Bishop give the final remarks.

My preferred florist is _____

Phone number: _____

My Wishes for My Funeral

My choice of funeral home: _____

Pre-paid funeral plan: _____

Location of ownership certificate/deed for cemetery property _____

Special requests (i.e. jewelry, clothing, etc.): _____

Other instructions (i.e. fingernails painted? shoes on?): _____

Favorite passage(s) of scripture: _____

Chief Coordinator (the person who will work with your spouse and children to make final arrangements and will use their suggestions): _____

Casket type (wood/metal/fiberglass) _____

Headstone type (bronze/granite/other) _____

Standing or flat on ground _____

Do you wish a church service? Yes No

Name of church: _____

City: _____ State: _____

Do you wish a funeral home service? Yes No

Name of funeral home: _____

City: _____ State: _____

Do you wish a viewing? Yes No Do you wish an open casket? Yes No

Would you like the viewing at the funeral home or at the church? _____

Name of funeral home: _____

Location of church: _____

City: _____ State: _____

Do you wish a graveside service? Yes No

Name of cemetery: _____

City: _____ State: _____

About Pallbearers

Active pallbearers actually carry the casket from the church to the funeral coach and from the funeral coach to the graveside. Six is the preferred number, but they can use eight.

“Honorary pall bearers” are those above the number of eight or those unable to attend the funeral who receive special recognition.

Request for pallbearers:

Active Pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____

Honorary Pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special requests for burial (i.e. before memorial service; family stay until casket is buried and covered): _____

My Funeral Program

Musical numbers I would like sung/played and by whom:

Music: _____ Musician: _____

Music: _____ Musician: _____

Music: _____ Musician: _____

Music: _____ Musician: _____

Music: _____ Musician: _____

Life sketch given by: _____

Life sketch should last twenty minutes at most and could include:

My full name: _____

Date of birth: _____

Birthplace: _____

Where I grew up: _____

Schools attended: _____

Degrees & certificates: _____

Occupations: _____

Date & location of marriage: _____

Spouse: _____

Children & where they live: _____

Various places lived: _____

Honors & awards: _____

Leadership positions held & approximate length of time held: _____

Member of organizations: _____

Military service? Yes No Details: _____

Hobbies and talents: _____

About memorials

Memorials are donations given in memory of the deceased.

The funeral home will have envelopes to major charities.

I would request that memorials be given to the following charity(s) or other special requests
i.e. "In lieu of flowers, take your family dinner" or "In lieu of flowers, save your money."

Signed _____

Date _____