

Introduction

To The Owner Of This Book

This book is intended to be a guide, written for your family or personal representatives, to assist and comfort them in your passing. It is imperative that the existence and planned storage location of this book is communicated to your close family members or legal representatives now. Remember to review your answers annually, and be sure to update your information as needed. Due to the sensitive nature of this information, this book should be stored in a secure location.

This book is not a legally binding document, and does not in any way replace a will.

Introduction

To The Family

The passing of a loved one is always a difficult and confusing time for survivors, and our heart is with you as you grieve. Your loved one has prepared this book for you with the intention of making this stressful time easier for you. Please use it as a guide for making decisions on your loved one's behalf, and take comfort in the fact that they have gathered this information and prepared their wishes in advance for your wellbeing and peace of mind.

A Message To My Family

At This Difficult Time

Personal Information

Legal Name:

Maiden Name / Alias:

Address:

PO Box Number/Location:

Phone Numbers:

Social Security Number:

Please initial and date any and all corrections.

Family & Life Events

Birthdate and Birthplace / Location of Birth Documents:

Parents and Their Birth / Death Information:

Siblings:

Marital Information / Location of Marital Documents:

Children:

Grandchildren:

Other Relatives of Note:

Additional Notes:

A more detailed family record form for obituary purposes is found on pages 6-7.

Please initial and date any and all corrections.

At The Time of My Death

Organ Donation

- I have signed documents that will permit any of my bodily parts to be used, and I hope they can be.
- I have not signed such documents as of yet, but I would like my family to donate any bodily parts that could be used to benefit another person.
- I do not wish to be involved in organ donation.

Cremation of My Remains

- I do want to be cremated.
- I do not want to be cremated.
- It does not matter to me.

My Body / Ashes

- I want my body / ashes interred at:

- I want ashes scattered over:

Memorial / Funeral Service / Mass (Check all that apply.)

- I want a memorial service at:

- I want only a graveside service

- I would like the following person to conduct my service: _____

- Other Requests:

Please initial and date any and all corrections.

Memorial / Funeral Service / Mass (Continued. Check all that apply.)

I have already made and paid for arrangements to be held at:

I would like my family to use the following funeral location, but I have made no payment to them:

I have a cemetery plot / mausoleum space at this location, which I would like to be used:

The sales contact is located:

I would like to be interred at the following location, but I have made no payment to them:

Memorial Gifts

I would like memorial gifts to be made to the following organizations or institutions, for the following purposes:

It should be stated that I wish people to make memorial gifts, if any, to a church or charity of their own choice.

I have no preference about memorial gifts.

Memorial and Funeral Decisions

I would like this person to make final memorial and funeral decisions: (Please include a second choice in the event that your first choice is not alive or able to make these decisions.)

I want my children to make a final decision on these matters by consensus, or, if that is not practical, by a majority vote within the parameters stated herein.

Please initial and date any and all corrections.

Obituary Information

The following information will be provided for your obituary and historical records. Remember to list your parents, siblings, children, grandchildren, and any other extended family whom you would like mentioned in an obituary or recorded for genealogy records.

Full Name	Relationship	Date / Place of Birth	Date / Place of Death	Mention in Obituary? (Circle One)
	MOTHER			YES NO
	FATHER			YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

Please initial and date any and all corrections.

Somer Obernauer's BEFORE YOU GO Plans & Wishes

Full Name	Relationship	Date / Place of Birth	Date / Place of Death	Mention in Obituary? (Circle One)
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

Accomplishments and notable life events to be mentioned in an obituary:

Organizations and memberships to be mentioned in an obituary:

My Estate

My Will

My original Will is located:

Other important personal records, certificates, and documents are located:

In dividing my "Tangible Personal Property":

See written memorandum located: _____

I want each member of my family to receive back any items he/she/they gave to me.

I want the following person to decide what's fair for all concerned and his/her decision will govern.

I have kept a list of beneficiaries at the following location: _____

As for the administrative and financial matters involved for my family, I urge them to rely principally on the advice of:

Order of Preference (Rank 1-4)	Relationship	Name	Phone Number / Contact Information
	My Lawyer		
	My Accountant		
	My Financial Advisor		
	Other _____		

Additional Notes:

Please initial and date any and all corrections.

Financial Records

Life Insurance

My policy or policies are located in:

My agent's name and phone number:

Auto Insurance

My policy or policies are located in:

My agent's name and phone number:

Property Insurance

My policy or policies are located in:

My agent's name and phone number:

Tax Records

My tax records are located in:

My tax preparer's name and phone number:

Safe Deposit Box

My safe deposit box location, key location, and additional information:

I do not have a safe deposit box.

Please initial and date any and all corrections.

Medical Records

Medical Insurance

My policy or policies (including company and account number):

Please contact the following physicians to notify them of my passing:

Medical history and information relevant to the health of my survivors:

Please initial and date any and all corrections.

Pet Records

My Pets

I have no current pets.

List of my current pets and their ages:

My Wishes for the continued care of my pets and their medical needs:

I have left funds intended for the continued care of my pets (details below).

My Pets' Veterinarian:

My Pets' Insurance Provider and Policy Number:

Please initial and date any and all corrections.

Securities Accounts

List all securities accounts, including investment portfolios, mutual funds, savings bonds, retirement plans, 401(k), IRAs, Pension, and profit sharing plans.

Account Type	Bank / Firm / Agency	Account Number	Contact

Bank Accounts

List all savings and checking accounts. Also note any debit or ATM cards here.

Account Type	Bank / Credit Union	Account Number	Username and Password for Online Access
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:

Please initial and date any and all corrections.

Credit Accounts

List all credit cards, including store and revolving lines of credit.

Account Type	Bank / Store	Account Number	Username and Password for Online Access
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:

Please initial and date any and all corrections.

Loan Accounts

List all open loan accounts here, including mortgages, car loans and student loans.

Loan Type	Bank / Credit Union	Account Number	Username and Password for Online Access
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:

Utility Accounts

List all current utility accounts here, including electric, gas, water, phone, cable, and internet.

Utility Type	Company	Account Number	Username and Password for Online Access
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:
			User: Pwd:

Please initial and date any and all corrections.

Summary of Financial Obligations

- I owe nothing except current bills.
- I have an active mortgage (approximate amount owed: _____).
- I owe credit and charges (approximate amount owed: _____).
- I have non-mortgage loans (car, student, etc) (approximate amount owed: _____).
- My financial documents are located:

Additional financial notes, contacts or accounts not listed on the previous pages:

Digital and Social Connections

Social Media (Facebook, Instagram, Twitter, etc.) (Check all that apply)

- I would like notice of my passing posted to my social networks.
- I would like my funeral arrangements posted to my social networks.
- I would like my social network accounts to be deactivated upon my death.
- I would like my social network accounts to remain active in a "memorial" status upon my death.

Please note any exceptions or special instructions in the chart below with your login information (ie. "Memorialize my Facebook page, but delete Twitter," etc.)

Social Media Accounts

Website	Username and Password for Online Access	Special Instructions (Deactivate, Memorialize, etc.)
	User: Pwd:	
	User: Pwd:	
	User: Pwd:	
	User: Pwd:	
	User: Pwd:	
	User: Pwd:	
	User: Pwd:	

Additional Notes:

Please initial and date any and all corrections.

Contact List

List those individuals who should receive prompt and personal word of your passing. Note those who are named in your will.

Name	Relationship	Contact Information	Named in Will?
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO

Please initial and date any and all corrections.
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Name	Relationship	Contact Information	Named in Will?
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO

Closing Thoughts

Take a moment to write any last thoughts on these arrangements for your loved ones here.

Signature

Date

Please initial and date any and all corrections.