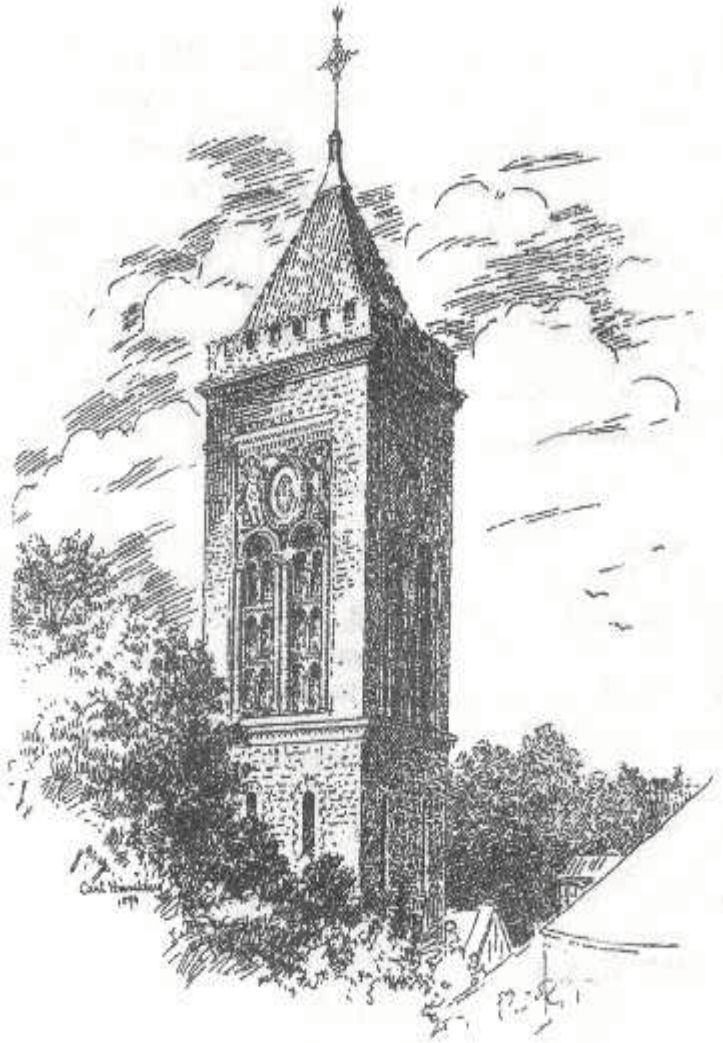


A Guide for



Preparing for Your Future Protecting Your Loved Ones

THE PRESBYTERIAN CHURCH IN MORRISTOWN

MORRISTOWN, NEW JERSEY

Revised February 2011

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Introduction

This booklet is offered to aid you in collecting and recording important personal information. Completion of the forms in this booklet will provide help for you to create a central repository in which all your documents, personal preferences, and key contacts can be listed.

Copies of your completed booklet should be forwarded to those you have designated as having responsibilities for the administration of your estate or other family members, loved ones, or friends with whom you wish to share this information. Updated copies can be sent as any significant changes occur.

It is hoped that you will begin this process now so your loved ones can be partners with you in planning for the future.

*May 2010,
Revised February 2011*

PERSONAL INFORMATION

Family Information

1. Individual Name

Address

Telephone Numbers

Date and Place of Birth

Social Security Number

2. Name of Spouse or other Primary Significant Other

Address

Telephone Numbers

If Spouse, what is the Date of Birth

Date and Place of Marriage

Social Security Number

3. Name of Deceased or Prior Spouse if Applicable

Address

Date and Place of Marriage

Date and Place of Divorce

Death

Social Security Number (If Known)

4. Children or Other Significant Persons

Name and Relationship

Address

Telephone Numbers

Name and Relationship

Address

Telephone Numbers

4. Children or Other Significant Persons, continued...

Name and Relationship

Address

Telephone Numbers

5. Pets: Instructions for Disposition:

6. Knowledgeable and Trusted people

Physician

Address

Telephone Numbers

Attorney

Address

Telephone Numbers

7. If you have more than one Physician, make a list on a separate sheet of paper including their address, telephone numbers, and specialty, and attach it.

Name of Accountant/Tax Preparer

Address

Telephone Numbers

8. **Do you have a Durable Power of Attorney?
Person or Persons named to act on your behalf:**

Name

Address

Telephone Numbers

9. **Do you have a Health Care Declaration or a Living Will?
Person or Persons named to act on your behalf.**

Name

Address

Telephone Numbers

**10. Do you have a Legal Will?
Executor or Executrix of your Will.**

Name

Address

Telephone Numbers

11. Trustees of any Trust for you – Revocable or Irrevocable

Name

Address

Telephone Numbers

12. Life Insurance

Name of Agent

Address

Telephone Number

Name of Insurance Company

Address (if available)

Telephone Number

13. Stockbroker or Investment Advisor

Name

Address

Telephone Number

Name of Investment Agency

14. Bank Information. If you have more than one Bank list them.

Name of Bank

Address

Telephone Number

Name of Bank

Address

Telephone Number

15. Pension

Name of Payer(s)

Address

Telephone Numbers

16. Others you want to notify. Make a list including Names, Addresses and telephone Numbers and Relationship, and attach on a separate sheet.

17. Location of Important Documents

- a. Will: _____
- b. Durable Power of Attorney: _____
- c. Health Care Declaration/Living Will: _____
- d. Trust Agreement: _____
- e. Birth Certificate: _____
- f. Marriage Certificate: _____
- g. Passport/Naturalization Papers: _____
- h. Adoption Papers (If applicable for self or child): _____
- i. Military Discharge Papers: _____
- j. Social Security Card: _____
- k. Medicare Card: _____
- l. Medigap Card: _____
- m. Prescription Drug Card: _____
- n. Medicaid Card: _____
- o. Contract for Long Term Care Facility and other related Contracts and Legal Documents: _____
- p. Inventory of Household and Personal Property: _____
- q. Title to Real Estate Property/Mortgage Papers: _____
- r. Titles to Automobiles or other Vehicles: _____
- s. Other Storage Places for Important Property/Documents: _____
- t. Title to Burial Plot/Cemetery: _____

18. Location of Insurance Policies

- a. Life: _____
- b. Health: _____
- c. Disability: _____
- d. Automobile and Other Vehicles: _____
- e. Homeowners/Flood Insurance: _____
- f. Liability: _____
- g. Long Term Care: _____
- h. Other: _____

19. Location of Current Papers and Receipts for Filing tax Returns:

Location of Tax Returns for the last 3-5 years and supporting records:

20. Do you have a Safety Deposit Box?

Name of Bank

Name of Vault Company

Name of Co-owners

Address

Telephone Numbers

Name of Person who has the Keys for the Safety Deposit Box or Vault

Address

Telephone Numbers

Location of other Keys: House, Car, Boat, etc:

21. Location of Property and Investment Holdings

Detail your Assets, include Account Number and Location

Checking Account

Savings Account

Money Market

Certificate of Deposit

Stocks

Bonds

IRA's

401(k)

Investment Account

Mutual Funds

Trusts for which you are the Beneficiary

Mortgage and other Debts owed to you

Pension and other Retirement Plans including IRAs and 401(k)

Automobile, Boats, etc

Primary Residence

Vacation Home

Other Real Estate Holdings

Other Investments.

22. Financial Obligations

Mortgage

Loans

Automobile

Bank

Other

List Credit Cards held by you including phone numbers

Persons Dependent on you for Support

Name

Address

Type of Support

Name

Address

Type of Support

Name

Address

Type of Support

SPIRITUAL PLANNING
Funeral Questionnaire

It is suggested that separate forms be used for husband and wife. You may want to share copies of completed forms with close relatives who may be called upon to assist with arrangements.

A. PERSONAL DATA

1. Full Name: _____
2. Maiden name: _____
3. Address: _____
4. Social Security Number: _____
5. Birth Date: _____
6. Birth Place: _____
7. Service in the Armed Forces:
 - a. Branch: _____
 - b. Serial Number: _____
 - c. Dates Served: _____
8. Occupation: _____
9. Father's Name: _____
10. Mother's Name: _____
11. Children's Names: _____

12. Attorney's name: _____
Address: _____
Telephone: _____
13. Church Membership: _____
Office Served: _____
14. Education:
High School: _____
College: _____
Other: _____
15. Civic Organizations: _____
16. Special Recognitions: _____
17. Other Pertinent Information: _____

B. REGARDING MY SERVICE

While realizing that a worship service at the time of my death is for family's sake and not mine, and would not, therefore, want to dictate how their needs should be met, the following suggestions for a service reflect my preference and may be helpful in planning.

1. I desire a service at:

Church

Funeral Home

Graveside only

Other: _____

2. I prefer:

Conventional funeral and burial with visitation

Conventional funeral and burial without visitation

Burial service for immediate family with public memorial service at another time

Cremation with visitation and with memorial service at another time.

Cremation without visitation and with memorial service at another time.

3. Funeral Director Desired:

Name: _____

Address: _____

Telephone: _____

4. Cremation or Burial Society Membership: _____

Address: _____

5. Suggestions for Scripture. Please discuss with your Pastor

Ecclesiastes 3:1-15 For everything there is a season

Psalm 23 The Lord is my shepherd

Psalm 46 A very present help in trouble

Psalm 90 Teach us to number our days

Psalm 103 Bless the Lord, O my soul

Psalm 121 I will lift up my eyes to the hills

Isaiah 40:28-31 Those who wait for the Lord shall renew their strength

Luke 23:39-43 Today you will be with me in Paradise

John 11:17-27 I am the resurrection and the life

John 14:25-27 Let not your hearts be troubled

Romans 8:14-23, 31-39 Nothing can separate us

II Corinthians 4:16 to 5:1 Visible things are transitory, invisible things are permanent

Revelation 21:1-4, 22-25 & 22:3-5 A new heaven and a new earth.

6. Suggestions for Hymns. Please discuss with your Pastor

- ___ A Mighty Fortress Is Our God
- ___ Abide With Me
- ___ Be Thou My Vision
- ___ For All The Saints
- ___ God Of Our Life
- ___ Lead On, O King Eternal
- ___ O Love That Will Not Let Me Go
- ___ Our God, Our Help In Ages Past
- ___ The Lord Is My Shepherd
- ___ Eternal Father Strong To Save
- ___ Be Still My Soul
- ___ In The Garden
- ___ Jesus Walked This Lonesome Valley

7. Donation of Vital Organs (What, to whom, instructions). Please let the hospital know: _____

8. Disposition of Remains:

Cemetery Lot or Burial Plot Location: _____

9. Cremation:

Urn: _____

Location: _____

Scattered: _____

Location: _____

Other: _____

10. In the event the church is called upon to notify members of my family, or close friends, please call: (Add names in spaces provided).

Name	Relationship	Address	Telephone

Signed: _____ Date: _____

This List may also be placed in your file at the church office for future reference.

SURVIVOR'S CHECKLIST

Immediately after the death:

- Call immediate family
- Call the funeral director
- Call your minister
- Check for any plans/arrangements left by the deceased
- Decide on the time and place for memorial/funeral

Discuss with the funeral director:

- Obituary and the newspapers that should carry it
- Selection of casket or arrangements for cremation
- Appropriate memorial if flowers are omitted
- Place of burial (locate deed to cemetery, location of plot)
- Calling hours
- Reception after service if desired
- Discuss any service arrangements
- List family, friends, business colleagues and organizations to be notified
- Payment of honorarium for services/facilities
- Selection of pallbearers or ushers for memorial/funeral

Discuss with the minister:

- The service and other arrangements

Friends and family members may be able to help with the following:

- Notify friends
- Answer the phone and door
- Make a record of calls, flowers, and food donations
- Arrange appropriate childcare
- Arrange for out of town guests
- Care for special household needs

After the funeral:

- Notify the lawyer
- Notify the insurance companies and Social Security
- Check on income for survivors
- Check on insurance death benefits
- Check on all debts
- Send acknowledgments for food, flowers, special acts of kindness, and memorial donations
- In some way notify all family members and friends who were not notified before the service

LEGAL (EXECUTOR) CHECKLIST

Collect:

- Death certificate (an original is needed for each insurance policy, investment account, etc.- provided by the funeral director)
- Insurance policies
- Marriage license(s)
- Divorce decree(s)
- Birth certificate
- Will
- Veteran's discharge papers
- Social Security number
- Most recent tax return
- Safety deposit box location/key

Contact an attorney

File probate of will

Apply for benefits:

- Life insurance proceeds
- Retirement plan benefits
- Veterans' benefits
- Other employee benefits
- Social Security benefits

Change titles and ownership:

- House
- Insurance policies
- Automobiles
- Credit cards
- Bank accounts
- Stocks, bonds, other investments
- Safe deposit boxes

Review finances:

- File and pay applicable taxes
- Hire an accountant
- Open an estate bank account
- Apply for estate tax ID

Revise your will (changing beneficiaries and terms)

MEMORANDUM DISPOSITION OF TANGIBLE PERSONAL PROPERTY

My Will, executed on _____ gives my personal and household effects in accordance with a list or memorandum, and I hereby make this writing for that purpose and to comply with the provisions of New Jersey law, as amended.

A. Whether or not my Spouse Survives me:

Description of Item of Tangible Personal Property	Beneficiary (Relationship or Address)

B. Only if my Spouse does not Survive Me:

Description of Item of Tangible Personal Property	Beneficiary (Relationship or Address)

If any name beneficiary of a particular gift do not survive me, such gift shall lapse and pass as otherwise provided in my Will.

Date: _____

Signature: _____