

Organ or Body Donation

In this section, I have outlined my wishes and any arrangements I have made for donation of my remains. If I have chosen to donate my body, organs, or tissues, I have also selected either burial or cremation (outlined in the next section) to follow the donation or to be carried out in the event that the donation is not accepted. Please review this section along with Sections 14, 15, and 16 prior to making my final arrangements.

After my death, I want to donate my body, organs, or tissues: Yes No

If "No," skip the rest of this section and turn to the next section.

Wishes for Donation

I would like to donate:	<input type="checkbox"/> My Body
	<input type="checkbox"/> Any Needed Organs or Tissues
	<input type="checkbox"/> Only the Following Organs or Tissues:

Arrangements for Donation

Receiving Organization's Name, Address, and Telephone Number			
Location of Documents			
Additional Notes			

Burial or Cremation

In this section, I have outlined my wishes and any arrangements I have made for burial or cremation of my remains. Please review this section along with Sections 13, 15, and 16 prior to making my final arrangements.

Disposition of Remains

I have selected either burial or cremation, and have provided details about my wishes.

<input type="checkbox"/> Burial			
	Check One:	Check One:	Check One:
	<input type="checkbox"/> Immediate <input type="checkbox"/> After Services	<input type="checkbox"/> Embalm <input type="checkbox"/> Do Not Embalm	<input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground
Burial Organization Contact Information			
Burial Location and Contact Information			
Location of Documents			
Additional Notes			

Cremation			
Check One: <input type="checkbox"/> Immediate <input type="checkbox"/> After Services	Check One: <input type="checkbox"/> Embalm <input type="checkbox"/> Do Not Embalm	Check One or All That Apply: <input type="checkbox"/> Niche in Columbarium <input type="checkbox"/> Scattered <input type="checkbox"/> In Ground <input type="checkbox"/> To Individual	
Cremation Organization Contact Information			
Final Location and Contact Information			
Location of Documents			
Additional Notes			

Casket or Urn

I would like a casket, urn, or other container to hold my remains: Yes No

Item	<input type="checkbox"/> Casket	<input type="checkbox"/> Urn	<input type="checkbox"/> Other
Material	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
	Type:	Type:	Type:
Model or Design			
Exterior Finish			
Interior Finish			

Casket or Urn, continued

Cost Range	<input type="checkbox"/> Economical	<input type="checkbox"/> Moderate	<input type="checkbox"/> Luxury
	Approx. \$	Approx. \$	Approx. \$
Additional Notes			

Item	<input type="checkbox"/> Casket	<input type="checkbox"/> Urn	<input type="checkbox"/> Other
Material	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
	Type:	Type:	Type:
Model or Design			
Exterior Finish			
Interior Finish			
Cost Range	<input type="checkbox"/> Economical	<input type="checkbox"/> Moderate	<input type="checkbox"/> Luxury
	Approx. \$	Approx. \$	Approx. \$
Additional Notes			

Item	<input type="checkbox"/> Casket	<input type="checkbox"/> Urn	<input type="checkbox"/> Other
Material	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
	Type:	Type:	Type:
Model or Design			
Exterior Finish			
Interior Finish			
Cost Range	<input type="checkbox"/> Economical	<input type="checkbox"/> Moderate	<input type="checkbox"/> Luxury
	Approx. \$	Approx. \$	Approx. \$
Additional Notes			

Headstone, Monument, or Burial Marker

I would like a headstone or marker:

Yes

No

Description	
Material	
Design	
Finish	
Additional Notes	

Epitaph

I would like an epitaph or inscription:

Yes

No

Item	
Inscription	
Additional Notes	

Item	
Inscription	
Additional Notes	

Item	
Inscription	
Additional Notes	

Burial or Cremation Apparel

I wish to specify burial or cremation apparel:

Yes

No

For items marked "Yes," please ensure that the clothing or article is removed and given to my executor prior to burial or cremation.

Clothing, Accessory, or Other Item	Location	Remove Before Interment or Cremation	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Notes			

Funeral and Memorial Services

In this section, I have outlined my wishes and any arrangements I have made for services or ceremonies after my death. Please review this section along with Sections 13, 14, and 16 prior to making my final arrangements.

Viewing, Visitation, or Wake

I would like a viewing, visitation, or wake: Yes No

Type of Service		
Location and Contact Information		
Existing Arrangements and Location of Documents		
Body Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Casket <input type="checkbox"/> Yes <input type="checkbox"/> No	Casket <input type="checkbox"/> Open <input type="checkbox"/> Closed
Interior Finish		
Invitees <input type="checkbox"/> Public <input type="checkbox"/> Private	Timing and Days/Hours	
Special Requests		
Additional Notes		

Viewing, Visitation, or Wake, continued

Type of Service		
Location and Contact Information		
Existing Arrangements and Location of Documents		
Body Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Casket <input type="checkbox"/> Yes <input type="checkbox"/> No	Casket <input type="checkbox"/> Open <input type="checkbox"/> Closed
Interior Finish		
Invitees [] Public [] Private	Timing and Days/Hours	
Special Requests		
Additional Notes		

Funeral or Memorial Service

I would like a funeral or memorial:

Yes

No

Location and Contact Information		
Existing Arrangements and Location of Documents		
Body and Casket Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Casket <input type="checkbox"/> Open <input type="checkbox"/> Closed	Other Items <input type="checkbox"/> Photo -- Location: _____ <input type="checkbox"/> Other: _____
Flowers	Invitees <input type="checkbox"/> Public <input type="checkbox"/> Private	Timing and Days/Hours

Type of Service	Service Contact	Facilitator
<input type="checkbox"/> Religious <input type="checkbox"/> Military <input type="checkbox"/> Other	Name	Name
	Contact Information	Contact Information

Eulogy		
Name	Name	Name
Contact Information	Contact Information	Contact Information

Music Selections and Musicians
Readings

Pallbearers		
Name #1	Name #2	Name #3
Contact Information	Contact Information	Contact Information
Name #4	Name #5	Name #6
Contact Information	Contact Information	Contact Information

Name #7	Name #8	Name-Alternate
Contact Information	Contact Information	Contact Information
Name – Alternate	Name-Alternate	Name-Alternate
Contact Information	Contact Information	Contact Information

Graveside Ceremony <input type="checkbox"/> Graveside only <input type="checkbox"/> Following funeral <input type="checkbox"/> None	Transportation to Service	

Additional Notes: _____

Reception or Celebration of Life

I would like a reception or celebration of life:

Yes

No

Location and Contact Information	

Existing Arrangements and Location of Documents		
Invitees <input type="checkbox"/> Public <input type="checkbox"/> Private	Food and Drink	
Additional Notes		

Obituary

Please publish my obituary, following the instructions below: Yes No

I have already drafted an obituary: Yes (Location: _____) No

Obituary Overview

Obituary Length	<input type="checkbox"/> Brief <input type="checkbox"/> Moderate <input type="checkbox"/> Article Length
Photograph	<input type="checkbox"/> Yes (Location: _____) <input type="checkbox"/> No
Publications	

Obituary Details

Date and Place of Birth	See Biographical Information.
Military Service	See Biographical Information.
Spouse, Children, Grandchildren, Parents, Siblings	See Biographical Information.
Employment	See Employment
Memberships	See Memberships
Education	
Awards and Achievements	
Interests and Hobbies	
Values	
Flowers	<input type="checkbox"/> Yes. Send to:
	<input type="checkbox"/> No. "No flowers, please."
	<input type="checkbox"/> No. "In lieu of flowers, please send donations to [the organizations listed below]."

Obituary Details, continued

Donations or Remembrances	
Other	

Additional Notes

Will and Trust

In this section, you will find important information about my will. If I have made other estate planning documents, such as a living trust, other trusts, or a marital property agreement, you will find those listed here as well.

Personal Representative and Successor Trustee

My will names the personal representative listed just below. If he or she is unable to serve, I have named alternates to serve in the order listed.


If I have made a living trust, it names the successor trustee listed just below. If he or she is unable to serve, I have named alternates to serve in the order listed.

Personal Representative	
Alternate 1	
Alternate 2	
Alternate 3	
Successor Trustee	
Alternate 1	
Alternate 2	
Alternate 3	

Document Information

Following is a list of my primary estate planning documents.


If an attorney or other professional (such as a tax expert) helped me prepare a document listed here, I have included contact information for him or her. You can consult the listed professional if you have questions about the document or need help carrying out its terms.


Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information	 <p>5105 DTC Parkway, Suite 150 Greenwood Village, CO 80111 (303) 217-2018 Office (303) 217-2019 Fax Email: brian@budmanlaw.com Web site: http://www.budmanlaw.com</p>	
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information	 <p>5105 DTC Parkway, Suite 150 Greenwood Village, CO 80111 (303) 217-2018 Office (303) 217-2019 Fax Email: brian@budmanlaw.com Web site: http://www.budmanlaw.com</p>	

Document Information, continued

Location of Original Document	
Locations of Copies of This Document	
Additional Notes	
Additional Notes	
Additional Notes	


Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Notes		
Additional Notes		
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Document Information, continued

Location of Original Document	
Locations of Copies of This Document	
Additional Notes	

Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Insurance

This section lists all my insurance policies. It covers policies that I own and those owned by others that cover my life or my property.

My agent or personal representative should review each listed policy and contact the insurance company to:

- claim any benefits due—for example, medical, workers' compensation, life, or accidental death
- cancel policies that are no longer necessary—such as medical, dental, or vision insurance, after my death, and
- modify policies—for instance, modifying my home or vehicle insurance policies after my death but before transferring the property to beneficiaries.

Insurance Policies

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy			
Medical							
No.							
Medical							
No.							

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Medical				
No.				
Medical				
No.				
Dental				
No.				
Dental				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Vision				
No.				
Vision				
No.				
Home and Contents, Renters'				
No.				
Home and Contents, Renters'				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Vehicle				
No.				
Vehicle				
No.				
Vehicle				
No.				
Vehicle				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Vehicle				
No.				
Vehicle				
No.				
Personal Liability				
No.				
Personal Liability				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Malpractice				
No.				
Malpractice				
No.				
Errors and Omissions				
No.				
Errors and Omission				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Disability				
No.				
Disability				
No.				
Disability				
No.				
Disability				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Disability				
No.				
Life				
No.				
Life				
No.				
Life				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Life				
No.				
Accidental Death				
No.				
Accidental Death				
No.				
Long-Term Care				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Long-Term Care				
No.				
Other				
No.				
Other				
No.				
Other				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Other				
No.				
Other				
No.				
Other				
No.				
Other				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Other				
No.				

Additional Notes

Additional Notes

If Checks Are Lost or Stolen

If checks are lost, stolen, or misused, contact these major check verification companies. Retailers who use their services will not accept the reported checks.

- Certegy, Inc.
800-437-5120
- International Check Service
800-631-9656
- TeleCheck
800-710-9898 or 800-927-0188

Retirement Plans and Pensions

This section describes my retirement plans and pension benefits. Notify the managing company or organization of my incapacity or death. Then evaluate each plan for amounts due to my estate or survivors.

Employer Retirement and Pension Plans

Company Contact Information	Description and Status of Plan	Account Number	Location of Statements

Company Contact Information	Description and Status of Plan	Account Number	Location of Statements

Company Contact Information	Description and Status of Plan	Account Number	Location of Statements

Additional Notes

Individual Retirement Accounts and Plans

Financial Institution Contact Information	Description and Status of Plan	Account Number	Location of Statements

Financial Institution Contact Information	Description and Status of Plan	Account Number	Location of Statements

Additional Notes

Government Benefits

In this section, you'll find information about any federal or state government benefits that I either currently collect or expect in the future. These include any benefits for my family members and survivors.

Social Security Benefits

I have outlined my Social Security benefits below. Upon my incapacity or death, notify the Social Security Administration at 800-772-1213 or make an appointment with the local office. You can locate the local office by calling the SSA main number or checking the government listings in the phone book. Review the status of my benefits and ask the SSA representative whether additional benefits are available to me or to my family. A one-time death benefit is normally available for qualifying survivors. Information, publications, and forms are available at the Social Security Administration website, www.ssa.gov.

Program Name	Account Name and SSN	Account Status and Payment	Location of Documents
Retirement			
Disability			

Supplemental Security Income (SSI)			
Family			
Survivor			

Additional Notes

Credit Cards and Debts

This section contains information about my bills, credit cards, and other debts. At the end of the section, you will also find important contact information in case a credit card is lost or stolen.

Location of Bills

My current, pending bills and records of paid bills are located as follows:

Current Bills	
Records of Paid Bills	

Automatic Payment of Bills

The following bills are automatically paid from my bank accounts or by preauthorized charges to my credit card accounts. For additional information about banking, see Section 19 of this planner. For more information about online accounts and email, see Section 23.

Payee	Purpose	Approximate Amount per Month	Credit Card or Bank Account Number	Notice of Charge

Creditor Name and Contact Information	Amount	Terms of Debt and Status of Payment	Location of Documents

Additional Notes

Name and Contact Information	Amount	Terms of Debt and Status of Payment	Location of Documents

Additional Notes

If a Credit Card Is Lost or Stolen

In the event that a credit card is lost or stolen, immediately contact the issuing company, listed above. In addition, to minimize the threat of identity theft and fraud, contact the national credit reporting organizations, the FTC, and the Social Security Administration. Also file a police report with the local police department.

Equifax
P.O. Box 740241
Atlanta, GA 30374-0241
800-525-6285
www.equifax.com

Experian
P.O. Box 9532
Allen, TX 75013
888-397-3742
www.experian.com

TransUnion
P.O. Box 6790
Fullerton, CA 92834-6790
800-680-7289
www.transunion.com

Federal Trade Commission
Identity Theft Clearinghouse
600 Pennsylvania Avenue NW
Washington, DC 20580
877-438-4338
www.consumer.gov/idtheft

Social Security Administration Fraud Hotline
P.O. Box 17768
Baltimore, MD 21235
800-269-0271
www.ssa.gov

Product or Service	Account Name, User Name, or Account Number	Password, Combination, or PIN	Location of Key

Common Passwords

Here are some of my common passwords:			
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Additional Notes

Bank Name and Contact Information	People With Authorized Access	Box Number and Location of Keys	Description of Contents

Purpose	Location

Other Assets, Other Locations

These items of personal property are on loan to others, hidden away, stored elsewhere, or known only to me—and I want you to be able to locate them after my death.

Item and Description	Location of Asset	Location of Documents

Item and Description	Location of Asset	Location of Documents

Item and Description	Location of Asset	Location of Documents

Item and Description	Location of Asset	Location of Documents

Item and Description	Location of Asset	Location of Documents

Additional Notes

Taxes

The following information will help you prepare any tax returns due while I am incapacitated or after my death.

Tax Professionals

The following attorneys, accountants, or other professionals have helped me with my taxes in the past and/or are recommended to you for future work. Turn to them if you need assistance with my final tax returns.

Name of Person or Firm	Contact Information	Notes

Name of Person or Firm	Contact Information	Notes

Location of Tax Records

All receipts and documents related to income tax returns—both current-year records as well as prior-year returns—are located as described below.

Location of Current-Year Records	
Location of Prior-Year Records	

Additional Notes

Instructions for Care of Property I Own

Following are special instructions to help you care for the property listed above. If I hire someone to help with routine maintenance tasks, you can find that information in Section 10, Service Providers.

Property Address	Property Care

Property Address	Property Care

Additional Notes

Property Address	Property Care

Property Address	Property Care

Additional Notes

Vehicle Type	Make, Model, and Year	Vehicle ID Number	Creditor Contact Information	Garage or Storage Location	Location of Documents

Additional Notes

Vehicle Type	Make, Model, and Year	Vehicle ID Number	Leaseholder Contact Information	Garage or Storage Location	Location of Documents

Source and Contact Information	Description	Location of Documents

Additional Notes

Other Personal Property

The following items of property are particularly valuable to me. For certain items, I have included instructions for special handling and/or noted whether I have named a beneficiary in my will or other estate planning document.

Item and Description	Location and Access Information	Special Instructions	Location of Documents

Item and Description	Location and Access Information	Special Instructions	Location of Documents

Additional Notes

Property I Expect to Receive From Others

Following is a list of property that I expect to receive in the future. However, if I am named to receive property under a will, trust, or other estate planning document, and I die before I receive it, the property probably won't pass to my estate. Instead, it will most likely go to the benefactor's alternate beneficiary.

Source and Contact Information	Description	Location of Documents

Source and Contact Information	Description	Location of Documents

Additional Notes
