

Life
Record Guide

IMPORTANT FAMILY INFORMATION

PROVIDED BY:

Washington Cemetery

SERVING OUR FAMILIES, FRIENDS, AND NEIGHBORS SINCE 1853.

INTRODUCTION

Over time, we collect a host of important personal materials such as social security numbers, insurance papers, personal wills, critical phone numbers, etc.

Many of us have these materials organized — perhaps not necessarily in one convenient area or contained within one document.

In the event family members or friends might need immediate access to your information in times of emergency, we developed a simple step-by-step guide for you to organize your vital information. We hope you find this useful.

PREFACE

IMPORTANCE OF A LAST WILL and TESTAMENT.

The information contained in this booklet will be very important to your family and personal representatives. However, it will not serve as the disposition of your property in the event of your death.

Only your Last Will and Testament can do that. If you do not currently have a Will, you may want to contact your family attorney to execute one.

I,_____, have a Will which was executed on _____ .
(date)

My Will is located at _____.

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IMPORTANT NAMES and NUMBERS

List the most important contacts in the order in which you would like them to be reached. Include information regarding their relationship with you and how to best reach them.

Additional space is provided on the following page to address specific contacts.

	NAME	RELATIONSHIP	CONTACT METHOD
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

IMPORTANT NAMES and NUMBERS

(Continued)

NAME NUMBER

EXECUTOR: _____

GUARDIAN: _____

EX-FAMILY (former spouse / in-laws, others):

_____

_____

DOCTOR: _____

DENTIST: _____

PHARMACY: _____

ATTORNEY: _____

FINANCIAL ADVISOR: _____

EMPLOYER: _____

NEIGHBORS: _____

_____

CLERGY: _____

FUNERAL DIRECTOR: _____

LOCATION OF IMPORTANT DOCUMENTS

Indicate where each of these documents are kept. (home, safe deposit, attorney, etc.)

1.) Social Security Number: _____

2.) Living Wills: _____

3.) Bank Statements / Savings Accounts / CD's / Credit Union:

_____

4.) Insurance Policies (life, health/medical, property):

_____

5.) Financial Investment Documents: _____

6.) Mortgages: _____

7.) Safe Deposit Information (box # / bank contact):

_____

8.) Loans and Promisory Notes: _____

9.) Funeral Arrangements (Is there a pre-arrangement?):

_____

10.) Cemetery Property (Is there a Pre-Plan Program?):

_____

11.) Credit Card / Charge Info: _____

12.) Deeds / Titles: _____

13.) Tax Returns: _____

14.) Birth Certificates: _____

15.) Marriage Documents: _____

16.) Military Discharge Papers: _____

17.) Divorce Agreements: _____



PERSONAL HISTORY (Husband)

Full Name: Date of Birth: Place of Birth:

_____

Address & Street: City: State / ZIP: Since:

_____

Previous Address(es):

_____

BUSINESS CAREER

Occupation: _____ Title: _____

Employer: _____ Dates: _____

Previous Employers:

_____

EDUCATION

School / College: _____ Degree Earned: _____

MILITARY SERVICE

Branch: Service No.: Date of Entry / Location:

_____

Unit or Theaters of Service:

_____

Date of Separation: Location: Grade or Rank:

_____

Citations, Awards, or Recognition:

_____

Veteran or Reserve Memberships:

_____





PERSONAL HISTORY (Wife)

Full Name: Date of Birth: Place of Birth:

_____

Address & Street: City: State / ZIP: Since:

_____

Previous Address(es):

_____

BUSINESS CAREER

Occupation: _____ Title: _____

Employer: _____ Dates: _____

Previous Employers:

_____

EDUCATION

School / College: _____ Degree Earned: _____

MILITARY SERVICE

Branch: Service No.: Date of Entry / Location:

_____

Unit or Theaters of Service:

_____

Date of Separation: Location: Grade or Rank:

_____

Citations, Awards, or Recognition:

_____

Veteran or Reserve Memberships:

_____



PERSONAL HISTORY (FAMILY)

FAMILY and FRIENDS

Children: Birthdate/Location: Address: Phone:

HUSBAND'S FAMILY:

Father: Birthdate / Location: Address: Phone:

Mother (include Maiden Name) Birthdate / Location: Address: Phone:

Brothers / Sisters:

Other Relatives or Close Friends:

PERSONAL HISTORY (FAMILY)
(Continued)

WIFE'S FAMILY:

Father: Birthdate / Location: Address: Phone:

Mother (include Maiden Name) Birthdate / Location: Address: Phone:

Brothers / Sisters:

Other Relatives or Close Friends:

SPECIAL FAMILY TRADITIONS / FACTS:

PERSONAL HISTORY (FAMILY)

(Continued)

SPECIAL FAMILY TRADITIONS / FACTS:

PERSONAL HISTORY (FAMILY)

(Continued)

SPECIAL FAMILY TRADITIONS / FACTS:

BANKING INFORMATION

BANK: _____

Address: _____

Book No.: _____ Location of Book: _____

Type of Account: _____

BANK: _____

Address: _____

Book No.: _____ Location of Book: _____

Type of Account: _____

BANK: _____

Address: _____

Book No.: _____ Location of Book: _____

Type of Account: _____

BANK: _____

Address: _____

Book No.: _____ Location of Book: _____

Type of Account: _____

BANK: _____

Address: _____

Book No.: _____ Location of Book: _____

Type of Account: _____

BANKING INFORMATION
(CONTINUED)

SAFE DEPOSIT BOX

Name of Institution: _____

Address: _____

Box No.: _____ Key No: _____

Those Having Access to Account: _____

_____

_____

Locations of Keys: _____

Box Contents as of: Date _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

BANKING INFORMATION
(CONTINUED)

SAFE DEPOSIT BOX

Name of Institution: _____

Address: _____

Box No.: _____ Key No: _____

Those Having Access to Account: _____

_____

_____

Locations of Keys: _____

Box Contents as of: Date _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

BANKING INFORMATION
(CONTINUED)

CREDIT UNION: _____

Address: _____

Phone: _____ Share Account No.: _____

Location of Information: _____

CREDIT UNION: _____

Address: _____

Phone: _____ Share Account No.: _____

Location of Information: _____

CREDIT UNION: _____

Address: _____

Phone: _____ Share Account No.: _____

Location of Information: _____

CREDIT UNION: _____

Address: _____

Phone: _____ Share Account No.: _____

Location of Information: _____

CREDIT UNION: _____

Address: _____

Phone: _____ Share Account No.: _____

Location of Information: _____

BANKING INFORMATION
(CONTINUED)

SAVINGS & LOAN ASSOCIATIONS

Systematic Savings Accounts:

BOOK NO.	NO. OF SHARES	NAME OF SAVINGS & LOAN (include phone)

Optional Savings Accounts

BOOK NO.	NAME OF SAVINGS & LOAN (include phone)

Investment Savings Accounts

CERTIFICATE OR BOOK NO.	NO. OF SHARES	RAR VALUE	NAME OF SAVINGS & LOAN (include phone)

BANKING INFORMATION
(CONTINUED)

SAVINGS & LOAN ASSOCIATIONS

Systematic Savings Accounts:

BOOK NO.	NO. OF SHARES	NAME OF SAVINGS & LOAN (include phone)

Optional Savings Accounts

BOOK NO.	NAME OF SAVINGS & LOAN (include phone)

Investment Savings Accounts

CERTIFICATE OR BOOK NO.	NO. OF SHARES	RAR VALUE	NAME OF SAVINGS & LOAN (include phone)

BANKING INFORMATION
(CONTINUED)

SAVINGS & LOAN ASSOCIATIONS

Systematic Savings Accounts:

BOOK NO.	NO. OF SHARES	NAME OF SAVINGS & LOAN (include phone)

Optional Savings Accounts

BOOK NO.	NAME OF SAVINGS & LOAN (include phone)

Investment Savings Accounts

CERTIFICATE OR BOOK NO.	NO. OF SHARES	RAR VALUE	NAME OF SAVINGS & LOAN (include phone)

FINANCIAL & INVESTMENT INFORMATION

MUTUAL FUNDS

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

MUTUAL FUNDS

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

MUTUAL FUNDS

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____

Name: _____

Address: _____

Date Bought: _____ Fund Certificate No.: _____

Shares: _____ Price: _____ Amount: _____

Location of Certificate: _____



FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

SECURITIES

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____



FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

SECURITIES

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

SECURITIES

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

SECURITIES

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

Company: _____

Common □ Preferred □ Bond □ Debenture □

Date Bought: _____ Certificate No.: _____

Unit Price: _____ No. of Shares: _____ Amount: _____

Location of Certificate: _____

Broker: _____

Address / Phone: _____

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

SAVINGS BONDS

DATE	SERIES NO.	COST	MATURITY VALUE	MATURITY DATE

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

SAVINGS BONDS

DATE	SERIES NO.	COST	MATURITY VALUE	MATURITY DATE

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

SAVINGS BONDS

DATE	SERIES NO.	COST	MATURITY VALUE	MATURITY DATE

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

OTHER ITEMS (PRECIOUS METALS / COINS / JEWELRY / GUNS / ARTWORK, etc.)

DATE	DESCRIPTION	VALUE

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

OTHER ITEMS (PRECIOUS METALS / COINS / JEWELRY / GUNS / ARTWORK, etc.)

DATE	DESCRIPTION	VALUE

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

OTHER ITEMS (PRECIOUS METALS / COINS / JEWELRY / GUNS / ARTWORK, etc.)

DATE	DESCRIPTION	VALUE

FINANCIAL & INVESTMENT INFORMATION
(CONTINUED)

OTHER ITEMS (PRECIOUS METALS / COINS / JEWELRY / GUNS / ARTWORK, etc.)

DATE	DESCRIPTION	VALUE

INSURANCE

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____



INSURANCE
(CONTINUED)

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____



INSURANCE
(CONTINUED)

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____

Company: _____

Address: _____

Policy No.: _____ Type: _____

Amount: _____ Date of Policy: _____

Beneficiary: _____

Location of Policy: _____

Agent: _____

Address / Phone: _____

REAL ESTATE

Description: _____

_____

Location of Property: _____

_____

Purchase Price: _____ Deed in Name of: _____

Location of Deed: _____

Amount of Mortgage: _____ Type of Mortgage: _____

Mortgage Payments (amount and frequency): _____

Name of Mortgator: _____ Phone: _____

Assessed Valuation: _____Real Estate Taxes Payable on: _____

Other Assessments due on: _____

Property Leased to: _____

Primary Contact and Phone: _____

Gross Income: _____ Net Income: _____

Insurance on Property (carrier): _____

REAL ESTATE
(CONTINUED)

Description: _____

_____

Location of Property: _____

_____

Purchase Price: _____ Deed in Name of: _____

Location of Deed: _____

Amount of Mortgage: _____ Type of Mortgage: _____

Mortgage Payments (amount and frequency): _____

Name of Mortgator: _____ Phone: _____

Assessed Valuation: _____Real Estate Taxes Payable on: _____

Other Assessments due on: _____

Property Leased to: _____

Primary Contact and Phone: _____

Gross Income: _____ Net Income: _____

Insurance on Property (carrier): _____

REAL ESTATE
(CONTINUED)

Description: _____

_____

Location of Property: _____

_____

Purchase Price: _____ Deed in Name of: _____

Location of Deed: _____

Amount of Mortgage: _____ Type of Mortgage: _____

Mortgage Payments (amount and frequency): _____

Name of Mortgator: _____ Phone: _____

Assessed Valuation: _____Real Estate Taxes Payable on: _____

Other Assessments due on: _____

Property Leased to: _____

Primary Contact and Phone: _____

Gross Income: _____ Net Income: _____

Insurance on Property (carrier): _____

REAL ESTATE
(CONTINUED)

Description: _____

_____

Location of Property: _____

_____

Purchase Price: _____ Deed in Name of: _____

Location of Deed: _____

Amount of Mortgage: _____ Type of Mortgage: _____

Mortgage Payments (amount and frequency): _____

Name of Mortgator: _____ Phone: _____

Assessed Valuation: _____Real Estate Taxes Payable on: _____

Other Assessments due on: _____

Property Leased to: _____

Primary Contact and Phone: _____

Gross Income: _____ Net Income: _____

Insurance on Property (carrier): _____



BUSINESS INFORMATION

Name of Business: _____

Address: _____ Phone: _____

Partners: _____

_____

_____

_____

Description of the Business: _____

_____

_____

_____

_____

My Association: □ Owner □ Partner □ Employee

Position: _____

Length of Service: _____ Date: _____

Income: _____

Pension Benefits: _____

Insurance Benefits: _____

Social Security: _____

Other Benefits: _____

For Additional Information, Communicate with: _____

_____

_____



BUSINESS INFORMATION
(CONTINUED)

Name of Business: _____

Address: _____ Phone: _____

Partners: _____

_____

_____

_____

Description of the Business: _____

_____

_____

_____

_____

My Association: □ Owner □ Partner □ Employee

Position: _____

Length of Service: _____ Date: _____

Income: _____

Pension Benefits: _____

Insurance Benefits: _____

Social Security: _____

Other Benefits: _____

For Additional Information, Communicate with: _____

_____

_____

OBLIGATIONS

OBLIGATIONS
(CONTINUED)

THINGS TO BE DONE AT TIME OF DEATH

CONTACT and NOTIFY (listed in order of importance):

- □ Funeral Director
- □ Clergy / Congregation
- □ Cemetery
- □ Relatives
- □ Executor of Estate
- □ Doctor / Coroner
- □ Friends
- □ Employers (if applicable)
- □ Attorney (if applicable)
- □ Accountant (if applicable)
- □ Insurance Agents
- □ Organizations for Service
- □ Newspapers
- □ Social Clubs and Organizations
- □ Unions
- □ Pallbearers
- □ Notify Social Security Office

DECISIONS:

- □ Funeral Service (date / time / location)
- □ Casket or Urn
- □ Clothing
- □ Jewelry
- □ Special Photos / Momentos
- □ Vault
- □ Flowers
- □ Monument / Stone

INFORMATION NEEDED:

- □ Vital Statistics about Deceased (birthdate, employers, activities, organizations)
- □ Addresses and Phone Numbers of Those to be Notified
- □ Information for Obituary

EXPENSES TO PREPARE FOR:

- □ Funeral
- □ Cemetery Property (if no Pre-Plan)
- □ Florist
- □ Memorial / Monument
- □ Food
- □ Clergy
- □ Organist
- □ Death Certificate / Notary
- □ Current Unpaid Bills (i.e. mortgage, taxes, healthcare, auto, utilities, charge cards)

MEMORIAL INSTRUCTIONS

SPOUSE

_____Date: _____

Sign your name.

Religious Official: _____

_____

Phone #: _____

Close Friend: _____

Phone #: _____

SERVICES

Funeral Home: _____

Location: _____

Phone: _____

Religious / Other: _____

Location: _____

Phone: _____

Washington Cemetery
498 Park Avenue
Washington, PA 15301
724-225-1040

Participants / Speakers / Other: _____

_____

_____

Music: _____

Readings: _____

_____

Jewelry / Clothing / Flowers: _____

_____

Charitable Donations: _____

_____

SPOUSE

_____Date: _____

Sign your name.

Religious Official: _____

_____

Phone #: _____

Close Friend: _____

Phone #: _____

SERVICES

Funeral Home: _____

Location: _____

Phone: _____

Religious / Other: _____

Location: _____

Phone: _____

Washington Cemetery
498 Park Avenue
Washington, PA 15301
724-225-1040

Participants / Speakers / Other: _____

_____

_____

Music: _____

Readings: _____

_____

Jewelry / Clothing / Flowers: _____

_____

Charitable Donations: _____

_____

CEMETERY ARRANGEMENTS

Location of Ownership Certificate (Deed for Cemetery Property)

Name of Cemetery: _____

Address: _____

_____

Main Office Phone: _____

Family Service Counselor: _____ Phone: _____

Type of Cemetery Property:

□ Ground Space	□ Bronze Memorial	□ Niche
□ Vault	□ Mausoleum	□ Entombment Fees
□ Lawn Crypt	□ Opening & Closing	□ Monument

□ Death Certificate of Veteran	□ Birth Certificates of Veteran's Minor Children
□ Discharge Papers of Veteran	□ Receipt of Itemized Funeral Bill for Veteran
□ Copy of Veteran's Marriage Certificate	

INFORMATION ABOUT BENEFITS

SOCIAL SECURITY

Death benefits are provided in varying amounts to those covered by Social Security. Funds are payable to the surviving spouse who lives in the same household as the deceased. Only one benefit is payable. There may also be certain dependent benefits for children under 18. The family must apply at the nearest Social Security office to receive these benefits. Consult your telephone directory or search the internet under the listing: United States Government - Health Education and Welfare Department - Social Security Administration.

To expedite the filing of the claim for any Social Security benefits due you, you will need to show most or all of the following documents:

□ Death Certificate
□ Social Security Card of Deceased
□ Birth Certificate of Deceased
□ Marriage Certificate
□ Birth Certificate of Applicant
□ Birth Certificates of Minor Children
□ Disability Proof for Children over 18
□ Receipted Funeral Bill

VETERANS'

A number of benefits are provided by the Federal Government to families of deceased veterans. Among these are an allowance toward the burial, a grave marker, and an American Flag.

To receive these benefits, you must apply at the nearest Veterans Administration office. Consult your telephone directory or search the internet under the listing: United States Government - Veterans Administration.

You must apply within a certain time limit to claim these benefits or they will be lost.

□ Death Certificate of Veteran
□ Discharge Papers of Veteran
□ Copy of Veteran's Marriage Certificate
□ Birth Certificates of Veteran's Minor Children
□ Receipted of Itemized Funeral Bill for Veteran

WILLS / POWER OF ATTORNEY / RELATED BENEFACTORS

WILLS

A properly drawn and executed will is an essential safeguard for all of us. Absent a will, state laws and the courts, by law, must make all of the decisions on the disposition of your assets and the guardianship of any minor children. Your wishes on these matters, which should be paramount, may not be followed, since they have not been expressed.

Not only should you have a Will, you should keep it current. You should review your Will every few years in light of changing family circumstances, responsibilities, tax laws, and your own wishes.

When you die, your Will must be probated in court. The judge must approve your executor, and an inventory of your estate must be drawn up and filed. Taxes and debts must be identified and paid. Frequently an executor will need to draw on outside assistance from a lawyer or an accountant.

Settling an estate is rarely easy, but competent professional assistance can do much to make the experience go more smoothly. You should use such assistance in the preparation of your Will, and update it as often as the circumstances dictate. You should also give careful consideration to the choice of your executor or executrix . All of these issues are important to protect your loved ones and to ensure that your wishes are carried out.

LIVING WILLS / DURABLE POWER OF ATTORNEY

Today's advanced medical technology has nearly doubled life expectancy in the 21st century. But it has also created ethical and moral dilemmas so that our society has had to legally define when a person is considered dead, since sophisticated equipment can maintain the illusion of life.

To permit individuals to express their wishes regarding health care in advance, states have enacted laws which permit "Advance Directives" that must be honored by health care professionals and institutions. These generally take the form of a Living Will and/or Durable Power of Attorney.

A Living Will is a document which allows you to express what you do or don't want done should you be in a condition in which you are no longer capable of communicating your wishes. Should your situation be one from which there is no hope of recovery, your wishes regarding certain treatments which cvould prolong your life will then be observed.

A Durable Power of Attorney appoints another individual to make decisions on your behalf should you be incapable of making them on your own. Unlike a General Power of Attorney, the Durable Power of Attorney remains in effect should you become mentally incompetent, allowing your proxy to adequately carry out your wishes regarding life pro-longing treatments.

WILLS / POWER OF ATTORNEY / RELATED BENEFACTORS
(CONTINUED)

WHY HAVE A WILL?

A Will allows you to name a personal representative, someone you trust, to execute your Will without bond. You decide how assets are to be distributed and who will be guardian of minor children. A will can also provide for special bequests, indicate a source of estate tax payment, and create trusts providing professional asset management.

Even when property is owned jointly, there is always the possibility that both will die at or near the same time leaving the court to make important decisions. If there is a surviving spouse, they may forget or otherwise fail to prepare a Will.

WHERE SHOULD YOUR WILL BE KEPT?

In a safe place, such as a safe deposit box or with an attorney. Most important is that your executor and several trusted family members know where the Will is and how to get access to it.

If your Will cannot be located, it is presumed not to exist.

CHECKLIST FOR PREPARING A WILL:

□ Prior Wills

□ Deeds

□ Property Appraisals

□ Pension Information

□ Trust Agreements

□ Tax Returns (5 years)

□ Marital and Divorce Agreements

□ Life Insurance Policies

□ Business Agreements

□ Safe Deposit Box information

□ Savings and Investment Information

WHAT HAPPENS WHEN THERE IS NO WILL?

When someone dies without a Will, the court, according to state law, decides how assets are distributed, appoints an administrator, and decides about a guardian of minor children.

The administrator usually is required to post a surety bond. Property owned jointly will be distributed to the surviving owner, typically the spouse.

WILLS / POWER OF ATTORNEY / RELATED BENEFACTORS
(CONTINUED)

WHO SHOULD REVIEW YOUR WILL AND WHEN?

□ There is a major status change such as marriage, birth, retirement, or move out of state.

□ There has been a major financial change such as a business start / stop, or significant change in financial position.

□ You want to replace your executor or guardian.

RESPONSIBILITIES OF AN EXECUTOR:

□ Offer your Will for probate.

□ Gather and organize assets of your estate.

□ Pay our valid debts -- including estate and other taxes, and the state's administrative expenses.

□ Collect money owed to you and your estate.

□ Carry on or dispose of investments and owned businesses.

□ Provide an accounting of activities to your beneficiaries.

□ Distribute assets according to your Will.



Family

Like branches on a tree,
we all grow in different directions,
yet our roots remain as one.

- Anonymous

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