

## Final Affairs Plan

This document serves to help you plan your final affairs, to guide your survivors through attending to legal, funeral and practical matters, and to inform Ann Arbor Friends Meeting of your wishes for a remembrance service. This form should be completed separately for each person, updated when significant changes occur, and reviewed annually.

Section I contains information helpful immediately upon death; Section II is helpful to Meeting; and Section III is helpful to Survivors in the weeks following your death. A copy of at least the first two sections should be kept on file at Ann Arbor Friends Meeting. (Telephone 734-761-7435) A complete set should be kept with your Will, and a close friend or relative should be told where it is kept.

Date of Original Submission \_\_\_\_\_

Signature \_\_\_\_\_

### *I. Information Helpful Immediately Upon Death*

#### A. Vital Statistics

<b>Full Legal Name</b>	
<b>Date of Birth</b>	
<b>Birthplace</b>	
<b>Citizenship</b>	
<b>Father's Legal Name</b>	
<b>Mother's Maiden Name</b>	
<b>Current Marital Status</b>	
<b>Current Address</b>	

#### B. Immediate Family Contacts (Attach sheet for additional names)

Name Address	Relationship	Email	Phone

**C. Close Friends**

Name	Email	Phone

**D. Other Urgent Contacts**

Role	Name	Phone
Doctor		
Hospice Staff		
Mortician		
Memorial Society		
Executor		
Attorney		
Pet Arrangements		
Other		

**E. Disposition of Body**

Circle preference(s):

Cremation    Burial    Bequeath Body to \_\_\_\_\_

Organ/Tissue to be donated \_\_\_\_\_ to \_\_\_\_\_

Medical Device Recycling

No Embalming    Embalming

	Disposition (Circle )	Place	Name & location, include plot #
Ashes	Urn in niche	Columbarium	
	Urn burial	Cemetery	
	Scatter	Where permitted	
Body	Burial	Cemetery	
	Entombment	Mausoleum	
	Plain Pine Box		
	Casket		
	Vault		

If death occurs outside of Michigan, my wishes for disposition of body are:

\_\_\_\_\_

\_\_\_\_\_

Mortuary bills will be assumed by

Burial Insurance (Give company name, address & policy number)

My Estate (Give person to contact) \_\_\_\_\_

Totten Trust (Personal savings for funeral expenses)

**II. Information Helpful to Meeting**

**F. Services**

Circle preference:

No Service    Memorial (no body)    Funeral—open casket    Funeral—closed casket

Service Location	Contact	Telephone

At a service I would like to include my favorite:

Service Element	Description
<input type="checkbox"/> Musicians	
<input type="checkbox"/> Soloist	
<input type="checkbox"/> Recordings	
<input type="checkbox"/> Songs	
<input type="checkbox"/> Prayers	
<input type="checkbox"/> Poems	
<input type="checkbox"/> Readings	
<input type="checkbox"/> Flowers	
<input type="checkbox"/> Grave marker	
<input type="checkbox"/> Epitaph	
<input type="checkbox"/> Other	

**G. Autobiographical Information**

Newspapers/Journals to Publish Obituary: \_\_\_\_\_

Family Data:

Spouse/Partner: \_\_\_\_\_ Deceased?     Yes     No

Should former spouse/partner be mentioned?     Yes     No    Name \_\_\_\_\_

Date & Place of marriage to present spouse: \_\_\_\_\_

Children:

Grandchildren:

Siblings or other relatives:

*(Autobiographical Information, continued)*

Community Activities:

Religious Affiliation:

Occupation:  
Employer(s):

Education:

Hobbies & Special Interests:

Honors & Achievements:

Conscientious Objection/Military Service:

Dates:

Organizations:

Offices Held:

Memorial Gifts to:

My obituary wishes: (You may wish to write your own or name a person.)

**III. Information Helpful to Survivors**

**H. Legal Papers (note location)**

<input type="checkbox"/>	Social Security Number	
<input type="checkbox"/>	Will	
<input type="checkbox"/>	Power of Attorney	
<input type="checkbox"/>	Resuscitation Directive	
<input type="checkbox"/>	Living Will	
<input type="checkbox"/>	Uniform Donor Card (tissue, organ, body)	
<input type="checkbox"/>	Prepaid Cemetery or Funeral Plan	
<input type="checkbox"/>	Totten Trust (Personal savings for funeral expenses)	
	Bank:	Account:
	Phone:	Executor:

**I. Valuable Papers (note policy number and location)**

<input type="checkbox"/>	Survivors Death Benefits	
<input type="checkbox"/>	Trusts	
<input type="checkbox"/>	Annuity/Pension/Rents/Royalty	
<input type="checkbox"/>	Life Insurance	
<input type="checkbox"/>	Health & Accident Insurance	
<input type="checkbox"/>	Auto & Casualty Insurance	
<input type="checkbox"/>	Social Security Benefits	
<input type="checkbox"/>	Safe Deposit Box & Key	
<input type="checkbox"/>	Birth Certificate	
<input type="checkbox"/>	Marriage Certificate	
<input type="checkbox"/>	Tax Records	
<input type="checkbox"/>	Bank Accounts	
<input type="checkbox"/>	Checking	
<input type="checkbox"/>	Savings	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Investments	
<input type="checkbox"/>	Real Estate Deeds	
<input type="checkbox"/>	Automobile Titles	
<input type="checkbox"/>	Military Service Benefits	
<input type="checkbox"/>	Promissory Notes Receivable	
<input type="checkbox"/>	Credit Cards	
<input type="checkbox"/>	Real Estate Mortgages	
<input type="checkbox"/>	Financial Debts Owed	
<input type="checkbox"/>	Electronic Funds Transfers	
<input type="checkbox"/>	Personal Address Book	
<input type="checkbox"/>	Calendar	
<input type="checkbox"/>	Other	

**J. Services to Terminate**

	<b>Account Number</b>	<b>Company</b>	<b>Phone</b>
<input type="checkbox"/> Phone			
<input type="checkbox"/> Electric			
<input type="checkbox"/> Water/Sewer			
<input type="checkbox"/> Gas			
<input type="checkbox"/> Cable TV			
<input type="checkbox"/> Post Office			
<input type="checkbox"/> Subscriptions to cancel			
<input type="checkbox"/> Electronic Funds Transfer			
<input type="checkbox"/> Appointments			
<input type="checkbox"/> Other			

**K. Agents**

	<b>Company</b>	<b>Agent Name</b>	<b>Phone</b>
<input type="checkbox"/> Accountant			
<input type="checkbox"/> Lawyer			
<input type="checkbox"/> Trust Officer			
<input type="checkbox"/> Financial Advisor			
<input type="checkbox"/> Other			