



EXPRESSING YOUR
wishes

TO MY LOVED ONES

It is my wish that my loved ones be spared from anxiety, expense and inconvenience at the time of my death.

In this booklet you will find information which I have recorded and a plan which represents arrangements I have made in advance, hoping in this way to relieve my family at the time of need.

If you will give this booklet to my Funeral Director, everything will be conducted in accordance with my wishes.

In the following pages I have recorded certain vital statistics that may be needed, as well as a list of documents you will need to have.

I sincerely hope that you will find these arrangements satisfactory and that they will help you retain a warm memory of the wonderful years we have spent together.

God bless you all.

Signature _____

Date _____



VITAL STATISTICS

Full name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Birthplace _____

CITY

STATE

COUNTY

Date of Birth _____ Social Security No. _____

Citizen of what country _____

High School Graduate: Yes No Last Year Attended _____

Name of High School: _____

College Graduate: Yes No Last Year Attended _____

Name of College: _____

Marital status: Married Widowed Divorced Never Married

Name of spouse: _____ Date of Marriage: _____

Usual Occupation

Name of Employing Company _____ Kind of Business _____

Retired: Yes No Year Retired _____

Current Doctor _____

Doctor's Address _____ Doctor's Telephone _____

Father's Name _____ Birthplace _____

Mother's Maiden Name _____ Birthplace _____

Military Records: Veterans Serial Number _____

Enlistment: Year _____ Place _____ Discharge: Year _____ Place _____

Rank _____ Branch _____

The information above will be necessary for the preparation of a death certificate.

MEMORIAL INSTRUCTIONS

The first thing to do following my death is to make arrangements with my Funeral Director. The following arrangements are in accordance with my wishes:

Funeral home _____

Address _____

Place of interment _____

I prefer: Vault Mausoleum Ground Burial
 Underground Vault Cremation

Cemetery property owned _____

Lot No. _____

Location of Deed _____
(DO NOT KEEP IN SAFETY DEPOSIT BOX)

Church affiliation _____

Clergyman desired _____

Fraternal affiliations _____

I would like the following to serve as pallbearers:

Alternate pallbearers:

Special requests: _____

PERSONS TO BE NOTIFIED AT THE TIME OF MY DEATH

To be notified immediately:

Name _____ Relationship _____

Address _____

City _____ State _____ Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Phone _____

Others to be notified:

Name _____ Relationship _____

Address _____

City _____ State _____ Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Phone _____

Organizations to be notified:

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

DOCUMENTS AND PERSONAL PAPERS

Bank Accounts:

Name of Bank	Type of Account
_____	_____
_____	_____
_____	_____

In most states, upon death, no checks of a joint account will be honored until permission has been obtained from the Inheritance Tax Department.

Safety Deposit Box:

Location _____

Location of keys for above _____

In most states, upon death decedent's safety deposit box cannot be entered unless an executor or administrator of the estate has been appointed or in the presence of a representative of the Inheritance Tax Department.

Location of the following:

Birth Certificate _____

Children's Birth Certificate _____

Marriage Certificate _____

Deeds and Titles _____

Mortgages and Notes _____

Last Will and Testament _____

Military Discharge _____

Income Tax Records _____

Other Documents _____

INSURANCE INSTRUCTIONS

I have purchased the following insurance policies for the reasons set forth:

Company _____

Policy No. _____ Kind _____

Amount \$ _____ Reason Purchased _____

Company _____

Policy No. _____ Kind _____

Amount \$ _____ Reason Purchased _____

Company _____

Policy No. _____ Kind _____

Amount \$ _____ Reason Purchased _____

Company _____

Policy No. _____ Kind _____

Amount \$ _____ Reason Purchased _____

Company _____

Policy No. _____ Kind _____

Amount \$ _____ Reason Purchased _____

Company _____

Policy No. _____ Kind _____

Amount \$ _____ Reason Purchased _____

Total \$ _____

The above listed policies are located _____

with the exception of _____

Policy No. _____

and Policy No. _____

which is/are to be kept with this booklet.

(You will need a certified copy of Death Certificate for each Company.)

VETERAN'S BENEFITS

Location of nearest Veteran's Administration Office:

City _____ State _____

To facilitate receiving Veteran's Benefits, you will need the following when you contact the Veteran's Administration Office:

1. A copy of death certificate.
2. Proof of widowhood – proof of our marriage should be established by one of the following kinds of evidence, in this order of preference:
 - a. A property certified copy of the public or church record of our marriage.
 - b. Affidavit of clergyman or magistrate who performed the ceremony.
 - c. Original marriage certificate.
 - d. Affidavits of at least two eyewitnesses to the ceremony.
3. Proof of termination of marriage – the termination of all marriages contracted by either party should be substantiated by certified copies of the final decrees of divorce or annulment, or by proof of death.
4. Proof of age and relationship of child(ren) – to establish the fact of the birth of each child you should supply a birth certificate or a property certified copy of the church record of birth or baptism showing the date and the names of the parents.

*A Veteran is generally entitled to the following benefits if eligibility requirements are met: **

1. \$300 burial plot and interment payment
2. Burial flag
3. Government headstone or grave marker by Veteran's Administration
4. Presidential memorial certificate

**Eligibility Requirements are limited to:*

- a. Veterans who were entitled at the time of death to pension or compensation;
- b. Veterans who died while hospitalized or domiciled in a Veteran's Administration facility or other facility at Veteran's Administration expense;
- c. Veterans who were discharged or retired from service because of a disability which was incurred or aggravated in the line of duty;
- d. Indigent veterans whose remains are unclaimed.

Apply to any Veteran's Administration Office (1-800-827-1000), and inquire there about any additional benefits to which you may be entitled.

Please keep a copy of your discharge documents (DD-214) with this booklet if you or your spouse is a veteran.

SOCIAL SECURITY INSTRUCTIONS

Location of nearest Social Security office is:

City _____ State _____

To facilitate receiving Social Security benefits you will need the following when you contact your Social Security office:

1. Our marriage certificate
2. Our children's birth certificates
3. Proof of widow's age of 62 or older
4. My Social Security number
5. Total wages paid on W-2 form or schedule "C" for preceding year
6. Death certificate

Social Security pays a lump sum death benefit. The amount will be determined by past earnings. It usually requires about three months for a widow to start obtaining Social Security benefits. Your life Insurance agent can be most helpful in coordinating Social Security benefits, insurance benefits and any Veteran's benefits.

YOU SHOULD HAVE A WILL

Upon your death, every thing you own is in your estate. Whether your possessions be large or small, you should consider making a will. It will save probate and administration costs. Consult your attorney and have the laws explained. Once it is made, your will should be kept up to date.



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This is life insurance. This life insurance does not specifically cover funeral goods or services. The beneficiary of this life insurance may use the proceeds of this life insurance for any purpose, unless otherwise directed. The face amount of this life insurance is not guaranteed to increase at the same rate as the costs of a funeral increase.



IMPORTANT NOTE:

This booklet should be kept up to date by annual revising. It should be readily available to your family and friends at all times, so be sure to notify them of its location. **DO NOT KEEP IN A SAFETY DEPOSIT BOX.** For additional copies of the booklet, write to:

UNITED HERITAGE LIFE INSURANCE COMPANY

P.O. Box 7777, Meridian, Idaho 83680-7777

unitedheritage.com

