

# *MY PERSONAL LIFE RECORD & PLANNING GUIDE*



## *THE GUARDIAN OF FUNDS FOUNDATION*

BECAUSE FUNERALS & CREMATIONS DON'T HAVE TO COST A  
FORTUNE

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*The Guardian of Funds Foundation*  
*leading a Crusade to Common Sense since 1968*

# THE PURPOSE AND BENEFIT OF A PLANNING GUIDE

Because there's a lot of information your relatives need to know and - most importantly - need to know where to find it, i.e. Vital Statistical information necessary for State Death Certificates including parent's names, maiden names, where born, highest level of education completed, etc. Veterans can include their info (service branch and dates of service) as well as their discharge papers (DD 214 which is necessary for interment in a National Cemetery), information on bank accounts and credit cards, loan information, info about your will, things your heirs need to know, your own personal wishes about your burial or cremation, etc. Admittedly, this is a lot of info and often families don't want to talk about these matters (the proverbial "what if"). But that "what if" scenario is in all actuality more of a "certain to" at some point in time. So that's why these guides are here. To help you and your family prepare and make it as easy as possible.

## GETTING STARTED



First, let's start with General Information. This is vital statistical information, i.e. "the basics": Name, Address, SS#, Marital Status, Surviving Spouse (if applicable), usual occupation (*before* you retired that is) the Department of Health & Vital Records of the State will always ask these questions (*it's not us being invasive folks. We don't want to be*).

Name: First

Middle

Last

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Any AKA (otherwise known as)

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Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Sex:  Male  Female Military  Yes  No

Marital Status:  Never Married  Divorced  Widowed

Highest Level Education Completed: (Please note: enter in only last grade or degree completed. For example, if you went to college but never graduated, you can enter in "some college")

\_\_\_\_\_

Hispanic: \_\_\_Yes \_\_\_No Race/Ethnicity: \_\_\_\_\_

Usual Occupation (Do Not Use Retired): \_\_\_\_\_

Type of Industry/Business: \_\_\_\_\_

Years in Occupation: \_\_\_\_\_

Residence (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years in County: \_\_\_\_\_

Informant's Name (Can be "Self", Spouse, or Next-of-Kin):

\_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Name: First Middle Last (Maiden)

\_\_\_\_\_

Father's Name: First Middle Last Birth State

\_\_\_\_\_

Mother's Name: First                      Middle                      Last                      Birth State

\_\_\_\_\_

Now, on the following page you will see places to enter in (if applicable) your Armed Forces Service information. This is important because you also need to get a copy of your discharge (DD 214) if you want to be interred at a National Cemetery. This is your right (as long as you were Honorably Discharged) and provided for you will be: a) a free burial plot b) free opening/closing of that plot c) free outer burial container d) free marker (often referred to as monument or grave marker) and e) free care & upkeep of the gravesite. Vets - remember you're saving about \$8500 by going to a National Cemetery.

Next, if you have a Will completed you can enter in the date it was completed and its location. Name the Executor/Executrix and their address, phone numbers, and email addresses. If it was prepared by an attorney, fill in his or her name with their address and contact numbers/email addresses. Ladies & Gentlemen, you really don't want to pass away without having a Will completed, because if you don't have one the State will determine who will administer your estate, financial matters, and act as guardian for any minor children. Remember, have them drawn up by an attorney. "Homemade" wills may not stand up in court.

Do I have a Will?    Yes\_\_\_    No\_\_\_

Date Made: \_\_\_\_\_

Location: \_\_\_\_\_

Executor/Executrix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Preparer of Will: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## FINANCIAL INFORMATION



It's a good idea to keep record of all the different bank accounts you may have. You'd be surprised how many people forget about them. This innocent mistake could cost your heirs thousands of dollars needlessly. Fill this out and just keep it in a safe, private place.

Bank: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank: \_\_\_\_\_

Account # Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_



CREDIT CARDS: These little plastic devils always seem to create problems. Don't lose track of these either.

Credit Card Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Account #: \_\_\_\_\_



**INSURANCE INFORMATION:** You  
these either, as this information could also  
thousands of dollars needlessly.



don't want to lose  
cost your heirs

Insurance Company: \_\_\_\_\_

Type: Term: \_\_ Whole Life: \_\_ Universal: \_\_ Group: \_\_ Other: \_\_

Policy #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Type: Term: \_\_ Whole Life: \_\_ Universal: \_\_ Group: \_\_ Other: \_\_

Policy #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Type: Term: \_\_ Whole Life: \_\_ Universal: \_\_ Group: \_\_ Other: \_\_

Policy#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Type: Term: \_\_ Whole Life: \_\_ Universal: \_\_ Group: \_\_ Other: \_\_

Policy #: \_\_\_\_\_



**REAL ESTATE HOLDINGS:**

Description: \_\_\_\_\_

Address: \_\_\_\_\_

Deed is Located: \_\_\_\_\_

Description: \_\_\_\_\_

Address: \_\_\_\_\_

Deed is Located: \_\_\_\_\_

Description: \_\_\_\_\_

Address: \_\_\_\_\_

Deed is Located: \_\_\_\_\_

Description: \_\_\_\_\_

Address: \_\_\_\_\_

Deed is Located: \_\_\_\_\_



Description: \_\_\_\_\_

Address: \_\_\_\_\_

Deed is Located: \_\_\_\_\_

**OTHER FINANCIAL ASSETS** (Mutual Funds, Stocks, Bonds, IRA's, etc.)

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Personal Requests: Personal heirlooms and items of great sentimental value to me are hereby issued in the following manner:

Item/Article

Beneficiary/ Recipient

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**Social Security Information**

A note about Social Security; a lump sum payment may be made when an eligible person passes away. This payment is only made if there is an eligible surviving widow, widower, or entitled child. Survivor's checks may go to certain members of a deceased's family. And to help facilitate turnaround, when applying for SS benefits you will need the following:

- i) Social Security Number
- ii) Marriage License
- iii) Children's Birth Certificates
- iv) W2 for previous two years
- v) Proof of widow(er)'s age if over 62 yrs
- vi) Certified Copy of Death Certificate

The application for the lump sum death benefit must be made within two years after the individual's death. Don't delay filing because your information may be incomplete. The people in SSA office will help you with other information that will assist in your claim.

**\*\* Check Your Records At Least Every Three Years to Assure Your Earnings Are Being Reported Accurately \*\***

Social Security Administration may be reached at **800.772.1213**

**[www.ssa.gov](http://www.ssa.gov)**

## ★ VETERAN'S BURIAL BENEFITS

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial & funeral costs. When cause of death is service-related, the reimbursement is usually applied in two payments: a) a Burial and funeral expense allowance, and b) a plot interment allowance. You may be entitled to a VA Burial Allowance if:

- ★ i) You paid for a Veteran's burial and funeral AND
- ★ ii) You have not been reimbursed by another government agency or some other source, such as the deceased Veteran's employer AND
- ★ iii) The Veteran was discharged under conditions other than dishonorable.

In addition, to qualify one of the following conditions must be met:

i) The Veteran died due to a service-related disability OR

ii) The Veteran was receiving a VA Pension or compensation at time of death OR

iii) The Veteran was entitled to receive a VA Pension or compensation but decided not to reduce his/her military retirement and/or disability pay OR

iv) The Veteran died in a VA Hospital or while in a nursing home under a VA Contract.



In a Service-related death, the VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed. In a non-Service-related death, the VA will pay an allowance toward burial expenses.

## HEADSTONES & MARKERS

★ The VA - upon request - furnishes - at no charge to the applicant - a Government Issue headstone to serve as a marker on the grave itself. This is provided to every eligible veteran to any cemetery around the world.



★ Flat Bronze, granite, or marble markers (as well as upright granite and marble headstones) are available.



★ The style chosen must be consistent with existing monuments at the burial place. The cemetery must certify that the type chosen is permissible.

★ Niche markers are also available to mark Columbarium placement cremated remains.



of



### FLAGS



★ Honorably-discharged Veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible. Always try to have the following when contacting the Veterans Administration Office:



★ Proof of Military Service (DD 214)



★ Service Number

★ Marriage License (if applicable)

★ Children's Birth Certificates (if applicable)

★ Certified Copy of Death Certificate

The Veterans Administration may be reached at 800.827.1000



[www.va.gov](http://www.va.gov)



**Don't Forget to Check out:**

**The Veteran's Memorial Fund**

**[www.guardianoffunds.org/vmf](http://www.guardianoffunds.org/vmf)**



Remarks: \_\_\_\_\_  
\_\_\_\_\_

Organ Donor:  Yes  No Additional  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

***My Funeral Service: Part I***

The following expresses my explicit desire:

Type of Service:  Memorial  Graveside  
 Traditional Visitation & Funeral  Other: \_\_\_\_\_  
\_\_\_\_\_

Preferred Place of Service: \_\_\_\_\_

Preferred Place of Interment: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Officiant/Clergyman: \_\_\_\_\_

Rosary Service:  Yes  No

Flag:  Draped  Folded & Presented to: \_\_\_\_\_

Viewing:  Public  Private  None

Clothing Preference: \_\_\_\_\_  
\_\_\_\_\_

Personal Accoutrements:  Wedding Band  Stays On or  Return  
to: \_\_\_\_\_

Eyeglasses       Stays On or  Return to: \_\_\_\_\_

Other: \_\_\_\_\_  Stays On or  Return to: \_\_\_\_\_

Floral Arrangements: Type: \_\_\_\_\_ Color Preferred: \_\_\_\_\_

In lieu of flowers Memorial Donations may be made to: \_\_\_\_\_

Music:  Yes       No

Organist: \_\_\_\_\_ Musical Selections: \_\_\_\_\_

Religious Passages Selected for Recital: \_\_\_\_\_

Eulogy by: \_\_\_\_\_ Notations for Eulogy: \_\_\_\_\_

I would like Obituaries in the following newspapers/websites: \_\_\_\_\_

My Obituary: \_\_\_\_\_



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Honorary Pallbearers I would like:

Name	Relationship	Contact #
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Special Instructions/Notes/Awards/Life Achievements/Requests/Items:

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# *My Funeral Service: Part II*

## Cemetery Instructions

Cemetery /Memorial Park Preferred: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact#: \_\_\_\_\_

I  Own or Prefer  a plot at the above location. Type of  
Burial Rights:  Ground Burial  Mausoleum  Crypt  
 Columbarium Niche

If Owned, Name of Individual Who Interment Rights Are Deeded  
To: \_\_\_\_\_  
Location of Cemetery/Columbarium Deed: \_\_\_\_\_

I have made arrangements for a  Vault or  Minimum Outer Burial Container.

Marker Preferred:  Flat Marker  Upright Monument  Bronze Plaque  
 Granite Plaque

Other: \_\_\_\_\_  
Inscription: \_\_\_\_\_  
Emblem(s) to be included: \_\_\_\_\_  
Family to be present during closing  Yes  No  
Opening/Closing of gravesite  Prepaid  At Time of Need

If Cremation, I Prefer the Following Type of Disposition:  
Urn: Make: \_\_\_\_\_ Model: \_\_\_\_\_  Interment.  
Location: \_\_\_\_\_  Niche.  
Location: \_\_\_\_\_  Scatter at  
Sea (beyond the three-mile limit)  Scattering  
Garden. Location: \_\_\_\_\_  Cremation  
Garden. Location: \_\_\_\_\_

Additional

Remarks: \_\_\_\_\_  
\_\_\_\_\_

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**Relatives to Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

## *Dearest Friends*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact# \_\_\_\_\_

## **Organizations**

Organization Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Contact#: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Contact#: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Contact#: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Contact#: \_\_\_\_\_

## **Advisors**

Name

Firm/Professional Relationship

Contact #

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## ***Biography***

This will help immensely with an obituary, unless you've already written it. Here is the place to list your achievements and accomplishments that have been a source of pride to you and your loved ones.

Early Childhood & Upbringing: \_\_\_\_\_

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Adolescent Years: \_\_\_\_\_

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Early Adulthood: \_\_\_\_\_

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Proud Family Moments: \_\_\_\_\_

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Proud Career Accomplishments: \_\_\_\_\_

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Civic Accomplishments/Involvements: \_\_\_\_\_

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Special Achievements/Awards/Military Honors: \_\_\_\_\_

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To My Family & Dearest Loved Ones,

This guide is hereby complete and I have expressed my wishes concisely and clearly herein. It is my wish that you accede to my desires and see that they are carried out to their fullest extent. Know that by doing so I am relieving you of the emotional and financial burden that would have otherwise occurred had I not done so.

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Signature

Date

Witness

Date



***Making Funerals & Cremations Less  
Expensive & More User-Friendly Since 1968***

You have three easy ways to contact us & Pre-plan Your own Arrangements:

- Visit us on the Web: [www.guardianoffunds.org](http://www.guardianoffunds.org) or [www.guardianoffunds.com](http://www.guardianoffunds.com)
- Tell Your Friends & Family about the ***PERSONAL LIFE RECORD & PLANNING GUIDES*** now available free for download!
- Call us direct today! 310.625.3408
- And remember to sign up for our free Guardian of Funds Foundation Bi-monthly Newsletter - It's the only place you'll get the real "inside baseball" on funeral & cremation matters