

Personal Data of _____

Use a separate form for each individual

PUTTING MY HOUSE IN ORDER

This form is provided by Funeral Consumers Alliance of Greater Milwaukee, Inc., 13001 W. North Ave., Brookfield, WI 53005 for use by its members.

The information which follows is to provide survivors with a guide for attending to the legal, funeral, and other matters after the death of the person named above. Items that do not apply should be omitted. Additional sheets may be necessary and may be added to complete the information provided. This form should be updated at each important change that occurs and should be reviewed at least once a year. Revisions can be more readily made if pencil is used in filling in items subject to change.

THIS IS NOT A WILL and does not govern the disposition of property after your death. You are urged to consult an attorney and arrange to execute a will if you have not already done so.

SECTION I contains information that will be needed immediately at the time of your death. It should be kept where it is readily available. SECTION II contains information that will be needed later and should be filed with your Will and other valuable papers. When you have completed these forms, you may wish to make copies for your survivors now. Let them know of any future changes.

SECTION I Keep this sheet readily available!

The person named below has consented to help make arrangements after my death and to comply with my wishes (this is usually a family member, or a close or trusted friend, or perhaps the personal representative of your estate):

Name _____ Phone _____

Address _____

I am a member of the Funeral Consumers Alliance of _____ Phone _____

For prompt assistance after my death call: (The funeral home has _____ does not have _____ a record of my funeral plans.)

Funeral Home _____ Phone _____

Address _____

Funds for my funeral expenses are:

In a bank trust account at _____

In an insurance policy issued by _____ which may be found (where) _____

Are held by the above named funeral home _____ in the amount of _____.

EMBALMING PREFERENCE (Usually necessary in public viewing of remains) Yes _____ No _____

FUNERAL ARRANGEMENTS I prefer cremation _____ burial _____ bequeathal to _____ School _____

Table with 3 columns: Disposition, Place, Name and location of place. Rows include Ashes (Urn in niche, Urn burial, Entombment, Scatter) and Body (Burial, Entombment).

If niche, cemetery plot, or mausoleum is owned or otherwise provided, list details separately.

TYPE OF SERVICE Memorial (body not present) _____ Funeral (casket open _____ casket closed _____)

FOR: Friends and relatives _____ Private _____ Other _____

AT: Church _____ Funeral Home _____ Our home _____ Other _____

NAME AND ADDRESS OF PLACE WHERE SERVICE IS TO BE HELD (If church, indicate denomination):

PALLBEARERS (if needed) _____

TO CONDUCT SERVICE Clergy or other _____ Soloist if any _____

Favorite hymns/music _____

OTHER INSTRUCTIONS _____

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SECTION I contains information that will be needed immediately at the time of your death. It should be kept where it is readily available. SECTION II contains information that will be needed later and should be filed with your Will and other valuable papers. When you have completed these forms, you may wish to make copies for your survivors now. Let them know of any future changes.

SECTION II Keep this sheet with your Will and other valuable papers.

YOUR WILL Everyone should have a Will. If you have not made one, you are urged to do so promptly and the update it as conditions change. It will help avoid much delay, expense, and doubt. It also provides for your estate to be distributed in the manner **you** desire. You may be able to minimize probate expense by researching information on "Living Trusts". You may wish to support the cause of the Funeral Consumers Alliance by including a bequest to you local Alliance or the national organization.

SURVIVORS DEATH BENEFITS Many death benefits are unclaimed as the survivors are not aware of their availability.

List details as to source and amount where known. Social Security lump sum benefit _____. Most covered workers are entitled to benefits under varying conditions. Is your job normally covered under State Worker's Compensation Insurance? _____

Employer's insurance? _____ Fraternal? _____ Religious? _____ Trade Unions? _____ Death benefits included in life, health, and accident insurance policies? _____ Other _____

Are you currently covered under Medicare? Yes _____ No _____ Are you a veteran of the U.S. Armed Forces? Yes _____ No _____

If yes, service serial number _____, branch of service _____, dates of service _____

peace time? _____ war time? _____ Are you now receiving a service pension? Yes _____ No _____ If yes, is the pension for disability? _____ Other _____

The following items make up a checklist of information your Personal Representative, Lawyer, Accountant and family will need after your death. Some items will not apply to your situation. Where they do apply and you need additional space for explanation, you should prepare a sheet of information and attach it to this form.

SOCIAL SECURITY BENEFITS Do you now receive SS benefits for old age? Yes _____ No _____ Survivors benefits? Yes _____ No _____ Disability? Yes _____ No _____ If yes to any, provide monthly amount _____

RENTS, PENSIONS, ANNUITIES Do you own any property from which you receive or are entitled to rent or royalties? Yes _____ No _____ If yes, describe on a separate page your property rights, lease, contract, or royalty source and basis or amount of income derived. Do you contribute toward any annuity? Yes _____ No _____ Is any continuing annuity payable to your spouse or other survivors? Yes _____ No _____ Where are policies or contracts kept? _____

TRUSTS Have you created any trusts or do you have any trusts created by others under which you possess any power, beneficial interest, or trusteeship? Yes _____ No _____

LIFE INSURANCE ON YOUR LIFE Show name of insurance company, address, local agent, policy numbers, face amount, and beneficiary. Show who pays premiums or if paid up. Show loans against policies. Provide location of policies. _____

HEALTH AND ACCIDENT INSURANCE Give same details as above. _____

AUTO AND CASUALTY INSURANCE Give same details as above. _____

REAL ESTATE Property owned separately by married persons should be clearly indicated. Jointly owned property (owned with persons other than with spouse) should be fully explained and name and address of joint owner(s) provided. For each parcel of property show: Deed in name of _____ Location of deed _____ Date acquired _____

Acquired by gift? Yes ___ No ___ Purchase cost _____ Cost of improvements _____

Mortgage holder _____

Leased from _____

Contract to sell? _____

Mortgage insurance? Yes ___ No ___

Do you own real estate in another state or country? Yes ___ No ___ If yes, attach separate sheet with all details.

MORTGAGES AND/OR PROMISSORY NOTES OWNED Show original amount, date made, name and address of maker, collateral, interest rate, location of documents, assignments, or co-signers, insurance _____

CHECKING ACCOUNT(S) Location _____

In name(s) of _____ Account # _____

SAVINGS ACCOUNT(S) Location _____

In name(s) of _____ Account # _____

IRA ACCOUNT(S) Location _____

In name of _____ Account # _____

CREDIT CARDS _____

Credit card insurance? Yes ___ No ___

STOCKS, BONDS OTHR INVESTMENTS (broker name, address and telephone) _____

MISCELLANEOUS PROPERTY / ASSETS OWNED _____

LIABILITIES AND MISCELLANEOUS DEBTS OWED _____

LOCATION OF TAX RECORDS _____

ACCOUNTANT (name, address and telephone) _____

LAWYER (name, address and telephone) _____

PERSONAL REPRESENTATIVE FOR MY ESTATE (name, address and telephone) _____

Signature _____

Date _____ (change as revised)