

## SURVIVOR CHECKLIST

### AT TIME OF DEATH

- **Death Occurs at Home.** If a death occurs at home and the decedent was not receiving hospice care, call 911 to notify the appropriate local authorities. If the deceased was receiving hospice care, you generally contact hospice instead of 911.
- **Death Occurs at Hospital or Care Facility.** If a death occurs at a hospital or care facility, the staff will generally notify the appropriate authorities.
- **Health Care Power of Attorney.** The decedent's health care agent under the decedent's health care power of attorney is in charge of the disposition of the decedent's remains.
- **Decedent is an Organ Donor.** If the decedent is an organ donor, the health care agent under the decedent's health care power of attorney determines if organ donation is desirable and feasible.
- **Transport of Body.** The funeral home will transport the body from the place of death to the funeral home. If death occurs out of town, notify the local funeral home you have selected, which can then make the arrangements to transport the body back to your local community.
- **Minor Children or Pets.** As needed, make arrangements for the care of minor children and pets.
- **Secure Home.** Secure the decedent's home, if any.

### SOON AFTER DEATH

- **Notify Family & Friends.** Notify the decedent's family and friends of the death. Consider asking a relative or friend to assist you.
- **Notify Employer & Professionals.** As appropriate, notify the decedent's employer, attorney, accountant, financial advisor, insurance agent and spiritual advisor and the executor or personal representative named in the decedent's Will.
- **Locate Estate Planning Documents.** Locate the decedent's estate planning documents. Any powers created under a General (financial) Power of Attorney end at death. You will need the decedent's original Will.
- **Social Security.** Usually, the funeral director will notify Social Security of the death. A surviving spouse or dependent child may be eligible for Social Security survivor benefits. Contact the local social security office for more information as to eligibility.
- **Death Certificates.** The funeral director will usually order ten death certificates.

- **Veteran Burial & Benefits.** If the decedent was a veteran, contact the local VA office as to burial options and benefits. Locate honorable discharge papers and VA claim number.
- **Caution in Making a Funeral Deposit.** A funeral home usually requires a financial deposit. Please note that if the decedent does not have sufficient assets to pay all of the decedent's debts, then the amount the court will allow the executor to pay for the funeral may be significantly limited by statute. Please discuss this issue with the funeral home and an attorney before making a deposit that may not be refundable to you. Please do not use the decedent's credit card or bank account to make that deposit.
- **Obituary.** Provide the funeral home with information and a picture, if desired, to use in the obituary notice. Due to identity theft concerns, please do not include an address or the month or day of the decedent's birth in the obituary.
- **Checks Received After Death.** If any checks payable to the decedent are received after the decedent's death, unless otherwise advised by an attorney, hold such checks until a bank account in the name of the decedent's estate can be opened.
- **Other Documents to Look For.** The person who will serve as executor of the decedent's estate or trustee of the decedent's trust, should locate the following additional information and documentation, if applicable:
  - Vital Records such as birth certificate, marriage certificate & documentation of divorce.
  - Income Tax Returns (prior 3 years if available)
  - Real Property (homes, buildings, undeveloped land, timeshares, mineral rights)
    - Recent Property Tax Records
    - Loan Documents
    - Keys
  - Vehicle, Boats, Airplanes
    - Titles and Registration Papers
    - Loan Documents
    - Keys
  - Insurance Policies
    - Copy of the Policies
    - Beneficiary Designations
  - Bank and Brokerage Accounts
    - Recent Statements
    - Beneficiary Designations
    - Signature Cards
  - Business or Entity Ownership
    - Documentation of Ownership
    - Any Partnership, Operating or Buy-Sell Agreements
  - Safe Deposit Box Information & Keys
  - Credit Cards – Recent Statements

MY PROFESSIONAL ADVISORS

<b>ATTORNEY</b>	
Name of Attorney	
Law Firm Name	
Phone No.	
Email Address	
Street Address	
City, State & Zip	
<b>ACCOUNTANT</b>	
Name of Accountant	
Accounting Firm Name	
Phone No.	
Email Address	
Street Address	
City, State & Zip	
<b>FINANCIAL ADVISOR</b>	
Name of Advisor	
Firm Name	
Phone No.	
Email Address	
Street Address	
City, State & Zip	
<b>PROPERTY INSURANCE</b>	
Name of Agent	
Insurance Carrier	
Phone No.	
Email Address	
Street Address	
City, State & Zip	
<b>LIFE INSURANCE</b>	
Name of Agent	
Insurance Carrier	
Phone No.	
Email Address	
Street Address	
City, State & Zip	
<b>OTHER</b>	
Name	
Company	
Phone No.	
Email Address	
Street Address	
City, State & Zip	

PERSONAL INFORMATION

<b>NAME</b>	
Full Legal Name	
Prior Legal Names	
Aliases	
Frequently Used Nicknames	
<b>CURRENT RESIDENCE</b>	
Street Address	
P.O. Box	
City, State & Zip	
<b>PRIOR RESIDENCE 1</b>	
Street Address	
P.O. Box	
City, State & Zip	
<b>PRIOR RESIDENCE 2</b>	
Street Address	
P.O. Box	
City, State & Zip	
<b>SOCIAL SECURITY NO.</b>	
<b>DATE OF BIRTH</b>	
<b>PLACE OF BIRTH</b>	
<b>MARITAL STATUS</b>	
<b>FATHER</b>	
Legal Name	
Aliases or Other Legal Names	
Date & Place of Birth	
Date & Place of Death	
<b>MOTHER</b>	
Legal Name	
Maiden or Other Legal Names	
Date & Place of Birth	
Date & Place of Death	
<b>FIRST CHILD</b>	
Name	
Date & Place of Birth	
<b>SECOND CHILD</b>	
Name	
Date & Place of Birth	
<b>THIRD CHILD</b>	
Name	
Date & Place of Birth	
<b>FOURTH CHILD</b>	
Name	

Date & Place of Birth	
<b>OCCUPATION</b>	
<b>EMPLOYER</b> (or retired from)	
Employer Name	
Employer Address	
How Long Employed	
<b>PRIOR EMPLOYER 1</b>	
Employer Name	
Employer Address	
How Long Employed	
<b>PRIOR EMPLOYER 2</b>	
Employer Name	
Employer Address	
How Long Employed	
Name of Agent	
<b>EDUCATION</b> (name, city & state of school, years attended, degrees)	
Preschool	
Primary School	
Elementary School	
Middle School	
Intermediate School	
High School	
College	
Graduate School	
<b>MILITARY SERVICE</b>	
Service Serial Number	
Branch of Service	
Date Entered Service	
Where Entered Service	
Date Separated from Service	
Where Separated from Service	
Highest Grade, Rank or Rating	
Honors Received	
Places Served	

ADDITIONAL INFORMATION TO INCLUDE IN OBITUARY

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**DISPOSITION OF MY REMAINS**

<b>PREFERRED COMPANY TO HANDLE MY REMAINS</b>	
Name of Company	
Street Address	
City, State & Zip	
Telephone Number	
PRE-PLANNED OR PRE-PAID	YES / NO

<b>TYPE AND PLACE OF SERVICE</b>	
Type of Service	Funeral / Memorial Service / Celebration of Life
Preferred Officiant(s) or Speaker(s)	
Preferred Location of Service	
Street Address	
City, State & Zip	
Telephone Number	
PRE-PLANNED OR PRE-PAID	YES / NO

<b>IF CASKET</b>	
PRE-PLANNED OR PRE-PAID	YES / NO
Type of Casket	
Place of Burial	
Viewing – Open Casket or Closed Casket	No Viewing / Opened Casket / Closed Casket
Service – Open Casket or Closed Casket	No Service / Opened Casket / Closed Casket
Your Appearance (Any particular clothing or jewelry)	
Other Items to Place in Casket	
Names of Pallbearers	

<b>IF CREMATION</b>	
PRE-PLANNED OR PRE-PAID	YES / NO

Cremains placed in Urn, Box or Other	
Location Cremains to be Buried	
Location Cremains to be Scattered	

<b>IF HEADSTONE</b>	
PRE-PLANNED OR PRE-PAID	
Type of Headstone	
Desired Epitaph	

**PEOPLE TO NOTIFY OF MY ILLNESS OR DEATH**

<b>Name</b>	
Relationship	
Phone Number	
Email Address	
Address	
<b>Name</b>	
Relationship	
Phone Number	
<b>Name</b>	
Relationship	
Phone Number	
Email Address	
Address	
<b>Name</b>	
Relationship	
Phone Number	
Email Address	
Address	
<b>Name</b>	
Relationship	
Phone Number	
Email Address	
Address	
<b>Name</b>	
Relationship	
Phone Number	
Email Address	
Address	

<b>Name</b>	
Relationship	
Phone Number	
Email Address	
Address	
<b>Name</b>	
Relationship	
Phone Number	
Email Address	
Address	

**DOCUMENT CHECKLIST**

<b>DOCUMENT</b>	<b>LOCATION</b>
Birth Certificate	
Marriage Certificate / License	
Pre- or Post-Marital Agreement	
Passport	
Social Security Card	
Driver's License	
Will (Last Will and Testament) & Trusts	
General (financial) Power of Attorney	
Health Care Power of Attorney	
Living Will	
Mortgage Papers	
Current Property Tax Records	
Vehicles Titles and Papers	
Income Tax Returns	
Gift Tax Returns	
Partnership, S Corporation or Corporate Tax Returns	
Employee Benefits Information	
Medical Records	
Military Records	
Citizenship Documentation	
Prearranged Funeral or Burial Documents	
Warranties	
Current Bills	
Bank and Brokerage Account Statements	
Entity Formation Documents	
Partnership, Operating or Buy-Sell Agreements	
Appraisals of Real Property	
Appraisals of Entities	
Appraisals of Jewelry or Similar Personal Property	
Other Documents	





<b>Company Name</b>	
Policy Number	
Owner(s) of Policy	
Beneficiaries of Policy at Death	
Type of Policy	
Policy Expiration Date, if any	
Amount of Death Benefits	
<b>Company Name</b>	
Policy Number	
Owner(s) of Policy	
Beneficiaries of Policy at Death	
Type of Policy	
Policy Expiration Date, if any	
Amount of Death Benefits	
<b>REAL PROPERTY</b>	
<b>Address</b>	
Property Tax Identification No.	
Owner(s) of Property	
Use of Property (home/ rental)	
Year Acquired	
Mortgage on Property	Yes / No
Part of Homeowners' Association	
<b>Address</b>	
Property Tax Identification No.	
Owner(s) of Property	
Use of Property (home/ rental)	
Year Acquired	
Mortgage on Property	Yes / No
Part of Homeowners' Association	
<b>Address</b>	
Property Tax Identification No.	
Owner(s) of Property	
Use of Property (home/ rental)	
Year Acquired	
Mortgage on Property	Yes / No
Part of Homeowners' Association	
<b>Address</b>	
Property Tax Identification No.	
Owner(s) of Property	
Use of Property (home/ rental)	
Year Acquired	

Mortgage on Property	Yes / No
Part of Homeowners' Association	
<b>VEHICLES</b>	
<b>Year, Make and Model</b>	
Owner(s) of Vehicle or Leased	
Type of Vehicle	
Loan on Vehicle	
Year Acquired	
<b>Year, Make and Model</b>	
Owner(s) of Vehicle	
Type of Vehicle	
Loan on Vehicle	
Year Acquired	
<b>Year, Make and Model</b>	
Owner(s) of Vehicle	
Type of Vehicle	
Loan on Vehicle	
Year Acquired	
<b>ENTITIES</b>	
<b>Name of Entity</b>	
State entity formed in	
Owner(s) of Entity	
Taxation of Entity	Sole Proprietor/ Partnership/ S Corporation/ Corporation
Year Formed	
Type of Assets Owned by Entity	
Governing Agreement	Partnership Agreement/ Buy-Sell Agr./ Operating Agr.
<b>Name of Entity</b>	
State entity formed in	
Owner(s) of Entity	
Taxation of Entity	Sole Proprietor/ Partnership/ S Corporation/ Corporation
Year Formed	
Type of Assets Owned by Entity	
Governing Agreement	Partnership Agreement/ Buy-Sell Agr./ Operating Agr.
<b>Name of Entity</b>	
State entity formed in	
Owner(s) of Entity	
Taxation of Entity	Sole Proprietor/ Partnership/ S Corporation/ Corporation
Year Formed	
Type of Assets Owned by Entity	
Governing Agreement	Partnership Agreement/ Buy-Sell Agr./ Operating Agr.
<b>Name of Entity</b>	
State entity formed in	
Owner(s) of Entity	

Taxation of Entity	Sole Proprietor/ Partnership/ S Corporation/ Corporation
Year Formed	
Type of Assets Owned by Entity	
Governing Agreement	Partnership Agreement/ Buy-Sell Agr./ Operating Agr.
<b>MONEY OWED TO YOU</b>	
Name of Debtor	
Address of Debtor	
Phone No. & Email of Debtor	
Amount Owed	
Due Date	
<b>FAMILY HEIRLOOMS</b>	<b>HISTORY OF FAMILY HEIRLOOMS</b>