

NAME _____

This form is for members of the **Funeral Consumers Alliance of Greater Milwaukee** 13001 W. North Ave., Brookfield, WI 53005 funeralswi.org

PUTTING MY HOUSE IN ORDER – SECTION 1



Notes: These forms provide your loved ones with legal, funeral, and other information for use upon your death. Update this form and/or attach additional pages if needed, and review annually. **THIS IS NOT A WILL** and does not govern the disposition of property after your death. We urge you to consult an attorney about a will or trust if you have not already done so. Make copies of these forms and give them to your contact person shown below.

SECTION I – Information needed immediately at the time of your death so **keep this sheet readily available!**

SECTION 2 – Information needed later. File with your Will and other valuable papers

I am a member of the **Funeral Consumers Alliance (FCA) of Greater Milwaukee**. FCA has contracted with Hartson Funeral Home. Upon my death call **Hartson Funeral Home** at **414-425-9797** for prompt assistance (or funeral home of your choice). **Hartson Funeral Home** 11111 W. Janesville Rd, Hales Corners, WI 53130 hartsonfuneralhome.com 414-425-9797

Person who has consented to make arrangements after my death and to comply with my wishes (usually a family member, a close friend, or the personal representative of your estate)

Name of contact person to help with arrangements _____ Phone _____

Address of contact person _____

Funds for my funeral expenses are in a bank or trust account at _____ or in an insurance policy issued by _____ which may be found (where) _____

FUNERAL ARRANGEMENTS

Embalming? (necessary in public viewing of remains, circle one) YES NO

Cremation? YES NO Burial? YES NO

Bequeathal to (name, address, email, phone) _____

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

Instructions for disposition of ASHES (Urn in niche or burial, columbarium, cemetery, entombment, mausoleum, scatter, etc.)

Instructions for disposition of BODY (Burial, entombment, cemetery, mausoleum, natural, etc.)

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

FOR: Friends and relatives _____ Private _____ Other _____

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

SERVICE IS TO BE HELD (Name and address of place. If church, indicate denomination)

PALLBEARERS (if needed) _____

TO CONDUCT SERVICE Clergy or other _____ Soloist, musician _____

OTHER INSTRUCTIONS (Include favorite music/hymns)

PUTTING MY HOUSE IN ORDER – SECTION 2



SECTION 2 – File with your WILL and other valuable papers.

YOUR WILL

Everyone should have a Will. If you haven't made one, we urge you to consult an attorney about creating a Will or Trust. You can update as circumstances change. A Will provides for your estate to be distributed how you want. (You may be able to minimize probate expense by researching information on "Living Trusts".) Keep your will someplace accessible.

SAFE DEPOSIT BOX OR HOME SAFE Bank name, branch, city, state _____

Number _____ Key is located _____ Names of others who have access to box _____

Contents belonging to others (explain) _____

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? YES NO

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

Are you currently covered under Medicare? YES NO Are you a Veteran? 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? YES NO 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, attach an additional sheet of information.

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 of each _____

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. 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. Indicate who pays premiums or if paid up. Show loans against policies and 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 with name and address of joint owner(s) provided. If more than 2 properties, attach additional information.

Property 1 - Deed in name of _____ Location of deed _____ Date acquired _____

Acquired by gift? YES NO Purchase cost _____ Cost of improvements _____

Mortgage holder _____ Leased from _____ Mortgage insurance? YES NO

Property 2 - Deed in name of _____ Location of deed _____ Date acquired _____

Acquired by gift? YES NO Purchase cost _____ Cost of improvements _____

Mortgage holder _____ Leased from _____ 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. Include location of documents, assignments, 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 OTHER INVESTMENTS (broker name, address, email, and phone)

MISCELLANEOUS PROPERTY / ASSETS OWNED

LIABILITIES AND MISCELLANEOUS DEBTS OWED

LOCATION OF TAX RECORDS _____

ACCOUNTANT (name, address, email, and phone)

LAWYER (name, address, email, and phone)

PERSONAL REPRESENTATIVE FOR MY ESTATE (name, address, email, and phone)

Signature _____ Date _____