

GUIDE FOR SURVIVORS

Preface

The loss of a loved one is a tragic event and often a confusing time for everyone. Even when the emotional aspects of a loss begin to subside, the task of accumulating records can become formidable. But some people, for a variety of reasons, are still reticent about keeping personal and financial information up to date and readily available.

Your family and your executors/personal representatives will need the information you provide in this guide to expedite settlement of your estate. There is a place for you (pages 1-3) and your spouse (pages 4-6) to record information about your families, and to express your wishes for final arrangements. The follow-on pages provide for an inventory of important family documents and also have a place for your guidance for handling many matters that your survivors will need to attend to. Additionally, there is a special section dealing specifically with benefits available to survivors of military personnel.

You should take the time now to record this essential information and thus ease the process for your survivors. Make your entries in pencil so they

To those who survive,

The information on this and the following pages is to help you and others with the challenges that lie ahead. Some of these matters can best be handled by people with special skills and expertise. Please contact the following, as appropriate, for their advice and assistance.

Contact	Name	Address	Phone
Clergy	_____	_____	_____
Attorney	_____	_____	_____
Financial Planner	_____	_____	_____
Tax Advisor	_____	_____	_____
Military Survivor Assistance Office	_____	_____	_____
Employer	_____	_____	_____
	_____	_____	_____

The information in this guide was last updated on _____.

Signature

Spouse's Signature

My Family Information

Name: _____

List yourself, then your spouse, children, parents, and siblings. Also include and identify any who are deceased.

Name	Relationship	Date of Birth	Place of Birth	Soc. Sec. #
_____	<u>Self</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date and place of marriage _____

Prior marriage(s), if any. To _____ Date _____ Place _____

My Essential Documents

I ___ do not ___ do have a living will. It is located _____

I ___ do not ___ do have a health care power of attorney. It is located _____

I ___ am not ___ am an organ/tissue donor. The document is located _____

I ___ do not ___ do have a will and/or trust. It is located _____

Prepared by _____ Date of document _____

Address _____ Phone _____

The executor/personal representative or trustee is _____

Address _____ Phone _____

My Family Information

Spouse's Name: _____

List yourself, then your spouse, children, parents, and siblings. Also include and identify any who are deceased.

Name	Relationship	Date of Birth	Place of Birth	Soc. Sec. #
_____	<u>Self</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date and place of marriage _____

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My Essential Documents

I ___ do not ___ do have a living will. It is located _____

I ___ do not ___ do have a health care power of attorney. It is located _____

I ___ am not ___ am an organ/tissue donor. The document is located _____

I ___ do not ___ do have a will and/or trust. It is located _____

Prepared by _____ Date of document _____
 Address _____ Phone _____
 The executor/personal representative or trustee is _____
 Address _____ Phone _____

Location of Important Documents

You will find important papers in the following locations. The box checked next to each indicates where you'll find the documents.

H Stored at home. Specific location(s): _____

O Stored at an office away from home. Specific location(s): _____

S Stored in a safe deposit box. Number _____ Who has key _____
 Bank name and address _____

N None of the above. See notes, below. *

H	O	S	N*		H	O	S	N*	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passport
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adoption records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power of attorney
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto titles, insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Profit sharing plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bank statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property settlements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Real estate deeds, title ins.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RV titles, insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broker accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement/pension records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cemetery plot deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe combination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates of deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe deposit box inventory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Citizenship papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock certificates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce/separation papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trust documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeowner's Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will (original)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income tax returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will (copy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investment records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marriage license, cert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military service records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

* Notes _____

Life Insurance

Insured	Company	Phone	Policy No.	Face Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Insurance

Automobile, casualty, health, homeowners, etc.

Company	Phone	Policy No.	Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Investments

Mutual funds, stocks, bonds, etc.

Description

Account No.

Real Estate

Personal residence, rental, lands, etc.

Description

Location

Savings

Banks and credit unions; checking, savings, money market accounts; certificates of deposit; etc.

Institution	Address	Account No.	Type of Acct
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Loans

Mortgage, automobile, personal, et.

Payable Balance	Monthly Payment	Owed To	For	Account No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Receivable Balance	Monthly Payment	Owed By	For	Account No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Charge Cards

MasterCard, Visa, department store, oil company, etc.

Type	Issued by	Address	Card No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Follow-on Actions

Most insurance companies and financial institutions require certified copies of the death certificate to process claims and reregister accounts. These are normally available through funeral directors.

Listed below are most of the matters that you will have to take care of. Not everything will apply, and there may be other things not listed. The sequence of this list is not intended to imply priority or importance. Normally, there is no need to rush through the process. Just be sure your mind is clear, and take care of them in the order of their importance to you.

<p>Life Insurance</p> <ul style="list-style-type: none">• File claims• Reduce premium payments• Change ownership and beneficiaries on remaining policies <p>Other Insurance</p> <ul style="list-style-type: none">• Cancel or change automobile, casualty, health, homeowners, etc.• Adjust premiums <p>Investments</p> <ul style="list-style-type: none">• Reregister accounts• Rollover IRAs and change beneficiaries• Adjust automatic payments• Nullify standing or specific instructions to brokers <p>Financial Institutions</p> <ul style="list-style-type: none">• Change Account Names• Adjust automatic payments• Claim benefits available to deceased account holders <p>Tax Advisor</p> <ul style="list-style-type: none">• File required federal and state returns (estate, income) <p>Veteran Affairs</p> <ul style="list-style-type: none">• Claim federal and state benefits for any military service <p>Clubs and Organizations</p> <ul style="list-style-type: none">• Claim group insurance• Continue or stop membership• Adjust dues• Return their files and records• Claim benefits available to deceased members	<p>Creditors</p> <ul style="list-style-type: none">• Claim credit life insurance• Cut and return credit cards• Request reissue in your name• Claim benefits available to deceased account holder <p>Employees</p> <ul style="list-style-type: none">• Retrieve personal items• Claim deferred compensation• Claim benefits – insurance, profit sharing, stock options, 401(k), etc.• Change your withholding exemptions• Update your health insurance <p>Publishers</p> <ul style="list-style-type: none">• Continue or cancel subscriptions• Change address <p>Attorney</p> <ul style="list-style-type: none">• Probate will, implement trust• Update your will, trust, power(s) of attorney <p>Social Security</p> <ul style="list-style-type: none">• Claim burial allowance• Apply for benefits <p>Borrowed Items</p> <ul style="list-style-type: none">• Return to owner – library, neighbors, friends <p>Post Office</p> <ul style="list-style-type: none">• Change of address• PO box rental <p>Utilities</p> <ul style="list-style-type: none">• Change names• Adjust services
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Information Sources

The following are items to consider.

Funeral Information:

The cost for funeral services can vary greatly. The National Funeral Directors Association (NFDA) web site (www.nfda.org/page.php?pID=20) can help you choose a well established funeral home in your area, if the deceased has not pre-arranged the service. They can also be reached by phone at 1-800-228-6332. Additionally, the funeral director can assist in placing the death notice in the newspaper.

You can also obtain information on funeral expenses through AARP (1-888-687-2277 or www.aarp.org/families/grief_loss/) and the Federal Trade Commission's web site (www.ftc.org).

Social Security (1-800-772-1213)

Use this number to notify the Social Security Administration of the death and to stop or apply for benefits. The Social Security Administration's web site (www.ssa.gov) is available to order publications and forms.

Employer, Union and Professional Organizations

Contact the human resources or benefit department of the employer of both the deceased and survivor. Inquire about insurance, retirement accounts or flexible spending account balance that may be available to spouse/beneficiaries.

Business Owners/Partners

Review business documents. There may be a buy-sell agreements in place.

Legal Checklist/After Spouse's Death

___ Locate all critical documents, including: will; trusts; insurance policies; information on bank accounts, mutual funds, and safe deposit boxes; information on retirement plans, 401(k) accounts, or IRAs; information on debts, including credit cards, mortgages and loans, etc.; certificates for stock, bonds, or annuities; real estate deeds; and titles any and all for mobile homes, automobiles, boats, and RVs.

___ Contact the Social Security Administration and provide notification of death. Depending upon your situation, you may elect to apply for survivor benefits if they exceed your own.

Contact Info: Social Security Administration
www.socialsecurity.gov
(800) 772-1213

___ Order Death Certificates. You should order at least several, since you will need them for various reasons in the coming months and years.

Contact Info: Florida Department of Health
Office of Vital Statistics
P.O. Box 210
Jacksonville, Florida 32231
(877) 550-7330
vitalstatistics@doh.state.fl.us

___ If your spouse was a veteran, contact the Casualty Assistance office at the closest military base. They can provide information concerning available death benefits and assistance with military funerals.

___ Contact your bank and advise them of your spouse's death.

- Request that names on jointly owned accounts be changed to your name only

___ Meet with your financial planner, if you have one, and request assistance concerning:

- issuance of life insurance proceeds,
- necessary changes or elections, if any, on investment, pension, and retirement accounts,
- transfer of pay on death accounts owned individually by your spouse.

If you do not have a financial planner, request assistance from a trusted individual with financial knowledge regarding these matters.

___ Locate your spouse's Will and meet with your estate planning attorney regarding filing of the Will and to obtain counsel on the transfer of your assets, either by probate or otherwise. Please speak with your attorney before agreeing with creditors to pay your husband's individual debts, including hospital and credit card bills.