

**Directives Regarding Funeral and Burial
and
Organized Legal and Financial Information**

[Form E/P-4]

(For you to complete and keep and share with your family)

Note – Each spouse fills out his/her own form and should review/update annually

1. **NAME** _____

2. **MY BODY** Burial Cremation As selected by my family/personal representative

3. **BURIAL/INTERMENT AT:** Scatter ashes instead (see #5)

Name of Cemetery _____

City/State _____

As selected by my family or personal representative.

I direct that, upon my death, my body be buried next to: _____

Find the deed to my burial plot located with my Estate Planning Documents.

I direct that my body/organs be donated for medical use, research use, or

either medical or research use

specific organs: _____

Other

4. **FUNERAL HOME:** No directive Use _____

I have made and paid for funeral and burial arrangements with _____

5. **INSTRUCTIONS/REQUESTS REGARDING VIEWING/VISITATION**

I direct that there be no viewing or visitation.

I direct that the casket be Open Closed

Other requests or instructions _____

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6. **CREMATION** Cremation directions below. Not applicable

I direct that, upon my death, my body be cremated and my ashes interred at _____

I direct that, upon my death, my body be cremated and my ashes be scattered at _____

I direct that, upon my death, my body be cremated and my remains be sent to _____

_____ to be buried next to: _____

Other _____

7. **MEMORIAL SERVICE/FUNERAL SERVICE**

I direct that no funeral or memorial services of any kind be held.

I direct that a funeral or memorial service be held in accordance with the desires of my family.

My own requests for the Memorial Service/Funeral, Etc.:

A. Requested Pastor or Minister _____

B. Timing:

Burial ASAP, followed by memorial service when practical thereafter

Funeral, then burial/interment immediately thereafter

Other _____

C. Casket Open Closed Not present

D. Requested Scriptures or messages to include: _____

E. Requested songs or music: _____

F. Requested musicians, if then available: _____

G. Congregational Hymns: [N/A]_____

H. Requested pallbearers: _____

I. Other requests or instructions: _____

8. **GRAVESIDE SERVICE**

Not desired

Requested Scriptures or messages: _____

Requested songs/music: _____

Other instructions/requests: _____

Military Honors (please arrange with _____)

9. **LIST OF FAMILY AND FRIENDS TO IMMEDIATELY CONTACT:**

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Email</u>

10. **LOCATION OF MY ESTATE PLANNING DOCUMENTS:**

11. **ATTORNEY TO CONTACT:**

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12. **FINANCIAL ADVISOR TO CONTACT:**

13. **IDENTIFICATION AND PRESENT LOCATION OF LIFE INSURANCE POLICIES:**

<u>Company</u>	<u>Policy #</u>	<u>Death Benefit Amount</u>	<u>Location</u>

14. **PRESENT LOCATION OF OTHER FINANCIAL AND PROPERTY DOCUMENTS**

- See the completed financial information attached, **or**
 See below

<u>Identification of Documents</u>	<u>Location</u>
a. List of bank accounts	
b. List of CD's	
c. List of investments	
d. List of deeds/real estate information	
e.	
f.	
g.	
h.	

15. **LOCATION OF SOURCE OF FUNDS TO PAY FOR FUNERAL COSTS, TRAVEL EXPENSES, OTHER EXPENSES:**

- Prepaid funeral/burial arranged with _____
- Cash located at _____
- Other _____

16. **BIOGRAPHICAL INFORMATION TO HELP IN THE WRITING OF THE OBITUARY**

a. My maiden name _____ or my wife's maiden name _____

b. Family (names and relationships) Spouse: _____

Date and place of marriage _____

Children _____

Grandchildren _____

Siblings _____

Parents _____

Other family _____

Family who preceded me in death _____

- c. My birth date and location _____
- d. Education _____
- e. Military information N/A _____
- f. Work History _____

- g. Places of residence _____
- h. Church attending at present _____
Other churches previously attended _____
- i. Organizations _____
- j. Achievement, Awards, Accomplishments _____
- k. Other _____

17. My parting words I wish to share at the time of my death: _____

MY FINANCIAL AND PROPERTY INFORMATION

10-CASH

Checking Account (CA), Savings Account (SA), Certificate of Deposit (CD)

<i>Name of Institution</i>	<i>Type (CA,SA,CD)</i>	<i>Account Number</i>	<i>*Ownership</i>	<i>Amount</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

Total: \$ _____

**Husband (H), Wife (W), Jointly (JT), or Tenants in Common (TC).*

If account is in your name for benefit of a minor, please specify and give minor's name.

Are any direct deposits or automatic withdrawals made to these accounts? **Yes** _____ **No** _____

If you answered yes, please indicate which accounts: _____

20-NOTES RECEIVABLE (Someone owes money to you)

<i>Name of Debtor</i>	<i>Date</i>	<i>Date Due</i>	<i>*Owed To</i>	<i>Current Balance</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Total: \$ _____

**Husband (H), Wife (W), Jointly (JT), or Tenants in Common (TC).*

30-STOCKS

<i>Company</i>	<i>*Ownership</i>	<i>Number of Shares</i>	<i>Fair Market Value</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
			Total: \$ _____

**Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).*

If property is owned either (JT) or (TC) with someone other than spouse, please furnish name and relationship.
If stock is owned either (JT) or (TC) with someone other than spouse please furnish name and relationship.

If any of your shares are held in a street name account with your broker, please furnish us with:

Name of Brokerage Firm: _____

Address: _____

Name of Broker: _____

Exact Name and Number of Account: _____

31-BONDS

<i>Description:</i> <i>U.S. Savings, Corporate, Municipal, Etc.</i>	<i>*Ownership</i>	<i>Face Value</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
		Total: \$ _____

**Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).*

If bond is owned either (JT) or (TC) with someone other than spouse, please furnish name and relationship.
Please put (X) next to Bearer Bonds.

40-INVESTMENT ACCOUNTS

<i>Company</i>	<i>*Ownership</i>	<i>Account Number and ***Type</i>	<i>Value</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Total: \$ _____

***Investment account types: Income Funds, Bond Funds, Mutual Funds, Street Accounts, Non-Retirement Annuities, Misc. Investment and Fund Accounts

50-RETIREMENT PLANS

<i>**Type of Plan Company and Account Number</i>	<i>*Ownership</i>	<i>Beneficiary</i>	<i>Value</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Total: \$ _____

**Pension (P) Profit Sharing (P.S.)
H.R. 10 IRA
Retirement Annuities

**Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).*
If property is owned either (JT) or (TC) with someone other than spouse, please furnish name and relationship. If stock is owned either (JT) or (TC) with someone other than spouse please furnish name and relationship.

60-CORPORATE BUSINESS INTERESTS (CORPORATIONS OR LLC'S)

Privately owned (non-publicly traded)

<i>Company Name</i>	<i>No. of Shares</i>	<i>Buy-Sell Agreement</i>	<i>Percentage Ownership</i>	<i>*Ownership</i>	<i>Value</i>
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1. _____ Yes / No _____

Officers and Names: _____

2. _____ Yes / No _____

Officers and Names: _____

3. _____ Yes / No _____

Officers and Names: _____

Total \$ _____

61-PARTNERSHIP INTERESTS

<i>Partnership Name</i>	<i>Percentage of Partnership Interest General Partner Limited Partner</i>	<i>*Ownership</i>	<i>Value</i>
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1. _____

2. _____

3. _____

4. _____

Total: \$ _____

62-SOLE PROPRIETORSHIP BUSINESS INTERESTS

<i>Name of Business</i>	<i>Description of Business</i>	<i>*Ownership</i>	<i>Value</i>
-------------------------	--------------------------------	-------------------	--------------

1. _____

2. _____

3. _____

Total: \$ _____

*Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).

If partnership interest is owned either (JT) or (TC) with someone other than spouse, please furnish name and relationship.

70-REAL ESTATE

Please list real estate in which you have interest.

<i>General Description and/or Address</i>	<i>*Ownership</i>	<i>Mortgage Amount</i>	<i>Fair Market Value</i>
1. _____ _____	_____	\$ _____	\$ _____
2. _____ _____	_____	\$ _____	\$ _____
3. _____ _____	_____	\$ _____	\$ _____
4. _____ _____	_____	\$ _____	\$ _____
5. _____ _____	_____	\$ _____	\$ _____
6. _____ _____	_____	\$ _____	\$ _____
			Total: \$ _____

71-FARM AND RANCH BUSINESS PROPERTY (non-real estate)

*Description (Livestock
Machinery, Leases, Etc.)*

**Ownership*

Value

1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
		Total: \$ _____

*Husband (H), Wife (W), Jointly (JT) or Tenants in Common (TC).

If two or more names are on deed or contract without stating type of ownership, please use (TC).

72-OIL AND GAS INTERESTS

Description (Lease, Overriding Royalty, Farmout, Fee Mineral Estate, Working Interest, Pooling Agreement, etc.)

	<i>*Ownership</i>	<i>Value</i>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
		Total: \$ _____

80-VALUABLE OR SPECIAL COLLECTIONS AND OTHER VALUABLE ASSETS

Description of coin/stamp/other collectibles; jewelry; antiques; art work; and other property of significant value:

	<i>*Ownership</i>	<i>Estimated Fair Market Value</i>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
		Total: \$ _____

90-MOTOR VEHICLES/RV'S/TRAILERS/AIRPLANES

<i>Description</i>	<i>*Ownership</i>	<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Identification # (VIN)</i>	<i>Value</i>
1. _____	_____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	_____	\$ _____
						Total: \$ _____

*Husband (H), Wife (W), Jointly (JT) or Tenants in Common (TC).

100-OTHER ASSETS

<i>Description</i>	<i>*Ownership</i>	<i>Estimated Fair Market Value</i>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Total: \$ _____

*Husband (H), Wife (W), Jointly (JT) or Tenants in Common (TC).

110- LIFE INSURANCE POLICIES

(1) - Insured: _____ **Type of Policy: _____ Cash Value: \$ _____
Face Amount/ _____
Company: _____ Owner of Policy: _____ Death Value: \$ _____
Policy #: _____ Beneficiary: _____

(2) - Insured: _____ **Type of Policy: _____ Cash Value: \$ _____
Face Amount/ _____
Company: _____ Owner of Policy: _____ Death Value: \$ _____
Policy #: _____ Beneficiary: _____

(3) - Insured: _____ **Type of Policy: _____ Cash Value: \$ _____
Face Amount/ _____
Company: _____ Owner of Policy: _____ Death Value: \$ _____
Policy #: _____ Beneficiary: _____

**Term, Whole Life, Split Dollar, Group Life, etc.

If there are still other assets to describe and value, please give the detailed information on a separate sheet of paper.

GENERAL SUMMARY OF LIABILITIES

	DESCRIPTION	HUSBAND	WIFE	JOINT
Loans Payable	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
Accounts Payable	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
	4. _____	\$ _____	\$ _____	\$ _____
	5. _____	\$ _____	\$ _____	\$ _____
Real Estate Mortgages Payable	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
	4. _____	\$ _____	\$ _____	\$ _____
Contingent Liabilities in Business Interests	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
Unpaid Taxes	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
<u>OTHER OBLIGATIONS:</u>				
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
TOTAL LIABILITIES		\$ _____	\$ _____	\$ _____

Note: Attach all pertinent copies to assist your Personal Representative and/or Successor Trustee.