

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

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

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

Name Relationship Email address Phone number

1. _____
2. _____
3. _____
4. _____

C. Close Friends

Name	Email address	Phone number

D. Other Urgent Contacts

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

E. Disposition of Body

Circle preference:

Cremation Burial Bequeath Body to _____

Organ/Tissue to be donated _____ to _____

Medical Device Recycling

No embalming Embalming

Disposition (Circle) Place Name and 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, and 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 number

At a service I would like to include my favorite:

√	Service Element	Description
	Musicians	
	Soloist	
	Recordings	
	Songs	
	Prayers	
	Poems	
	Readings	
	Flowers	
	Grave marker	
	Epitaph	
	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 and place of marriage to present spouse

Children:

Grandchildren:

Siblings or other relatives

Community Activities

Religious Affiliation

Occupation

Employer(s)

Education

Hobbies and Special Interests

Honors and 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)

	Social Security Number	
	Will	
	Power of Attorney	
	Resuscitation Directive	
	Living Will	
	Uniform Donor Card (tissue, organ, body)	
	Prepaid Cemetery or Funeral Plan	
	Totten Trust (personal savings for funeral expenses)	
	Bank:	Account:
	Phone:	Executor:

I. Valuable Papers (note policy number and location)

	Survivors Death Benefits	
	Trusts	
	Annuity/Pension/Rents/Royalty	
	Life Insurance	
	Health & Accident Insurance	
	Auto and Casualty Insurance	
	Social Security Benefits	
	Safe Deposit box and key	
	Birth Certificate	
	Marriage Certificate	
	Tax Records	
	Bank Accounts	

	Checking	
	Savings	
	Other	
	Investments	
	Real Estate Deeds	
	Automobile Titles	
	Military Service Benefits	
	Promissory Notes Receivable	
	Credit Cards	
	Real Estate Mortgages	
	Financial Debts Owed	
	Electronic Funds Transfers	
	Personal Address Book	
	Calendar	
	Other	

J. Services to Terminate

		Account Number	Company	Phone
	Phone			
	Electric			
	Water/Sewer			
	Gas			
	Cable TV			
	Post Office			
	Subscriptions			
	Electronic Funds Transfer			
	Appointments			
	Other			

Initials _____ Revision Date _____
Initials _____ Revision Date _____
Initials _____ Revision Date _____
Initials _____ Revision Date _____

K. Agents

		Company	Agent Name	Phone
	Accountant			
	Lawyer			
	Trust Officer			
	Financial Advisor			
	Other			