

Before I Go You Should Know



Funeral Consumers Alliance

Protecting a consumer's right to choose meaningful, dignified, and affordable funerals since 1963.

Introduction

This workbook is a place to record everything your survivors will need to know to be able to handle your estate and carry on. Complete and give copies to those who will need it. Update it annually. Keep it in a readily accessible place. Do not keep it in a safe deposit box as your survivors will need it immediately.

You do not need to fill out every section. Some areas might be unimportant or irrelevant to you. Your survivors will appreciate any part that you complete.

Legal Name:

Street

City, State, Zip

Date Completed: _____

Date _____

Updated:

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Advance Directive/Living Will Healthcare Proxy/Power of Attorney

An Advance Directive/Living Will is a statement about the medical care you wish to receive at the end of life. It only takes effect when you are unable to communicate your wishes due to illness, dementia or incompetence. You can indicate your treatment preferences on a spectrum from wanting all measures taken to sustain your life, regardless of your condition, to wanting no extraordinary measures taken if there is no reasonable hope of regaining a meaningful quality of life. Make sure that your physician will not have difficulty carrying out your wishes and that this form is with you at all times. This is a legal document that needs to be signed and witnessed while you are still competent. You do not need an attorney to complete this form.

A Health Care Proxy/Health Care Power of Attorney is a person appointed by you authorized to make medical decisions on your behalf if you are unable. If you have completed an Advance Directive, it can be used to guide this person. Since the person, you appoint is free to go against your wishes, make sure you choose this person carefully. Choose someone who you believe will do what you want and not act in his or her own interests.

I have an Advance Directive and a Health Care Proxy/Power of Attorney and they can be found:

Attached to these pages

Health Care Proxy/Power of Attorney:

Name

Relationship

Address

City, State, Zip

Phone

Physician:

Name

Address

City, State, Zip

Phone

Attorney:

Name

Address

City, State, Zip

Phone

Spouse/Partner:

Name

Address

City, State, Zip

Phone

Child:

Name

Address

City, State, Zip

Phone

Child:

Name

Address

City, State, Zip

Phone

Other copies are located:

FINANCIAL POWER OF ATTORNEY

A Power of Attorney is a document in which you give another person the legal authority to act on your behalf, typically in regard to financial and business matters. It can be granted to take effect immediately, or just in special circumstances; it can restrict the things the agent can do and/or the amount of money spent. It is revocable at any time and the power automatically ends when you become incapacitated or incompetent or die.

A Durable Power of Attorney is similar except that it does not terminate if you become incapacitated or incompetent. A Springing Power of Attorney is similar except that it only takes effect when you become incapacitated or incompetent.

I have a power of Attorney:

Attached to these pages

Health Care Proxy/Power of Attorney:

Name

Address

City, State, Zip

Phone

Attorney:

Name

Address

City, State, Zip

Phone

Spouse/Partner:

Name

Address

City, State, Zip

Phone

Child:

Name

Address

City, State, Zip

Phone

WILL

A will states how you want your property distributed after you die, names the executor (the person responsible for the business of settling your estate), and the guardian you have chosen for your minor children. Without a will, your property will be distributed and the guardianship of your children decided by the state.

In distributing your assets, you can be general (I give my entire estate to my wife) or specific (I give my topaz ring to my cousin Lulu). A will must be signed and witnessed and may be revoked at any time by signing a new will or destroying it with the intent of revoking it. Update your will periodically. An attorney is helpful in drafting a will. Simple will forms may be purchased online or at office supply stores.

I have a will and it can be found: _____

Attached to these pages

Attorney:

Name _____

Address _____

City, State, Zip _____ Phone _____

Executor:

Name _____

Address _____

City, State, Zip _____ Phone _____

Spouse/Partner:

Name _____

Address _____

City, State, Zip _____ Phone _____

Child:

Name _____

Address _____

City, State, Zip _____ Phone _____

DESIGNATED AGENT FOR BODY DISPOSITION

Designated agent forms allow you to name an individual to be in charge of the disposition of your body and any funeral or memorial arrangements. This can be especially helpful if there is any chance that your survivors will not agree on the disposition of your body (cremation, donation, etc.) or funeral wishes (religious service, etc.), or if your survivors want a home funeral or to make as many arrangements as possible without using a funeral director. Not every state has a Designated Agent for Body Disposition form.

This page is not a legal document. I have a Designated Agent Form and it can be found:

Attached to these pages

Designated Agent:

Name _____

Relationship _____

Address _____

City, State, Zip _____ Phone _____

Alternate Agent:

Name _____

Relationship _____

Address _____

City, State, Zip _____ Phone _____

FUNERAL AND MEMORIAL WISHES

These are my wishes regarding arrangements immediately after death. If I do not have a preference in a specific area, I have left that item blank.

- I have no opinion and prefer that my survivors make arrangements that are most meaningful to them.
- I have indicated preferences below, but my survivors should feel free to make arrangements that are most meaningful to them.
- I explicitly want the following (details on later pages).

These are the people who should be consulted immediately to make arrangements:

Name _____

Relationship _____

Address _____

City, State, Zip _____

Phone _____

Clergy:

Name _____

Address _____

City, State, Zip _____

Phone _____

Funeral Director

Name _____

Address _____

City, State, Zip _____ Phone _____

I have made pre-arrangements with this funeral director

I have not pre-paid

I have pre-paid and the contract is located

I have no preference

Note: FCA encourages pre-planning but strongly discourages pre-paying for funeral arrangements unless you are spending down for Medicaid. Please contact us for safer ways to set money aside.

OPTIONS FOR BODY DISPOSITION

You have a variety of choices including whether or not to embalm, cremation vs. burial, organ donation followed by cremation or burial, or full body donation followed by cremation. It is important to know if there are laws in your state that could affect your choices. Consult your local Funeral Consumers Alliance affiliate or www.funerals.org.

Burial

- I prefer burial
- I have no preference
- I would like my body to be embalmed
- I would not like my body to be embalmed
- I have no preference

I would like to be buried in:

- wood
- metal
- cardboard
- shroud
- other: _____

I would like to be buried in:

- the ground
- mausoleum
- other: _____

- I would like my casket in a vault
- I would not like my casket in a vault
- I have no preference about where I am buried

Note: While never required by law, many cemeteries require the use of a vault to keep the ground level. However, you can save money by using a grave liner, which has a top and sides but no bottom, or you can ask that a vault, if required, be installed upside down and with no lid if you prefer the idea of returning to the earth.

- I would like to be buried in the following cemetery:

Name

Address

City, State, Zip _____

I have purchased a plot at this cemetery.

Papers are located: _____

I am eligible for and would like to be buried in a veteran's cemetery.

Papers are located: _____

I would like this kind of marker:

- Upright
- Flat
- Monument/statue
- No preference
- Other: _____

I am eligible for and would like a veteran's marker.

Papers are located: _____

Note: The cemetery may dictate the type of marker that can be used.

I would like the inscription to read: _____

Cremation

- I prefer cremation
- I have no preference
- I would like my ashes buried in a:

- cemetery
- memorial garden
- No preference
- Other _____ Location: _____

I would like my ashes interred in a:

- Mausoleum
- Columbarium
- No preference
- Other _____ Location: _____

I would like my ashes scattered

Location: _____

- I would like my ashes kept in:
 - Container from crematory
 - Urn
 - No preference
 - I would like my ashes to be given to: _____
- I would like my ashes to be mingled with those of: _____
- My family or _____ has requested to view the cremation.
- I have a pace-maker
- I have other implanted devices: _____

Full Body Donation

- I have prearranged to donate my whole body to the following medical school for use in teaching or research. Papers are located:

Name _____

Address _____

City, State, Zip _____

Phone _____

Note: It is important to make these arrangements for yourself prior to death. It is also important to indicate an alternative arrangement in the event that for any reason the medical school does not accept your body.

SERVICE OPTIONS

Viewing (open casket)

- I have no preference about a viewing
- I would not like a viewing
- I would like a
 - public viewing
 - private viewing

To be held at place of worship:

- funeral home
- home
- Other: _____

Visitation (closed casket or no casket present)

- I have no preference about a visitation
- I would not like a visitation
- I would like a:
 - public visitation
 - private visitation

To be held at place of worship:

- funeral home
- home
- other: _____

Funeral Service (casket present)

- I have no preference about a funeral service
- I would not like a funeral service

- I would like a...
 - public service
 - private service

To be held at place of worship: _____

- funeral home
- home
- graveside
- other: _____

Memorial Service (no body present)

- I have no preference about a memorial service
- I would not like a memorial service

- I would prefer a...
 - Public service
 - Private service

To be held at place of worship: _____

I would like the service conducted by:

Name _____

Relationship _____

Address _____

City, State, Zip _____

Phone _____

If I have preferences about prayers, readings, music, flowers, speakers, and the reception, those wishes will be attached to these pages.

Transportation for casket:

- hearse
- van
- truck
- family car
- no preference
- other: _____

PAPERS AND ESSENTIAL DATA

Review paperwork periodically to update, make sure beneficiaries are accurate, etc. Determine if your survivors will have easy access to your accounts after death.

Location of:

Birth certificates/Adoption papers

Military Records

Voter Registration

Passport/Naturalization papers

Past tax returns and supporting data

Court documents that could lay claim to the estate

Other

ASSETS

Indicate in one of the appropriate sections whom to notify immediately at time of death and which accounts to cancel or stop, e.g., 3rd party payments that are being made online, social security, pensions/annuities, etc.

Safe Deposit Box

Name of bank or business

Address

City, State, Zip

_____ Phone _____

Box number

_____ Location of key _____

Note: An inventory of the contents is very helpful to help determine urgency in obtaining an order to open the safe deposit. A safe deposit box is not the place to keep your advance directive, health care proxy or other items that will need to be accessed quickly.

Home Safe

Location of safe

Location of key or combination

Storage Unit

Name of company

Address/ City, State, Zip

Phone _____ Location of key: _____

Bank/Credit Union Accounts

Name of bank/credit union

Address

City, State, Zip

_____ Phone _____

Type of account

Account number

Name of bank/credit union

Address

City, State, Zip

_____ Phone _____

Type of account:

Account number:

Name of bank/credit union

Address

City, State, Zip

_____ Phone _____

Type of account:

Account number:

I use online banking and the following bills are paid automatically from my account

Investments, IRAs, Annuities

For each list the type (*mutual fund, stock, bond, etc.*) and location (*i.e. in your possession, safe deposit box, held by a brokerage house, in "street name"*)

Type _____

Location _____

Name of Firm _____

Name of Broker _____

Address _____

City, State, Zip _____

Phone _____

Number of Shares _____

Approximate Value _____

Type _____

Location _____

Name of Firm _____

Name of Broker _____

Address _____

City, State, Zip _____

Phone _____

Number of Shares _____

Approximate Value _____

Other Assets

Boat, RV, manuscripts, furs, firearms, jewelry, objects, art, and other assets whose existence, location, or value may not be immediately recognized. Describe each asset as fully as appropriate. Attach receipts if appropriate.

ONLINE LIFE

Be sure that your survivors will have access to all the passwords you use for social networking, shopping, online banking, etc. This list needs to be with a trusted person in a secure location. Consider storing them in a password-protected document.

Computer location _____

Username: _____

Password: _____

Email Host(*Gmail, Hotmail, etc.*): _____

Username _____

Password _____

Internet provider _____

I have the following social networking accounts (i.e. Facebook, Twitter, LinkedIn, etc.)

Cell phone company _____

Cell phone number _____

Voicemail password _____

PETS

List your pets and the name and contact information of people who might adopt them. If your pets take medication and/or require special care of any kind, please attach additional sheets.

Name of pet(s) and Type

What you feed them and when

Other pertinent information(*veterinarian; animal hospital, dog sitter*):

SURVIVORS TO DO LIST

- Notify friends and family
- Select funeral director or contact church office for funeral assistance
- Choose time/place for funeral/memorial service/reception
- Consider making your own order of service/ceremonybooklet
- Consider purchasing a signature book, prayer cards, casket or urnonline
- Submit obituary with service details and suggestion for memorial contributions
- Keep a record of calls, visits, food, offers of help, etc.
- Arrange hospitality for visiting friends andrelatives
- Notify the VA if deceased was a veteran and determine benefits
- Notify life insurance companies
- Notify social security, employer and other sources of income
- Notify executor and/or lawyer

If the deceased lived alone:

- Protect valuables and take precautions against intruders
- Provide for pets and houseplants
- Cancel subscriptions, newspaper, cable TV
- Cancel e-mail or internet accounts
- Cancel credit cards
- Arrange for payment of immediate bills, utilities, landlord, yard or household help
- File a change of address with the post office or collect mail regularly

Funeral Consumers Alliance

33 Patchen Road South Burlington, VT 05403

802-865-8300

www.funerals.org

APPENDIX: Planned Legacy Giving

A planned legacy gift to The Church at South Mountain(CASM) offers the opportunity to make an enduring statement of faith through a charitable gift, which will build on and extend our church's ministry for generations to come. A legacy gift is one way we can ensure that our commitment remains strong into the future, to ensure the long-term security, viability, and vitality of The Church at South Mountain.

What is Legacy Giving?

A Legacy Gift or a planned gift is a form of charitable giving made in the context of your estate planning. Since estate planning is the process of managing your accumulated assets for the present and future, a planned gift is included in a written statement of your overall intentions for your resources.

When carried out with discernment, a planned gift becomes part of your expression of your deepest values and an extension of spiritual practice. Planned gifts take many forms, some of the most popular being a gift conveyed in a will or a charitable gift annuity. You can also use an IRA or an insurance policy to make a planned gift. Such an act of stewardship is one way you can create the kind of legacy you would like to leave here at The Church at South Mountain.

Way to Make a Legacy Gift

A gift of any size is significant. The best gift is one that is appropriate for you. A Legacy Gift can be structured to benefit the donor or The Church at South Mountain during the donor's lifetime, or to benefit Westminster at the death of the donor. Some examples are listed below:

- Bequest: The bequest through your will enables you to retain the asset during your life and provides significant support to The Church at South Mountain when you no longer require the asset.
- Insurance: An existing or a new policy may be donated, or the Legacy Fund may be named a beneficiary.
- Retirement Plan Assets: In some cases, retirement plans can be the heaviest taxed assets in an estate. When bequeathed to the church, they may be transferred tax-free.
- Stocks, bonds, real estate and property: Gifting property that has appreciated allows the donor a tax deduction for the current market value.

In all circumstances, however, you should consult with your own legal and/or financial advisor as you begin to finalize your giving plans.

APPENDIX B: CASM Funeral Guidelines and Information

Please answer the following questions:

1. Which Pastor would you like to conduct the service? (see pg. 8)
2. What is the date of the service?
3. Will there be a graveside service? (see pp. 8,13)
4. Will you have a viewing? (see pg. 8,13)
5. Where will the services be held? Church/funeral home and contact person (see pg. 8)
6. Which family member will be responsible for planning the service? What is his/her contact information? (see pp. 8-13)
7. What are the specific requests of the family, if any? (see pp. 8-13)
8. Was there a will that expressed his/her desires for the funeral services? (Example, favorite song, scripture, poem, etc.) (see pp. 8-13)
9. Will there be a time of fellowship after? If so, where? (see pg. 13)
10. Who will write the obituary?
11. Who will be giving the eulogy? No more than 5 minutes. Questions to help prepare one:
 - What one adjective would you use to describe him/her?
 - Did he/she have particular loves or hobbies?
 - What one accomplishment would make his/her eyes light up when it was mentioned?
 - What lesson would he/she want to pass on to the next generation
 - If he/she could have me say on thing during their funeral, what would it be?
12. Song selection recommendations:
13. For CASM funeral planning assistance, Contact church office: 602-232-2300

VISITATIONS / VIEWINGS- Church or Chapel

- The only time a Video or Slide show can be played.
- Video or slide show must be at the church 48 hours prior to the service.
- Video or Slide show must be approved by the Pastor, 72 hours prior to service to allow for any changes.
- Background music will be played from CD's.
- No instruments or live music during service.

SERVICES- Church or Chapel

- Immediate Family members will be set aside in a separate room for prayer prior to the service. Family will then be escorted in the church or chapel 5 minutes prior to the service. (optional)
- Videos or slide shows will not be allowed during the funeral services at the Church or Chapel Service.
- No secular songs will be allowed at the services.
- If a family member has a scriptural based song, that song must be approved 24 hours prior to the service.
- All readings for the services must be approved by the Pastor within 48 hours of the service.
- Most Funeral Homes do not have the capabilities to allow musical instruments unless they are acoustic.

READINGS- Family or Friends of the deceased

- The biography needs to be 5 minutes or less.
- The reading of the Eulogy:
 - Maximum of 3 people speaking
 - Each reading must be 5 minutes or less
 - Readings must be approved by the Pastor and/or Funeral Coordinator

CASM Funeral Order of Service Outline

Order of Service – Time

1. Opening call to worship – CD or Solo
2. Escorting of families into the service
3. Welcome by the Pastor
4. Prayer – Pastor
5. Song – CD or Solo
6. Giving of the obituary
7. Reading of the eulogy
8. The ministry of the Word of God – Pastor
9. Song – CD or Solo
10. Benediction – Pastor
 - a. Thank the people for coming and an invitation to fellowship after if there is one
 - b. Invitation to viewing of the body and greeting of the Pastor
 - c. Concluding music – CD, piano

Graveside Service (optional)

1. Pastor to read passage of Scripture and give brief remarks
2. Prayer of committal