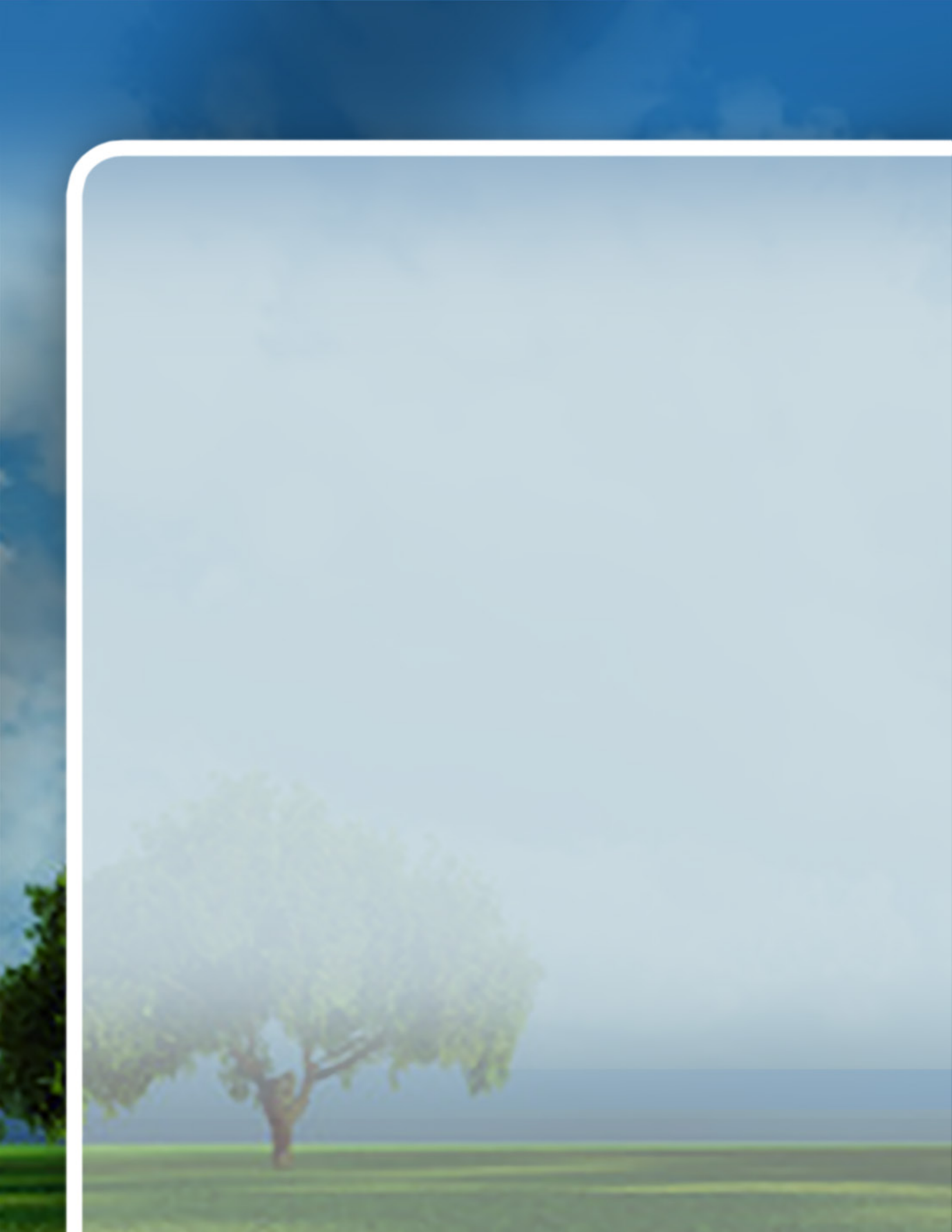


Final Wishes And Arrangements

A funeral is a time to say goodbye,
but it's also an opportunity to
celebrate the life of someone special.



To My Family and Friends.

My dearest loved ones, as I pen these words, my heart is filled with so much love and care for you. It is my deepest wish that when the time comes for me to leave this world, you will be spared from any anxiety, expense, or inconvenience. That's why I have put together this booklet, to give you peace of mind and to ease any burden that may arise after my passing.

I have poured my heart and soul into documenting my final wishes, so that you don't have to bear the weight of making difficult decisions during a time of grief and distress.

This road map will guide you to all the important documents and people that need to be notified. I have made all these arrangements with much love and thought, knowing that it would cause even more distress if you were left to make these decisions without any indication of my wishes.

I hope that you find these arrangements to be helpful and in line with your wishes, and that they will bring you some comfort during this difficult time. Remember, I love you all so much.

To: _____

From: _____

DO NOT KEEP THIS RECORD IN A SAFE DEPOSIT BOX.

Final Wishes And Arrangements

Personal Information

Date Of Birth: ___ / ___ / _____ My Birthplace: _____

Address _____

City: _____ State: _____

Country: _____

Occupation: _____ Date Retired: ___ / ___ / _____

Employer(s): _____

Marital Status: Married Single Divorced Widowed

Spouse's Name: _____

Education:

Highest Grade Completed: _____

Degrees: _____

Who will you appoint as executor of your estate?

Husband/Wife Son/Daughter Relative Business Associate Attorney

If you have minor children, whom will you appoint as guardians? _____

Father's Name: _____

Father's Birthplace: _____

Phone: _____ Email: _____

Mother's Name: _____

Mother's Birthplace: _____

Phone: _____ Email: _____

Are you a Veteran? Yes No Branch of Service/Rank: _____

Serial Number: _____ Date of Enlistment: ___ / ___ / _____ Date of Discharge: ___ / ___ / _____

Location of Military Discharge Papers (DD214): _____

Highest Grade, Rank or Rating Received: _____

Wars/Conflicts Served: _____

Additional Information/Medals/Honors/Citations: _____

Final Wishes And Arrangements

Personal Information (cont.)

Contact Person Completing Arrangements:

Informant's Name: _____

Phone: _____ Email: _____

Primary Next-of-Kin

Name: _____

Address: _____

Phone: _____ Email: _____

Secondary Next-of-Kin

Name: _____

Address: _____

Phone: _____ Email: _____

Secondary Next-of-Kin

Name: _____

Address: _____

Phone: _____ Email: _____

Secondary Next-of-Kin

Name: _____

Address: _____

Phone: _____ Email: _____

Secondary Next-of-Kin

Name: _____

Address: _____

Phone: _____ Email: _____

Final Wishes And Arrangements

Family Members & Relatives

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Final Wishes And Arrangements

Family Members & Relatives (cont.)

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Final Wishes And Arrangements

To Be Notified

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Final Wishes And Arrangements

To Be Notified (cont.)

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Final Wishes And Arrangements

Medical History

Primary Physician: _____

Address: _____

Phone: _____ Email: _____

Dentist: _____

Address: _____

Phone: _____ Email: _____

Optician: _____

Address: _____

Phone: _____ Email: _____

Specialist: _____

Address: _____

Phone: _____ Email: _____

I have had a treatment for:

Cancer: _____

Tuberculosis: _____

Kidney Disorder: _____

Diabetes: _____

Circulatory Problems: _____

Heart: _____

Other: _____

Other: _____

I am allergic to the following drugs

I am an Organ Donor: Yes No

Final Wishes And Arrangements

Burial or Cremation Plans

Burial Plans:

- Funeral Service: _____
- Memorial Stationery: _____
- Casket: Wood Metal Other _____
- Outer Burial Container: _____
- Floral Selection: _____
- Graveside Service: _____
- Visitation: _____
- Hearse: _____
- Service Vehicle(s): _____

Cremation Plans

- Funeral Service: _____
- Memorial Stationery: _____
- Memorial Urn Selection: Wood Metal Ceramic Other _____
- Floral Selection: _____
- Crematory Fee: _____
- Private Family Gathering: _____

Personal Requests

Please list all family heirlooms and items of sentimental value below

- | | |
|----------------|--------------------|
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |
| Article: _____ | Beneficiary: _____ |

Items of financial value should also be recorded and addressed in a Will for legal assuredness.

Final Wishes And Arrangements

Funeral Requests

Funeral Home/Mortuary/Crematorium Preferred

Choose Closest

Name: _____

Address: _____

Phone: _____ Email: _____

I want my funeral to be: Public Private

Service Plans

Funeral Home/Mortuary: _____ Church: _____

Cemetery/Memorial Park Chapel Graveside Memorial Service

Other: _____

Religious Preference: _____ Celebrant/Clergyman: _____

Participating Organizations (military, fraternal, lodge, etc.): _____

Flag: Draped Folded Presented to: _____

Wake/Rosary Service Yes No Location: _____

Viewing Public Private None

Clothing Preference: From Current Wardrobe New Other

Description/Color: _____

Personal Accessories: _____

Wedding Band Stays On or Returns to: _____

Eye Glasses Stays On or Returns to: _____

Other: _____ Stays On or Returns to: _____

Floral Preferences (type and color preferred): _____

Memorial donations may be made to: _____

Organist: _____ Soloist(s): _____

Musical Selections: _____

Religious Passages Selected: _____

Final Wishes And Arrangements

Funeral Requests (cont.)

Casket: Open during service Closed during service

Type: Hardwood Metal Cremation Coffin Other: _____

Description: _____

Eulogy

Eulogy by: _____

Notations for Eulogy: _____

Pallbearers

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Final Wishes And Arrangements

Legal Documents

Location of Papers and Documents

Birth Certificate: _____

Marriage Certificate: _____

Stock Certificate(s): _____

Bond Certificate(s): _____

Military Records: _____

Passport: _____

Trust Fund Information: _____

Insurance Documents: _____

Automobile Insurance Documents: _____

Home Owners Insurance Documents: _____

Mortgage Papers: _____

Deed to House: _____

Car Title or Loan: _____

Citizenship Papers (if applicable): _____

Income Tax Information: _____

Passwords/Pin Numbers: _____

Safe Deposit Box Location(s) and Person(s) with access to it: _____

Additional Documents and their Location: _____

Will & Important Documents

Importance of a Will

It's important to have a Will to ensure that your estate and finances are handled according to your wishes after you pass away. Without a Will, the court will determine who will manage your estate and make decisions about your minor children.

Even joint ownership of property may not be enough to protect your assets if both you and your spouse were to pass away. It's recommended to have a competent attorney help you draft your Will, as there are specific legal requirements that must be met.

Additionally, it's important to review your Will every few years to make sure it still reflects your wishes and any changes in your family or living situation. Investing in an attorney to draft your Will and plan your estate can be a valuable investment in protecting your family and assets.

I have a Will? Yes No

Date of Will: _____

Location of Will: _____

Executor/Executrix: Name: _____

Address: _____

Phone: _____ Email: _____

Prepared by (attorney): _____

Address: _____

Phone: _____ Email: _____

Witnessed by: _____

Address: _____

Phone: _____ Email: _____

Final Wishes And Arrangements

Insurance & Financial Information

Location of Insurance & Financial Documents: _____

Life, Health and/or Accidental Insurance Policy

Name of Company: _____

Type _____ Policy Number _____

Beneficiary _____

Agent: _____ Phone: _____

Name of Company: _____

Type _____ Policy Number _____

Beneficiary _____

Agent: _____ Phone: _____

Name of Company: _____

Type _____ Policy Number _____

Beneficiary _____

Agent: _____ Phone: _____

Bank Account: Checking Savings **Account Number:** _____

Name of Company _____

Address: _____

Bank Account: Checking Savings **Account Number:** _____

Name of Company _____

Address: _____

Bank Account: Checking Savings **Account Number:** _____

Name of Company _____

Address: _____

Bank Account: Checking Savings **Account Number:** _____

Name of Company _____

Address: _____

Final Wishes And Arrangements

Insurance & Financial Information (cont.)

Credit Cards

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

IRA, CDs, 401(k) and/or Additional Investments

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Name of Company: _____ Account Number: _____

Phone: _____ Address: _____

Final Wishes And Arrangements

People In My Life I Would Like To Recognize:

Name: _____

Relationship: _____

Address: _____

Phone: _____ **Email:** _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ **Email:** _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ **Email:** _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ **Email:** _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ **Email:** _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ **Email:** _____

Final Wishes And Arrangements

People In My Life I Would Like To Recognize (cont.):

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Protect your loved ones today. Don't leave a financial burden to your future generations.

**Final Expense Burial
Life Insurance is
Guaranteed to protect
you and your loved ones
when the time comes.**

- **Acceptance Guaranteed
between ages 50 and 75**
- **No physical exam or
health questions**
- **Premiums will never
increase and benefits
will never decrease
as you get older**
- **Cannot be cancelled
because of age**
- **Builds cash value**



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and one of our agents will come to you, and get you the right protection to put your mind at ease.

“Dying is one of the few events in life certain to occur, yet one we are not likely to plan for. We spend more time getting ready for two weeks away from work than we do our last time on Earth.”

--(Source: Time Magazine, September 2000).

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