Individual
Estate Record
There is a feeling of accomplishment in creating a plan to ensure that a task will go smoothly; a comfort that comes with knowing that you’ve considered and taken care of as many of the details as you can...

This booklet has been designed to help you achieve this in regards to your estate. It will guide you in collecting important personal and financial information, and also will offer additional insight into related topics. By keeping this record, you may realize any or all of the following benefits:

• Relieve loved ones of potential future stress and emotional burden.
• Make and express choices about how you would like to be remembered.
• Consolidate important information in one place.
• Avoid emotional overspending later and make the best choices for you at your own pace.
• Involve your loved ones in your decisions and share your wishes with them.

By updating this record as changes occur, you ensure that it will continue to serve as a useful reference. You should keep it in a safe but immediately accessible place and let your family know its whereabouts.

This booklet is provided by Selected Independent Funeral Homes—a non-profit organization of locally-owned, independent funeral homes throughout the United States, Canada and abroad. Through the Code of Good Practice and other programs, members are committed to providing information that supports you in planning services that will have special meaning. Visit www.selectedfuneralhomes.org/families for additional helpful resources.
What To Do Following A Death

When a death occurs, a number of items require simultaneous attention. Regardless of the day or hour, your funeral director should be prepared to respond to your needs and assist with all the details, such as taking custody of and caring for the body, securing all necessary permits and death certificates, and arranging and setting in motion the funeral plans.

YOUR FUNERAL DIRECTOR ALSO MAY ASSIST IN NOTIFYING KEY CONTACTS, SUCH AS:

- Physician and/or coroner
- Cemetery
- Relatives
- Friends
- Clergy
- Employers (past and present)

- Musicians
- Pallbearers
- Legal counsel
- Insurance agent(s)
- Unions and fraternal organizations

OTHER DETAILS YOUR FUNERAL DIRECTOR MAY ASSIST WITH INCLUDE:

- Placing obituary and funeral notices in newspapers
- Arranging for burial or cremation, cemetery or mausoleum space, grave opening and closing, flowers and monuments
- Assisting with the selection of funeral items (i.e. casket, urn, vault, acknowledgment cards, other keepsake items)
- Arranging transportation for family members prior to, during, and after the funeral
- Arranging music selections
- Supervising the funeral and/or memorial service
- Receiving and arranging flowers and recording the names of givers
- Helping select a worthy cause or charity to receive memorial contributions
- Following up after the service to assist with unforeseen details or special circumstances

THINGS TO BRING WHEN MEETING WITH YOUR FUNERAL DIRECTOR

When a death occurs, you’ll find much of the information you need in this booklet. You may want to attach additional pages of information to include any of the materials below or details of where to find them (e.g., safe deposit box, or specific location in your home).

- Social security number (if not recorded in this booklet)
- Military discharge papers
- A recent photo
- Additional personal information for the death certificate and obituary
- Personal items such as clothing, cosmetics, jewelry, glasses and dentures
- Insurance policy and/or pre-arrangement information, if applicable
## Immediate Notification List

### Name 1

<table>
<thead>
<tr>
<th>Address</th>
<th>Relationship</th>
<th>Telephone</th>
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### Name 2

<table>
<thead>
<tr>
<th>Address</th>
<th>Relationship</th>
<th>Telephone</th>
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</thead>
</table>

### IMPORTANT CONTACTS

**Funeral home**

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone</th>
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</thead>
</table>

**Do you have an Executor/Administrator of your estate?**

- [ ] Yes    
- [ ] No

**Executor/Administrator Name**

<table>
<thead>
<tr>
<th>Telephone</th>
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**Clergy**

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<th>Telephone</th>
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**Attorney**

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<th>Telephone</th>
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**Accountant**

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<th>Telephone</th>
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### OTHER PERSONS TO BE NOTIFIED (In addition to family listed on page 8)

**Name 1**

<table>
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<tr>
<th>Address</th>
<th>Relationship</th>
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</table>

**Name 2**

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<th>Address</th>
<th>Relationship</th>
<th>Telephone</th>
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**Name 3**

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<th>Address</th>
<th>Relationship</th>
<th>Telephone</th>
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**Name 4**

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<tr>
<th>Address</th>
<th>Relationship</th>
<th>Telephone</th>
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</table>
## Arrangement Preferences

### PRE-ARRANGEMENT (Choose one)

**I have made pre-arranged service plans, with the following.** (Attach a copy of the completed forms.)

- **Funeral home:**
  - Address
  - Telephone
  - Funeral director

**I have not made pre-arranged service plans. The following are my preferences.**

(Add additional pages outlining unique or specific wishes to further personalize your plans.)

- **Funeral home:**
  - Address
  - Telephone
  - Funeral director

- **Place of service:**

- **Officiating clergy or other celebrant:**

- **Readings** (scripture, poetry or other—include title and author and/or attach copies of materials)

- **Family member participation in service**

- **Musical selections**

- **Vocalist** (name(s) and contact information)

- **Organist/musicians** (name(s) and contact information)

- **Active pallbearers**

- **Honorary pallbearers**

- **Visitation** (indicate requests such as set hours, wake or vigil service, public or private, etc.)
Memorial tributes (list memorial contributions desired) 

Floral Preference (type, color and/or special usage) 

Casket and/or urn (type, color, other special preferences) 

Instructions for clothing, jewelry, glasses, etc. (optional: affix photo to assist your funeral director in hair styling and cosmetics) 

Personal 

□ Wedding Band 

□ Stays On □ or Return To: 

Accessories: 

□ Eyeglasses 

□ Stay On □ or Return To: 

□ Stays On □ or Return To: 

□ Stays On □ or Return To: 

□ Stays On □ or Return To: 

Type of disposition (burial, mausoleum/entombment or cremation) 

If cremation, memorialization preference (inurnment, burial, scattering) 

Cemetery Property Purchased? □ Yes □ No 

Name of cemetery 

Location of cemetery (city, state/province, township and/or churchyard) 

Description of cemetery property (crypt/space, section and lot & grave) 

Monument/marker type 

Inscription 

Emblem 

Organ donation wishes 

Other special wishes or instructions, awards, pictures, life achievements or items to be placed with remains 

Signed 

Date
Personal History

VITAL STATISTICS AND HISTORICAL RECORD

Full name ___________________________________________ Maiden name ____________________________
Address ________________________________________________________________________________________
Telephone ____________________________________________ Social Security # _________________________
Birthplace (city, state, country) __________________________ Date of Birth _____________________________
Father’s name ___________________________________________________________________________________
Mother’s name __________________________________ Maiden name _________________________________
Occupation (or retired from) ______________________________________________________________________
Education (highest grade completed) __________________________________________________________________
Religious affiliation ______________________________________________________________________________

HEALTH INFORMATION (attach additional information)

Health issues ____________________________________________________________

Physician Name 1 __________________________________ Telephone ____________________________
Physician Name 2 __________________________________ Telephone ____________________________
Physician Name 3 __________________________________ Telephone ____________________________
Dentist Name __________________________________ Telephone ____________________________

MARRITAL INFORMATION

☐ Married  ☐ Never Married  ☐ Widowed  ☐ Divorced

Spouse’s name ___________________________________________________________________________________
Spouse’s maiden name (if applicable) _______________________________________________________________
Location of marriage __________________________________________________ Date _______________________
Marriage performed by _____________________________________________________________
Marriage license location ______________________________________________________________

FORMER MARRIAGES (this information is vital for Social Security benefits)

Former spouse’s name ___________________________________________________________________________
Divorce decree location _________________________________________________________________________
Attorney’s name __________________________________ Telephone ____________________________
Address ______________________________________________________________________________________
# Personal History

## Children

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State, Zip</th>
<th>Telephone</th>
<th>Date of Birth</th>
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<tbody>
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</table>

## Surviving Relatives

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State, Zip</th>
<th>Telephone</th>
<th>Date of Birth</th>
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<tbody>
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</tbody>
</table>

## Special Instructions to Family

- 
- 
- 
- 

## Health Problems or Special Needs of Any of the Above

- 
- 
- 
- 
-
EMPLOYMENT HISTORY (add or attach resumé)

Name of employer 1 ________________________________________________________________
Position held __________________________________________ Dates employed __________
Pension/Retirement information ______________________________________________________

Name of employer 2 ________________________________________________________________
Position held __________________________________________ Dates employed __________
Pension/Retirement information ______________________________________________________

Name of employer 3 ________________________________________________________________
Position held __________________________________________ Dates employed __________
Pension/Retirement information ______________________________________________________

MILITARY INFORMATION (see page 14 for veterans benefits resources)

Military Honors? □ Yes □ No
Branch of service ______________________________________ Rank ______________________
Dates enlisted __________________________ Date discharged (Attach copy of form DD 214) __________
VA serial # __________________________ Service ID __________________________
Service during war or conflict ______________________________________________________
Flag Request: □ Draped □ Not Draped □ Folded □ Presented to __________________________
Veteran’s Cemetery Marker? □ Yes, flat marker □ Yes, upright marker □ No marker __________
Style of marker (if applicable) □ Bronze □ Granite □ Marble □ Other __________________________
Additional information ______________________________________________________________

CLUBS AND ORGANIZATIONS

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SPECIAL ACHIEVEMENTS OR RECOGNITION

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

HOBBIES AND PERSONAL INTERESTS

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Wills and Probate

DRAFTING A WILL
To direct the future of your estate, it can be important to have a will. A will is a document specifying a person’s decisions for distributing property after death. Without a will, state law can determine who inherits your property. In addition, in the absence of a will, state law may determine who administers your estate as well as the interests of any surviving children.

The law is very detailed in its requirements with respect to such issues as the publication, signing and witnessing of wills. Seeking the advice and assistance of a trusted, competent attorney to handle this matter is important. Once you’ve created a will, you should review it periodically, especially if you’ve moved or if your family situation has changed. To ensure that changes are valid, the services of an attorney again are recommended. An attorney also can assist you with other matters such as creating a “living will,” which can set forth your end of life preferences, and establishing a durable power of attorney for health care and other issues that may be of concern.

THE PROBATE PROCESS
Following a death, probate is a process that can determine the validity of a will, provide protection for children, ensure payment to legitimate creditors and distribute remaining assets to rightful heirs. The existence of a will does not always require lengthy, formal probate proceedings. Depending on the estate’s size and nature, your state or province may have procedures that simplify the process. Because formal probate proceedings and managing a substantial estate can be lengthy and detailed, the advice and services of an attorney specializing in probate are recommended.

Location of Important Documents

Will ___________________________ Birth certificate ___________________________
Passport ___________________________ Driver’s license ___________________________
Children’s birth certificates ___________________________ Marriage certificate ___________________________
Deeds/titles ___________________________ Mortgages/notes ___________________________
Annuities ___________________________ Military discharge ___________________________
Income tax records ___________________________
Personal address book ___________________________
Email passwords and other online account information ___________________________
Other documents (e.g., living will, medical power of attorney, immigration/naturalization papers) ___________________________
## Assets and Liabilities

### ESTIMATED GROSS ASSETS

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Estimated Fair Market Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Aggregate value of stocks and bonds</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Notes receivable</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Life insurance</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Business interest</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Aggregate value of retirement accounts</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Aggregate value of real estate</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Trusts</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Miscellaneous assets (personal and household effects, etc.)</td>
<td>$ __________________________</td>
</tr>
</tbody>
</table>

**TOTAL GROSS ASSETS**

### ESTIMATED LIABILITIES

<table>
<thead>
<tr>
<th>Liability Type</th>
<th>Estimated Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgages</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Bank loans</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Notes payable</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Taxes outstanding</td>
<td>$ __________________________</td>
</tr>
<tr>
<td>Other debts</td>
<td>$ __________________________</td>
</tr>
</tbody>
</table>

### BANK ACCOUNTS

**Name of bank 1**
- Type of account: __________________________
- Address: __________________________________
- Telephone: _________________________________
- Account number(s): __________________________

**Name of bank 2**
- Type of account: __________________________
- Address: __________________________________
- Telephone: _________________________________
- Account number(s): __________________________

**Name of bank 3**
- Type of account: __________________________
- Address: __________________________________
- Telephone: _________________________________
- Account number(s): __________________________

### SAFE DEPOSIT BOX

<table>
<thead>
<tr>
<th>Location</th>
<th>Location of keys</th>
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</table>
### CREDIT CARDS

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Account number</th>
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### VEHICLES

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<thead>
<tr>
<th>Make/Model</th>
<th>Location of title</th>
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</table>

### REAL ESTATE (descriptions, locations, deed locations)


### STOCKS AND BONDS

<table>
<thead>
<tr>
<th>Name of stock/bond</th>
<th>Number of shares</th>
<th>Face Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td>Location of certificate</td>
<td></td>
</tr>
<tr>
<td>Broker's name</td>
<td>Telephone</td>
<td></td>
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<tr>
<td>Address</td>
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</tbody>
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<tr>
<td>Address</td>
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</table>
RETIREMENT ACCOUNTS

**Type of account** (e.g., IRA, 401k) ______________________________ Account # ______________________________

Value _______________________ Location of account information ______________________________

Name of financial institution where held ______________________________

Contact person ______________________________ Telephone ______________________________

**Type of account** (e.g., IRA, 401k) ______________________________ Account # ______________________________

Value _______________________ Location of account information ______________________________

Name of financial institution where held ______________________________

Contact person ______________________________ Telephone ______________________________

INSURANCE POLICIES

**Company** ____________________________________________________________

Agent ______________________________ Telephone ______________________________

Insured ______________________________ Location of policy ______________________________

Policy # ______________________________ Amount ______________________________

Beneficiary ____________________________________________________________

**Company** ____________________________________________________________

Agent ______________________________ Telephone ______________________________

Insured ______________________________ Location of policy ______________________________

Policy # ______________________________ Amount ______________________________

Beneficiary ____________________________________________________________

**Company** ____________________________________________________________

Agent ______________________________ Telephone ______________________________

Insured ______________________________ Location of policy ______________________________

Policy # ______________________________ Amount ______________________________

Beneficiary ____________________________________________________________

**Company** ____________________________________________________________

Agent ______________________________ Telephone ______________________________

Insured ______________________________ Location of policy ______________________________

Policy # ______________________________ Amount ______________________________

Beneficiary ____________________________________________________________

Annual review of your beneficiary(ies) can eliminate possible problems for your survivors. Each insurance company may require a certified copy of the death certificate. It would be wise to make others aware of your insurance policies to ensure claims are made in the event of multiple deaths. You may choose to duplicate this form and give a copy to someone outside your home as a reference.
Social Security

Social Security benefits are not paid automatically, application must be made and specific documents must be furnished. Depending on your situation, some or all of the following may be required:

- Social Security number – yours and your spouse’s (or the deceased’s)
- Birth certificate – yours and those of dependent children
- Marriage certificate
- Copy of death certificate

Certain qualifying restrictions also may apply, and it may take up to two months to start receiving regular payments. Full details on eligibility are available by contacting your local Social Security Administration office or visiting www.ssa.gov.

In Canada, applications for the Canada Pension Plan (CPP) should be made to the local Human Resources and Skills Development Canada (HRSDC) Income Security Program office (www.hrsdc.gc.ca).

Veterans Benefits

In the U.S., veterans benefits fall into the following major categories:

- Disability Benefits
- Education and Training Benefits
- Vocational Rehabilitation and Employment
- Home Loans
- Burial Benefits
- Dependents’ and Survivors’ Benefits
- Life Insurance
- Health Care

Administered through the U.S. Department of Veterans Affairs (VA), each VA benefit has its own eligibility requirements. For more information about specific benefits, visit the nearest VA office or call 1-800-827-1000 from any location in the United States and Puerto Rico. VA facilities also are listed in the federal government section of telephone directories under “Veterans Affairs.” In addition, information (including downloadable forms) is available online at www.va.gov.

In Canada, contact the Canadian Department of Veterans Affairs (www.vac-acc.gc.ca) for information on benefits. Other sources in Canada include the Department of National Defense and the Last Post Fund.
As funeral directors, our calling imposes upon us special responsibilities to those we serve and to the public at large. An important obligation is to provide information so that everyone can make knowledgeable decisions about funeral and cremation services.

In accepting our responsibilities, and as a condition of our affiliation with Selected Independent Funeral Homes, we affirm the following standards of good practice and hereby pledge:

We pledge to conduct ourselves at all times in a manner deserving of the public trust, and to provide a copy of this Code of Good Practice to the families we serve.