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The record which follows was completed by:

Signed _____

Date _____

◀ BIOGRAPHICAL INFORMATION ▶

Husband or Single Man

Wife or Single Woman

Full legal name	
Date of birth	
Social Security #	
Cell Phone #	
Email	

Full legal name	
Date of birth	
Social Security #	
Cell Phone #	
Email	

Home Address _____ Street 1 _____ Street 2 / Apt.# / Complex name _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Home Email _____

Marriage (if applicable) Date _____ Place _____

Where Recorded _____ County _____ County Seat Location _____

Children

1) Full legal name _____ Date of Birth _____
 Address _____ Birth Place _____
 City/ST/Zip _____ Email _____
 Other info if adopted, previous marriage, etc. _____

2) Full legal name _____ Date of Birth _____
 Address _____ Birth Place _____
 City/ST/Zip _____ Email _____
 Other info if adopted, previous marriage, etc. _____

3) Full legal name _____ Date of Birth _____
 Address _____ Birth Place _____
 City/ST/Zip _____ Email _____
 Other info if adopted, previous marriage, etc. _____

Additional Children/Grandchildren: Use one of the Notes pages (31-33) with above information for each.

◀ ESTATE PLANNING DOCUMENTS ▶

FOR _____ (name) (See pages 4 & 5 for spouse.)

Husband Wife Single Man / Woman

LAST WILL AND TESTAMENT

- My Last and Will Testament was executed on the _____ day of _____, 20____.
- Location of original document _____
- **Attorney's Name** _____
Law Firm _____
Address _____ Phone _____
City/St/Zip _____ Email _____
- **Executor** _____ Phone _____
Address _____ Email _____
City/ST/Zip _____
- **Alternate Executor** _____ Phone _____
Address _____ Email _____
City/St/Zip _____

REVOCABLE LIVING TRUST Yes or No

- My Revocable Living Trust was executed on the _____ day of _____, 20____.
- Location of original document _____

DURABLE POWER OF ATTORNEY

- My Durable Power of Attorney was executed on the _____ day of _____, 20____.
- Name of POA _____ Phone _____
Address _____ Phone _____
City/St/Zip _____ Email _____
- Alternate POA _____ Phone _____
Address _____ Email _____
- Location of original document _____

HEALTHCARE POWER OF ATTORNEY

- My Healthcare Power of Attorney was executed on the _____ day of _____
20____.
- I have named _____ to make decisions for me when I cannot.
Address _____ Phone _____
City/St/Zip _____ Email _____
- Location of original document _____
- Primary Physician's Name _____
Name of Practice _____
Address _____ Phone _____
City/St/Zip _____

LIVING WILL

- My Living Will was executed on the _____ day of _____, 20____.
- Location of original document _____

MISCELLANEOUS NOTES REGARDING ESTATE DOCUMENTS

Spouse's Estate Planning Documents _____ (Spouse's Name)

LAST WILL AND TESTAMENT

- My Last and Will Testament was executed on the ____ day of _____, 20____.
- Location of original document _____
- **Attorney's Name** _____
Law Firm _____
Address _____ Phone _____
City/St/Zip _____ Email _____
- **Executor** _____ Phone _____
Address _____ Email _____
City/ST/Zip _____
- **Alternate Executor** _____ Phone _____
Address _____ Email _____
City/St/Zip _____

REVOCABLE LIVING TRUST Yes or No

- My Revocable Living Trust was executed on the _____ day of _____, 20____.
- Location of original document _____

DURABLE POWER OF ATTORNEY

- My Durable Power of Attorney was executed on the _____ day of _____, 20____.
- Name of POA _____ Phone _____
Address _____ Phone _____
City/St/Zip _____ Email _____
- Alternate POA _____ Phone _____
Address _____ Email _____
- Location of original document _____

HEALTHCARE POWER OF ATTORNEY

- My Healthcare Power of Attorney was executed on the _____ day of _____ 20____.
- I have named _____ to make decisions for me when I cannot.
Address _____ Phone _____
City/St/Zip _____ Email _____
- Location of original document _____
- Primary Physician's Name _____
Name of Practice _____
Address _____ Phone _____
City/St/Zip _____

LIVING WILL

- My Living Will was executed on the _____ day of _____, 20____.
- Location of original document _____

MISCELLANEOUS NOTES REGARDING ESTATE DOCUMENTS

ESTATE AND FINANCIAL PLANNING OF DIGITAL ASSETS

Have you thought about what happens with your digital assets when you become totally incapacitated or die? How will anyone even know what you have? What authority will anyone have to act on your behalf, even if they should discover what you have? How will these assets be transferred at death? Consider digital assets like:

- 1) Personal electronic assets like photos, videos and music;
- 2) Investment/retirement accounts and records, online banking and automatic payments, digital currency like Bitcoin;
- 3) Business electronic assets like intellectual property, URLs or web addresses you own, and software you developed;
- 4) Social media.

Estate planning documents should be designed to protect and assist the owner both while living and then at death. Unfortunately, dealing with digital assets is a relatively new area of law and will continue to change and expand in the future.

Individuals need to instruct their attorneys to provide specific language for dealing with the various components of their digital assets in all their estate-planning documents. While federal and state law continues to change, sample language is available to define digital assets and to provide specific powers to access and transfer those assets in the Durable Power of Attorney, the Last Will and Testament and other estate-planning documents.

What you as the owner also need to do is to provide good recordkeeping for those you will entrust to act on your behalf when you cannot. This will include providing a comprehensive and descriptive list of digital assets, to include account information, log-on information and passwords. Such a list can be included in a personal records book, but it may be safer to store such a list in a more secure location with the record book describing where that list can be found or accessed.

- I have made provisions in my estate-planning documents to deal with my digital assets: Yes or No.
- I have compiled a comprehensive list of my digital assets to include account information, log-on information and passwords: Yes or No. Such information can be found at the following location or accessed in the following manner: _____

◀ ESTATE PLANNING NOTES ▶

◀ PERSONAL HISTORY ▶

FOR _____ (name) (See pages 10 & 11 for spouse.)

Husband Wife Single Man / Woman

EDUCATION *High School/Vocational School/ Colleges*

1) School Name _____

Location _____

Diploma/Degree _____ Date Graduated _____

2) School Name _____

Location _____

Diploma/Degree _____ Date Graduated _____

3) School Name _____

Location _____

Diploma/Degree _____ Date Graduated _____

MILITARY SERVICE

• Branch _____ Dates of Service _____

• Date of Discharge _____ Type _____

• Highest Rank or Grade _____

• Foreign (Campaigns) (Tours) (Assignments) _____

• Military Serial # _____ Veterans Claim # _____

• Records Located at _____

• Military Induction Form # _____

• Percentage of Service Connected Disability _____

• Records of Pension and Retirement Benefits Located at _____

EMPLOYMENT

• Current or Last Employer _____

• Address _____ Phone _____

_____ Employment Date/s _____

• Position _____ Supervisor _____

• Retirement date _____ Pension, profit sharing or other plans? Yes No

CHURCH MEMBERSHIP

- Church Name _____
- Address _____
- Personal Testimony of Salvation _____

- Areas of Service _____

CIVIC CLUBS/ORGANIZATIONS/MEMBERSHIPS/RECOGNITIONS

ADDITIONAL NOTES AND COMMENTS REGARDING PERSONAL HISTORY

SPOUSE'S PERSONAL HISTORY _____ (name)

EDUCATION *High School/Vocational School/ Colleges*

- 1) School Name _____
Location _____
Diploma/Degree _____ Date Graduated _____
- 2) School Name _____
Location _____
Diploma/Degree _____ Date Graduated _____
- 3) School Name _____
Location _____
Diploma/Degree _____ Date Graduated _____
- 4) School Name _____
Location _____
Diploma/Degree _____ Date Graduated _____

MILITARY SERVICE

- Branch _____ Dates of Service _____
- Date of Discharge _____ Type _____
- Highest Rank or Grade _____
- Foreign (Campaigns) (Tours) (Assignments) _____

- Military Serial # _____ Veterans Claim # _____
- Records Located at _____
- Military Induction Form # _____
- Percentage of Service Connected Disability _____
- Records of Pension and Retirement Benefits Located at _____

EMPLOYMENT

- Current or Last Employer _____
- Address _____ Phone _____
_____ Employment Date/s _____
- Position _____ Supervisor _____
- Retirement date _____ Pension, profit sharing or other plans? Yes No

CHURCH MEMBERSHIP

• Church Name _____

• Address _____

• Personal Testimony of Salvation _____

• Areas of Service _____

CIVIC CLUBS/ORGANIZATIONS/MEMBERSHIPS/RECOGNITIONS

ADDITIONAL NOTES AND COMMENTS REGARDING PERSONAL HISTORY

◀ FAMILY HISTORY ▶

FOR _____ (name) (See next page for spouse.)

Husband Wife Single Man / Woman

FATHER

Name _____
Address _____
City/St/Zip _____
Phone _____
Birthdate _____
Birth Place _____
Date of Death _____
Burial Location _____

MOTHER

BROTHERS AND SISTERS

Name 1) _____
Relationship _____
Address _____
City/St/Zip _____
Phone _____
Birthdate _____
Birth Place _____
Date of Death _____
Burial Location _____

2) _____

Name 3) _____
Relationship _____
Address _____
City/St/Zip _____
Phone _____
Birthdate _____
Birth Place _____
Date of Death _____
Burial Location _____

4) _____

SPOUSE'S FAMILY HISTORY (if applicable)

_____ (Spouse's Name)

FATHER

Name _____
Address _____
City/St/Zip _____
Phone _____
Birthdate _____
Birth Place _____
Date of Death _____
Burial Location _____

MOTHER

BROTHERS AND SISTERS

Name 1) _____
Relationship _____
Spouse _____
Address _____
City/St/Zip _____
Phone _____
Birthdate _____
Birth Place _____
Date of Death _____
Burial Location _____

2) _____

Name 3) _____
Relationship _____
Spouse _____
Address _____
City/St/Zip _____
Phone _____
Birthdate _____
Birth Place _____
Date of Death _____
Burial Location _____

4) _____

◀ FINANCIAL INFORMATION ▶

BANKING & GENERAL ASSETS

CHECKING ACCOUNTS

1) Bank _____ Account # _____
Address _____
Name/s on Account _____
____ Single Ownership Is this an online bank? Yes No
____ Joint with Absolute Right of Survivorship with _____
____ Joint with Limited Rights of Survivorship with _____
____ Payable at Death _____
(Beneficiary)

2) Bank _____ Account # _____
Address _____
Name/s on Account _____
____ Single Ownership Is this an online bank? Yes No
____ Joint with Absolute Right of Survivorship with _____
____ Joint with Limited Rights of Survivorship with _____
____ Payable at Death _____
(Beneficiary)

SAVINGS ACCOUNTS (*Savings Accounts, Money Markets, CDs*)

1) Institution Name _____ Account # _____
Address _____
Names on Account _____
Type of Account Savings Certificate of Deposit Money Market Other
____ Single Ownership Is this an online bank? Yes No
____ Joint with Absolute Right of Survivorship with _____
____ Joint with Limited Rights of Survivorship with _____
____ Payable at Death _____
(Beneficiary/ies)

2) **Institution Name** _____ **Account #** _____
Address _____
Names on Account _____
Type of Account Savings Certificate of Deposit Money Market Other
____ Single Ownership Is this an online bank? Yes No
____ Joint with Absolute Right of Survivorship with _____
____ (Name)
____ Joint with Limited Rights of Survivorship with _____
____ (Name)
____ Payable at Death _____
____ (Beneficiary/ies)

3) **Institution Name** _____ **Account #** _____
Address _____
Names on Account _____
Type of Account Savings Certificate of Deposit Money Market Other
____ Single Ownership Is this an online bank? Yes No
____ Joint with Absolute Right of Survivorship with _____
____ (name)
____ Joint with Limited Rights of Survivorship with _____
____ (name)
____ Joint without Rights of Survivorship with _____
____ (name)
____ Payable on Death _____
____ (Beneficiary/ies)

SAFE DEPOSIT BOX

Bank Name _____ Box Number _____
Address _____
The following people have access to the box _____

Location of keys _____

SECURITIES (*Stocks and Bonds, including Stock Options*)

1. **Broker's Name** _____ **Brokerage Acct#** _____
Brokerage Firm _____ Online acct? Yes No
Address _____ Phone _____

Name/s on Acct _____
Location of detailed listing of securities _____

2. Broker's Name _____ **Brokerage Acct#** _____
Brokerage Firm _____ Online acct? Yes No
Address _____ Phone _____

Name/s on Acct _____
Location of detailed listing of securities _____

MONEY ON LOAN TO OTHERS

Borrower's Name _____ Phone # _____
Address _____
Amount Loaned _____ Loan Rate _____ Maturity Date _____
Monthly Payment _____ Date Due _____
Location of original documents _____

PROPERTY

1. Real Estate

A. Primary Residence

Full Address _____
County _____ No. of acres/lots _____
Deed recorded (date) _____ Book no. _____ Page no. _____
Date acquired _____ Original cost _____ Present value _____
Name(s) on deed _____
Location of deed _____

B. Other Non-Rental Real Estate Type _____

Full Address _____
County _____ No. of acres/lots _____
Deed recorded (date) _____ Book no. _____ Page no. _____
Date acquired _____ Original cost _____ Present value _____
Name(s) on deed _____
Location of deed _____

C. Rental Properties

1) Full Address _____
County _____ No. of acres/lots _____

Deed recorded (date) _____ Book no. _____ Page no. _____
Date acquired _____ Original cost _____ Present value _____
Name(s) on deed _____
Location of deed _____
Lessee _____
(Name) (Phone Number)
Terms of lease _____
Location of copy of lease _____

2) Full Address _____

County _____ No. of acres/lots _____
Deed recorded (date) _____ Book no. _____ Page no. _____
Date acquired _____ Original cost _____ Present value _____
Name(s) on deed _____
Location of deed _____
Lessee _____
(Name) (Phone Number)
Terms of lease _____
Location of copy of lease _____

2. Personal Property

Autos

_____	_____	_____	_____
(year)	(make)	(model)	(tag)
_____	_____	_____	_____
(year)	(make)	(model)	(tag)

Motorhome/Boat/Other

_____	_____	_____	_____	_____
(Item)	(year)	(make)	(model)	(tag)
_____	_____	_____	_____	_____
(Item)	(year)	(make)	(model)	(tag)

Location of household furnishings inventory _____
Location of jewelry inventory, including valuations _____
Location of antiques inventory, including valuations _____
Other _____

◀ FINANCIAL INFORMATION: RETIREMENT ▶

RETIREMENT ACCOUNTS

1) IRA 401k 403b Account Owner _____

Institution Name _____ Account # _____

Address _____

Phone Number _____ Beneficiaries _____

2) IRA 401k 403b Account Owner _____

Institution Name _____ Account # _____

Address _____

Phone Number _____ Beneficiaries _____

3) IRA 401k 403b Account Owner _____

Institution Name _____ Account # _____

Address _____

Phone Number _____ Beneficiaries _____

4) IRA 401k 403b Account Owner _____

Institution Name _____ Account # _____

Address _____

Phone Number _____ Beneficiaries _____

5) ANNUITY Deferred Immediate Account Owner _____

Institution Name _____ Account # _____

Address _____

Phone Number _____ Beneficiaries _____

6) ANNUITY Deferred Immediate Account Owner _____

Institution Name _____ Account # _____

Address _____

Phone Number _____ Beneficiaries _____

PENSION PLANS

1) **Employer** _____ **Employee** _____

Address _____

Phone number _____ Contact _____

Plan administered by _____

Address _____ Phone _____

2) **Employer** _____ **Employee** _____

Address _____

Phone number _____ Contact _____

Plan administered by _____

Address _____ Phone _____

SOCIAL SECURITY

1. **Name of Recipient** _____

I am currently receiving Social Security benefits of \$ _____ per month.

Social Security payments are made through automatic deposit at

_____ bank.

Social Security information and claim forms can be found at

_____.

2. **Name of Recipient** _____

I am currently receiving Social Security benefits of \$ _____ per month.

Social Security payments are made through automatic deposit at

_____ bank.

Social Security information and claim forms can be found at

_____.

At the death of a Social Security recipient, the amount paid to the surviving family member(s) may change. Contact the local Social Security office for information.

◀ FINANCIAL INFORMATION: INSURANCE ▶

HEALTH INSURANCE

1) Policy owner _____
Carrier _____
Policy Number _____
Agent Name _____
Phone Number _____
Email _____
Location of copy of card/policy

2) Policy owner _____
Carrier _____
Policy Number _____
Agent Name _____
Phone Number _____
Email _____
Location of copy of card/policy

DISABILITY INSURANCE

1) Policy owner _____
Carrier _____
Policy Number _____
Agent Name _____
Phone Number _____
Email _____
Location of copy of card/policy

2) Policy owner _____
Carrier _____
Policy Number _____
Agent Name _____
Phone Number _____
Email _____
Location of copy of card/policy

LONG TERM CARE INSURANCE

1) Policy owner _____
Carrier _____
Policy Number _____
Agent Name _____
Phone Number _____
Email _____
Location of copy of card/policy

2) Policy owner _____
Carrier _____
Policy Number _____
Agent Name _____
Phone Number _____
Email _____
Location of copy of card/policy

LIFE INSURANCE

1) **Policy owner** _____

Carrier _____

Policy Number _____

Agent Name _____

Phone Number _____

Email _____

Location of copy of card/policy _____

2) **Policy owner** _____

Carrier _____

Policy Number _____

Agent Name _____

Phone Number _____

Email _____

Location of copy of card/policy _____

AUTOMOBILE INSURANCE

Carrier _____ Policy Number _____

Agent Name _____ Phone Number _____

Name/s on policy _____

Location of copy of card/policy _____

HOMEOWNER'S INSURANCE

Carrier _____ Policy Number _____

Agent Name _____ Phone Number _____

Name/s on policy _____

Location of copy of card/policy _____

OTHER INSURANCE

1) **Carrier** _____ **Policy Number** _____

Agent Name _____ Phone Number _____

Name/s on policy _____

Location of copy of card/policy _____

Type of Coverage _____

2) **Carrier** _____ **Policy Number** _____

Agent Name _____ Phone Number _____

Name/s on policy _____

Location of copy of card/policy _____

Type of Coverage _____

◀ FINANCIAL INFORMATION: LIABILITIES ▶

(Mortgages, Loans, Contracts, Leases, Credit Cards, etc...)

Mortgages, Loans, Contracts, Leases, Etc.

1) **Lender Name** _____
Address _____
Phone Number _____ Account # _____
Type of Debt _____ Original Balance _____
Monthly Payment _____ Due Date _____ Maturity Date _____
Location of original documents _____

2) **Lender Name** _____
Address _____
Phone Number _____ Account # _____
Type of Debt _____ Original Balance _____
Monthly Payment _____ Due Date _____ Maturity Date _____
Location of original documents _____

3) **Lender Name** _____
Address _____
Phone Number _____ Account # _____
Type of Debt _____ Original Balance _____
Monthly Payment _____ Due Date _____ Maturity Date _____
Location of original documents _____

Credit Cards

1) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____

2) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____

3) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____

- 4) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 5) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 6) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 7) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 8) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 9) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 10) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 11) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 12) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____
- 13) **Company Name** _____ **Account #** _____
Address _____
Phone Number _____ Name/s on Account _____

◀ TAX INFORMATION ▶

- Copies of previous year(s) income tax returns with supporting evidence can be found at

- Data related to the present tax year is kept _____

- Income and other tax returns have been prepared by

Name _____

Address _____

Phone Number _____ Email _____

◀ SUMMARY OF ASSETS & LIABILITIES ▶

JUST HOW MUCH ARE YOU WORTH?

You may be in for a pleasant surprise. Many people find that they are worth much more than they imagined. An important first step in the estate-planning process is to prepare a general inventory of all assets and liabilities. Following is an inventory form to help you prepare.

Description of Asset:	Owned by You Alone	Owned by Spouse Alone	Owned Jointly
A. Real Property			
Your Residence	\$ _____	\$ _____	\$ _____
Other Property/Rentals	_____	_____	_____
B. All Banking Accounts	_____	_____	_____
C. Brokerage Accounts	_____	_____	_____
D. Other Securities	_____	_____	_____
E. Closely-held Business Interests	_____	_____	_____
F. Annuities and Cash Equivalents	_____	_____	_____
G. Life Insurance			
On Your Life (face value)	_____	_____	_____
On Another's Life (cash value)	_____	_____	_____
H. Retirement Accounts (IRA, 401k, 403b, 457, etc.)	_____	_____	_____
I. Notes, Mortgages Due You	_____	_____	_____
J. Personal Property			
Autos, Boats, Recreational Vehicles	_____	_____	_____
Household Furnishings	_____	_____	_____
K. Collectibles	_____	_____	_____
L. Other Assets	_____	_____	_____
COLUMN TOTALS	\$ _____	\$ _____	\$ _____
SUB-TOTAL OF ASSETS		\$ _____	
TOTAL LIABILITIES TO BE SUBTRACTED (Loans, mortgages, etc.)		-\$ _____	
NET WORTH		\$ _____	

This page should be shared with your attorney assisting with your estate plans. Remember that not all assets are distributed by the Last Will and Testament, so it is important to have professional guidance to properly plan for the transfer of assets at death to your spouse, family, friends and charity.

◀ FINANCIAL NOTES ▶

◀ FUNERAL AND BURIAL INSTRUCTIONS ▶

Instructions for _____ (Name)

Husband Wife Single Man/Woman (See pages 28 & 29 for spouse instructions.)

I would like for _____ Funeral Home to be called.

I have discussed the following details with them

- Casket / Urn (if cremated) preference _____
- Vault preference _____
- Other specific directions _____

- I/we own ____ cemetery lots at _____
Location of deed or certificate of ownership _____

I am a veteran Yes No

- I desire and qualify to be buried in a state veteran's cemetery. Yes No
- Verification of residence at time of entry into military service, Form DD214, has been completed. Yes No Location of Form _____

Minister and other participants to conduct my service

Name _____ Phone number _____
Name _____ Phone number _____
Name _____ Phone number _____

Service and Visitation

- I do do not wish to have "visitation" with an open closed casket.
Visitation Location (if desired) Funeral Home Church Other _____
- I wish to have my service held at
 My church _____
 _____ Funeral Home
 Graveside Other _____
- Instructions regarding the service
 Funeral with graveside committal service no graveside committal service
 Graveside service only, with public invited family and close friends only
 A memorial service with a private burial before or after

Funeral & Burial Instructions for Spouse _____ (name)

I would like for _____ Funeral Home to be called.

I have discussed the following details with them

- Casket / Urn (if cremated) preference _____
- Vault preference _____
- Other specific directions _____

- I/we own _____ cemetery lots at _____
Deed or certificate of ownership can be found at _____

I am a veteran **Yes** **No**

- I desire and qualify to be buried in a state veteran's cemetery. Yes No
- Verification of residence at time of entry into military service, Form DD214, has been completed. Yes No Location of Form _____

Minister and other participants to conduct my service

Name _____ Phone number _____
Name _____ Phone number _____
Name _____ Phone number _____

Service and Visitation

- I do do not wish to have "visitation" with an open closed casket.
Visitation Location (if desired) Funeral Home Church Other _____
- I wish to have my service held at
 My church _____
 _____ Funeral Home.
 Graveside Other _____
- Instructions regarding the service
 Funeral with graveside committal service no graveside committal service
 Graveside service only, with public invited family and close friends only
 A memorial service with a private burial before or after
 My body cremated (with funeral or memorial service as indicated above)
- I request the following to be used in my service

◀ EYE, ORGAN, TISSUE AND BODY DONATION ▶

INSTRUCTIONS FOR _____ (Name)

Husband Wife Single Man/Woman (See below for spouse information)

Eye Donation

- Signed Donor Card is filed at _____
- My family is aware of my desires. Yes No
- My physician is aware of my desires. Yes No

Organ and Tissue Donation

- Signed Donor Card is filed at _____
- My family is aware of my desires Yes No
- My physician is aware of my desires Yes No

Whole Body Donation

- Signed Donor Card is filed at _____
- My family is aware of my desires Yes No
- My physician is aware of my desires Yes No

INSTRUCTIONS FOR SPOUSE _____ (Name)

Eye Donation

- Signed Donor Card is filed at _____
- My family is aware of my desires Yes No
- My physician is aware of my desires Yes No

Organ and Tissue Donation

- Signed Donor Card is filed at _____
- My family is aware of my desires Yes No
- My physician is aware of my desires Yes No

Whole Body Donation

- Signed Donor Card is filed at _____
- My family is aware of my desires Yes No
- My physician is aware of my desires Yes No

◀ NOTES ▶

◀ NOTES ▶

◀ NOTES ▶

◀ PROVISION FINANCIAL RESOURCES ▶

SERVICES AND MISSION STATEMENT

Trust agency of the Baptist State Convention of North Carolina since 1920, Provision Financial Resources is committed to providing opportunities through effective Christian estate planning to support loved ones and all Baptist ministries.

Mission Statement

Provision aims to encourage and enable faithful and wise financial stewardship for the glory of God and the good of the world.

Specialized services for individuals, churches, and organizations include:

Individuals & Families

- Investment Opportunities
- Stewardship Education
- Will & Estate Planning
- Scholarships
- Charitable Giving
- Impact Certificates

Churches & Organizations

- Endowments
- Church Loans
- Special Project Grants
- Investment Opportunities
- Short-Term Fund Management
- Stewardship Education