

A Personal Message

When making arrangements for their loved ones, oftentimes family members will ask questions such as:

"Is this really what she wanted?"
"Am I doing the right thing?"

Or make comments like these:
"He never shared his preferences."
"I wish I knew what she wanted."

By using this pre-planning guide, confusion, uncertainty and unnecessary expenses can be avoided.

Our goal is to ensure that your loved ones' wishes are fulfilled.

We know these are difficult issues to discuss, but by talking about the options now, you can spare family members additional grief and anxiety.

This planning guide should be kept in a safe place that is readily accessible to your family. Please do not store it in a safe-deposit box.

We promise to serve your family professionally and sensitively.

Sincerely,

The Staff of Beaver
Cemetery & Mausoleum





Vital Statistics of

First Name _____ Middle _____ Last _____

Address: _____

City: _____

State: _____ Zip: _____

Residence Telephone: _____ Email: _____

Social Security No.: _____ - _____ - _____

Place of Birth: _____

City _____ County _____ State _____ Country _____

Date of Birth: _____

Marital Status: Married Never Married Widowed Divorced

Name of Surviving Spouse: _____

Usual Occupation: _____ Employer: _____

Person to Complete Funeral Arrangements: _____

Name _____ Telephone Number _____

Military Service

Branch of Service: _____ Service No.: _____

Date Entered Service: _____ Location: _____

Type of Separation or Discharge: _____ Date: _____

Place of Separation: _____

Location of Discharge Papers (DD214): _____

Highest Rank Achieved: _____

Wars/Conflicts Served In: _____

Additional Information/Medals/Honors/Citations: _____



Estate Planning Documents

I have a will: Yes No

I have a Living Trust: Yes No

Date of Will: _____ Location of Will: _____

Personal Representative Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Alternate Personal Representative Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Date of Living Trust: _____ Location of Living Trust: _____

Trustee: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I have Power of Attorney: Yes No Date of Power of Attorney: _____

Location of Power of Attorney: _____

Attorney in Fact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____ Fax Number: _____



Financial Information

BANK/CREDIT UNION ACCOUNTS

1. Bank Name: _____
Type of Acct.: _____ Acct. No.: _____
Branch Location: _____
2. Bank Name: _____
Type of Acct.: _____ Acct. No.: _____
Branch Location: _____
3. Bank Name: _____
Type of Acct.: _____ Acct. No.: _____
Branch Location: _____

Brokerage Accounts

Brokerage Name: _____ Location: _____
Representative: _____ Phone No.: _____
Account No.: _____

Retirement Funds

1. Type (401K, IRA): _____ Custodian: _____
Location of Records: _____
Primary Beneficiary: _____ Alternate Beneficiary: _____
2. Type (401K, IRA): _____ Custodian: _____
Location of Records: _____
Primary Beneficiary: _____ Alternate Beneficiary: _____
3. Type (401K, IRA): _____ Custodian: _____
Location of Records: _____
Primary Beneficiary: _____ Alternate Beneficiary: _____

Life Insurance

1. Type (Whole, Term, Universal, Variable Universal): _____ Company: _____

Policy Number: _____ Prim. Ben.: _____ Alt. Ben.: _____

Death Benefit: _____ Loan Amount: _____

2. Type (Whole, Term, Universal, Variable Universal): _____ Company: _____

Policy Number: _____ Prim. Ben.: _____ Alt. Ben.: _____

Death Benefit: _____ Loan Amount: _____

Annuities

1. Type (Fixed, Variable, Variable Universal): _____ Company: _____

Policy Number: _____ Prim. Ben.: _____ Alt. Ben.: _____

Death Benefit: _____ Loan Amount: _____

2. Type (Fixed, Variable, Variable Universal): _____ Company: _____

Policy Number: _____ Prim. Ben.: _____ Alt. Ben.: _____

Death Benefit: _____ Loan Amount: _____

Stocks/Bonds/Mutual Funds (not in Brokerage Accounts)

1. Type/Description: _____ Location: _____

2. Type/Description: _____ Location: _____

3. Type/Description: _____ Location: _____

4. Type/Description: _____ Location: _____

Other Financial Assets/Credit Cards

1. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

2. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

3. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

4. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

5. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

6. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____



Personal Family Check List (Funeral & Cemetery Info)

Item Description	Quantity	Clients' Initials	Representative's Initials
Personal Planning Guide Date Received: _____			
Property Information Garden Loc.: _____ Mausoleum Loc.: _____ Cremation Gdn.: _____ Private Family Estate Loc.: _____			
Memorial Information Granite: _____ Bronze: _____ Foundation: _____ Installation: _____			
Interment Fees (Opening & Closing of Grave)			
Funeral Services Location			
Additional Information			
Completed Signature _____			

"A History of Caring Since 1865"

BEAVER CEMETERY
M A U S O L E U M

NON-PROFIT ■ NON-SECTARIAN

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