



End-of-Life Planning Guide



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Terms of Use

Disclaimer

The purpose and intent of this packet is to communicate end-of-life requests, needs, preferences, and desires of the "Packet Owner" _____ (First and Last Name as indicated in My Personal Information section). The information in this packet is not legally binding in any way or contractual with any person, company, or entity mentioned in this packet, with any administrator of care of the "Packet Owner," or with Snow Financial Group, LLC or any of its personnel. Completion of this packet is confirmation that the "Packet Owner" understands and complies with this understanding of the packet's purpose and intent. The "Packet Owner" understands that the information in this packet may change and that his or her requests, wishes, and/or desires may or may not be honored depending on changes to the "Packet Owner's" physical and mental conditions, on resources available at the time of the "Packet Owner's" illness or death, and on any other conditions that might limit the administration of these requests, wishes, and/or desires.

Storing This Information

This information should be stored in a discrete location accessible to your authorized agents. We recommend storing the most recent version of this document in physical form in a secure place at home and with one or more authorized agents. The most recent version of this document may also be scanned onto a flash drive, external hard drive, cloud system or other device that is inaccessible to hackers and intruders. Should you choose to lock the place in which this information is stored, then we recommend that you provide key location or password information to individual(s) whom you wish to have access to this information at the appropriate time. **If you are a client of Snow Financial Group, LLC, then we recommend that you file an updated copy with our office in the event of loss or need of access in your absence. Individuals wishing to access this information from Snow Financial Group, LLC must be listed on the Authorization to Access list below and must present proof of identification with photo ID (i.e. driver's license, passport, etc.) at the time of access.**

Updating This Information

We recommend updating this information at the beginning of each year, around the time of your birthday, or once a year at the time of a financial planning review. Pages are designed to be removed and re-printed for hard copy updates. You may also complete information in pencil for simple facilitation of future changes and updates.

This End-of-Life Planner was last updated: _____

Authorization to Access

I _____ ("Packet Owner's Legal Name") give the following individuals unlimited access to the information in this packet:

Name	Birth Date	Relationship

Packet Owner Signature: _____ Date: _____

Witness: _____ Date: _____
(printed legal name of witness)

Witness Signature: _____ Date: _____

Printing Suggestions

We recommend single-sided printing for this document so that notes may be written on the back side of pages.

My Personal Information

Personal Data

First _____ Middle _____ Last _____ Maiden _____

Alternative Names/Aliases: _____

Suffix _____ Gender M F Race _____ Nationality _____

Date of Birth _____ Social Security _____ Driver's License _____ State _____

Birthplace (city, state, country) _____

Marital Status Married Never Married Widowed Divorced

Address _____ Community Name: _____

City _____ State _____ Country _____ Zip _____ Inside City Limits Y N

Home Phone _____ Cell Phone _____

Spouse

First _____ Middle _____ Last _____ Maiden _____

Address _____ City _____ State _____

Country _____ Zip _____ Inside City Limits Y N

Home Phone _____ Cell Phone _____

Parents

Father's First _____ Middle _____ Last _____

Address _____ City _____ State _____

Country _____ Zip _____

Home Phone _____ Cell Phone _____

Mother's First _____ Middle _____ Last _____

Address _____ City _____ State _____

Country _____ Zip _____

Home Phone _____ Cell Phone _____

My Personal Information

Education

8th grade or less
 9th-12th grade (no diploma)
 High school graduate/GED
 Some college, no degree
 Associates
 Bachelors
 Masters
 Doctorate
 Unknown

Name of School	Location	Years Attended	Year Graduated	Telephone

Occupation

Company _____ Occupation / Title _____ Industry _____

Department _____ Immediate Supervisor _____

Address _____ City _____ State _____

Country _____ Zip _____ Office Phone _____

I am a member of a union If YES, union name and contact information: _____

Location of the following:

Office key(s): _____ Badge: _____ Fob: _____

Police Officer: Yes No If YES, which state? _____

Armed Forces: Yes No If YES, which Branch of Service? _____

My Descendants

Please attach additional information, if necessary.

Child 1:

First _____ Middle _____ Last _____

Address _____

Telephone _____ Email _____

Spouse Name _____

Children: _____

Child 2:

First _____ Middle _____ Last _____

Address _____

Telephone _____ Email _____

Spouse Name _____

Children: _____

Child 3:

First _____ Middle _____ Last _____

Address _____

Telephone _____ Email _____

Spouse Name _____

Children: _____

My Descendants

Child 4:

First _____ Middle _____ Last _____

Address _____

Telephone _____ Email _____

Spouse Name _____

Children: _____

Child 5:

First _____ Middle _____ Last _____

Address _____

Telephone _____ Email _____

Spouse Name _____

Children: _____

Child 6:

First _____ Middle _____ Last _____

Address _____

Telephone _____ Email _____

Spouse Name _____

Children: _____

My Descendants

Current Schools

Please include any special instructions for children below:

Child's Name	School	Grade	Location	Telephone

My Documents

Please attach additional information, if necessary.

Document	Document Location
Last Will and Testament (highly recommended)	
Trust Documents (if applicable)	
Guardian Declaration – for adults	
Guardian Declaration – for children (if applicable)	
Living Will / Directive to Physicians	
Durable Power of Attorney	
Medical Power of Attorney	
HIPAA Release	
My Disposition of Remains	
Tax Return/Gift Tax Documents	
Most Recent Credit Report	
Birth Certificate	
Social Security Card	
Driver’s License	
Passport	
Immigration / Citizenship Papers (if applicable)	
Marriage Certificate / Prenuptial Agreements (if applicable)	
Divorce Papers (if applicable)	
Personal Adoption Papers (if applicable)	
Diplomas (if applicable)	
Military Papers / Proof of Service / Discharge Papers (if applicable)	
Children’s Birth Certificates / Adoption Papers (if applicable)	
Children’s Social Security Cards (if applicable)	
Children’s Passports (if applicable)	
Children’s Immigration / Citizenship Papers (if applicable)	

My Financial Information

Please attach additional information, if necessary.

Personal Contacts

Responsibility	Contact Name	Company	Website	Telephone
CERTIFIED FINANCIAL PLANNER™				
Estate / Probate Attorney				
Certified Public Accountant				
Stockbroker				
Trust Officer				
Executor(s) of Will*		NA	NA	

Accounts / Plans

(401(k), 403(b), IRA, Pension, Checking, Savings, Profit Sharing, 529 Plan, etc.)

Type of Account	Institution	Owner(s)	Account Number	Telephone	Statement/ Document/ Checkbook Location

* In order for Executors to have immediate access to cash accounts to pay bills, burial and funeral expenses, etc., you may add the Executor as a joint owner of these accounts or designate these accounts as "Payable On Death," with the Executor as primary beneficiary.

Investments

(Stocks, Stock-Options, Bonds, Mutual Funds, CDs, Alternative Investments, etc.)

Investment Type / Name	Institution	Owner(s)	ID Number	Telephone	Statement / Document Location

My Financial Information

Please attach additional information, if necessary.

Annuities

Type of Annuity <small>(Fixed or Variable)</small>	Institution	Policy Number	Death Benefit <small>(Y/N)</small>	Telephone	Statement Location

Trusts *(associated with accounts or insurance policies)*

Type of Trust <small>See My Documents for location</small>	Trustee(s)	Trustee Telephone	Institution	Institution Telephone	Account / Policy #
Living Trust					
Funeral Trust					

See My Insurance Information for all other insurance contracts.

Credit/Debit Cards

Type of Card <small>(Visa, MasterCard, AmEx, etc.)</small>	Institution	Card Number	Telephone	Card Location

Debit Cards

Institution	Password	Card Number	Telephone	Card Location

My Assets & Belongings

Please attach additional information, if necessary.

Safety Deposit Boxes / Safes

Box Location / Phone #	Box #	Key Location	Contents	Joint Owner / Agent + Phone #

Storage Units / Garages

Unit location / Phone #	Key / Opener Location	Code	Contents

Real Estate Property

Address	Key Location <i>(front, back, gate, garage, closet key, etc.)</i>	Alarm Code	Alarm Company / Telephone	Document Locations <i>(Deeds, titles, property description, mortgage or lease agreement, other legal documents)</i>

My Assets & Belongings

Please attach additional information, if necessary.

Vehicles (include cars, motorcycles, etc. – For leased vehicles see also **Leases** section under My Liabilities.)*

Vehicle Name	Make	Model / Style	Year	Vehicle ID#	Plate #	Leased / Owned	Previous Owner / Address / Phone	Title Location

*Death is not a cause for early termination of a leased vehicle. Therefore, remaining debt on leased vehicles are typically applied to the estate.

Boat(s)

Vessel Name: _____ Make: _____ Model: _____ Year: _____
 Hull # _____ Registration # _____ Leased/Owned: L O State Issued: _____ Length: ___ ft ___ in
 Previous Owner: Name: _____ Phone: _____
 Address: _____

Dock Location/Phone: _____ Location of Title: _____
 Vessel Name: _____ Make: _____ Model: _____ Year: _____
 Hull # _____ Registration # _____ Leased/Owned: L O State Issued: _____ Length: ___ ft ___ in
 Previous Owner: Name: _____ Phone: _____
 Address: _____
 Dock Location/Phone: _____ Location of Title: _____

Foreign Currency

Country of Origin	Currency Name	Amount	Currency Description	Currency Location

My Assets & Belongings

Please attach additional information, if necessary.

Personal Possessions

Assets and belongings in this section should list valuable items such as antiques, jewelry, precious gems, furniture, fine art, rare coins, and household items that will be passed on to your heirs. Division of assets should be included in your will.

Asset Description	Location of Asset	Purchase Location	Date of Purchase	Original Value	Present Value/ As of Date	Receipt / Appraisal Location

My Liability Information

Please attach additional information, if necessary.

Loans (include vehicles, mortgage, school, etc.)

Purpose / Type	Loan Company	Loaner Telephone	Amount Due/mo.	Amount Remaining/as of date	Start / End Date	Location of Agreement

Leases (include vehicles, apartment, furniture, etc.)*

Purpose / Type	Bank / Loaner	Loaner Telephone	Amount Due/mo.	Amount Remaining/as of date	Start / End Date	Location of Agreement

*Death is not a cause for early termination of a leased vehicle. Therefore, remaining debt on leased vehicles are typically applied to the estate.

Liens

Property	Creditor	Creditor Telephone	Amount due / as of date	Document Locations / Notes <i>(Include locations of filings)</i>

Credit Card Debt

Type of Card (Visa, MasterCard, AmEx, etc.)	Institution	Card Number	Amount due/mo.	Amount remaining/as of date	Statement Location

Utilities/Recurring Bills

Utility/Bill	Institution	Account Number	Amount due/mo.	Amount remaining/as of date	Statement Location

My Business Information

Please attach additional information, if necessary.

Business Name, Address, Phone: _____

Office Contacts

Key Contacts (Include partners, employees, board members, successor(s), leasing agents, etc.)	Title / Role	Telephone	Email

Important Documents

Document	Document Location
Partnership Agreements	
Corporation Documents	
Employment Contracts	
Bills of Sale	
Office Lease	
Tax Documents	
Succession Documents	
Financial Statements	
Business Process Handbooks	
Training Manuals	
Other:	

Vendor Contacts

Company (Include insurance, utilities, benefits, website, other vendors)	Key Contact	Title/Role	Website	Telephone	Email

Strategic Partnership Contacts

Key Contacts	Title/Role	Company	Website	Telephone	Email



My Business Information

Business Structure Contacts

Key Contacts	Company	Telephone	Email
Certified Financial Planner			
Business Attorney			
Certified Public Accountant			
Other:			

Important Client Contacts

Key Contacts	Company	Telephone	Email

My Business Information

Business Credit/Debit Cards

Type of Card <small>(Visa, MasterCard, AmEx, etc.)</small>	Institution	Card Number	Amount due/mo.	Amount remaining/as of date	Statement Location

Leases (include vehicles, office, furniture, etc.)

Purpose / Type	Bank / Loaner	Loaner Telephone	Amount Due/mo.	Amount Remaining/as of date	Start / End Date	Location of Agreement

Loans (include vehicles, office, business, etc.)

Purpose / Type	Loan Company	Loaner Telephone	Amount Due/mo.	Amount Remaining/as of date	Start / End Date	Location of Agreement

Business Accounts / Plans (include 401(k), 403(b), employee benefits, cafeteria plans, pension, checking, savings, etc.)

Type of Account	Institution	Owner(s)	Account Number	Telephone	Statement/ Document/ Checkbook Location

My Insurance Information

Please attach additional information, if necessary.

Medical/Prescription Insurance *(include any Medicaid and Medicare information)*

Company	Policy Number	Group Number	Telephone	Card location

Life Insurance *(include credit and mortgage insurance)*

Company	Type of Policy <small>(Term, Whole, Variable)</small>	Policy Number	Group Number	Telephone	Amount of Death Benefit	Policy Location

Disability Insurance

Company	Policy Number	Group Number	Telephone	Policy Location

Dental: Company _____ Policy No. _____ Telephone _____

Policy Location _____

Long-Term Care: Company _____ Policy No. _____

Telephone _____ Policy Location: _____

Auto: Company _____ Policy No. _____ Telephone _____

Policy Location _____ Agent _____

Home / Renters: Company _____ Policy No. _____

Telephone _____ Policy Location: _____

Please attach information about any additional insurance policies not listed, including legal, ID theft, and traveler's insurance.

My Medical Information

Please attach additional information, if necessary.

Medical Contacts

Doctor / Service Provider	Specialty	Location	Telephone

Medications

Medication / Supplement	Dosage/day	Condition	Pharmacy / Supplier

Medical Conditions

Condition	Date Began	Attending Physician	Recommendations

I have housed my personal medical records in the following location(s): _____

I keep my medications in the following location(s): _____

I have the following additional medical and physical needs: _____

My Long-Term Care Requests

Please attach additional information, if necessary.

Preferred Assisted Living Facility(ies)

Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Special Instructions: _____	

Preferred Nursing Home(s)

Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Special Instructions: _____	

Preferred Home Health Care Services

Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Special Instructions: _____	

Preferred Hospice Care Facility(ies)

Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Special Instructions: _____	

Additional Health Care Services

Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Name: _____	Telephone: _____
Address: _____	Key Contact: _____
Special Instructions: _____	

Payment Instructions*

Payment for these services can be arranged as follows: _____

***Due to rising premiums, Ted Snow, CFP® recommends that clients obtain an LTC policy before the age of 55.**

My End-of-Life Care Requests

My Hospital of Choice (Full Name and Address): _____

I have Living Will/Directive to Physicians: ___Yes ___No If YES, see My Documents for location.

I have a Medical Durable Power of Attorney: ___Yes ___No If YES, see My Documents for location.

Named Medical Durable Power of Attorney: _____

Address: _____ Phone: _____

Alternate Medical Durable Power of Attorney: _____

Address: _____ Phone: _____

We highly recommend having a Living Will/Directive to Physicians and Medical Durable Power of Attorney. Copies of these documents should be given to the Durable Power of Attorney. Prepare these Advanced Directives for every state in which you reside.

I have a Do-Not-Resuscitate Document: ___Yes ___No If YES, location of original document: _____

Copies of these documents have been given to the following individuals:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If there is nothing more a healthcare provider can do for me, then I prefer to die ___at home ___in a hospital.

If at home, then I prefer care to be administered through the following means:

___whatever is easiest for the caretakers

___a Home Health Care Provider (please list under Long-Term Care Requests)

___an individual or individuals

Name: _____ Telephone: _____

- I have spoken to this person and they have agreed to take care of me
- I have not spoken to this person

Name: _____ Telephone: _____

- I have spoken to this person and they have agreed to take care of me
- I have not spoken to this person

Name: _____ Telephone: _____

- I have spoken to this person and they have agreed to take care of me
- I have not spoken to this person

My Password Information

Website/Account	Login Name	Password	Additional Information
Email1:			
Email2:			
Email3:			
Computer1:			
Computer2:			
Computer3:			
Cell Phone:			
Cell Phone Voice Mail:			
Home Phone Voice Mail:			
Work Phone Voice Mail:			
Work Website1:			
Work Website2:			
Work Website3:			
Social Network1:			
Social Network2:			
Social Network3:			
Website1:			
Website1:			
Other (attach pages as needed):			

Additional Password Information may be found at the following location(s): _____

My Family and Friends

Family members may be closely or distantly related to us. They may live nearby or far away. Friends can be associated with our places of employment, school, religious organizations, social networks and activities, neighborhoods, sports activities, hobbies, interests, and more. We all have friends we have met recently and others whom we've known for years. Names and telephone numbers of friends and family members can be found on our phones, telephone books, social networks, employment directories, school directories, activity and association directories, etc.

There are probably some friends and family members that you would like to be notified immediately should you become ill or pass away. There are others that can be notified later. **Please list the individuals that you wish to be notified immediately.** On the next page, you will be asked to make a list of locations where someone might find additional names, phone numbers, and emails of family members, friends, organizations, companies, schools, and other institutions that you wish to be contacted later.

Family Members and Friends to Contact Immediately

Name	City, State	Relationship	Phone	Email

Please list additional names with contact information on the back of this page.

My Family and Friends

Please attach additional information, if necessary.

Locations for additional phone numbers

Type of Storage* <small>(i.e. cell phone, email account, phone directory, etc.)</small>	Location <small>(i.e. computer, desk, dresser drawer, etc.)</small>	Relationships Listed <small>(i.e. work friends, relatives, friends from a club or organization, etc.)</small>

*Ensure that all password protected storage devices are listed in the password section of this document.

Companies, Organizations, Schools, Institutions, etc. to Contact

Name	Key Contact	Telephone	Email	Website

My Favorites

My Favorite Flowers and Plants

My Favorite Songs or Music

Song Name	Artist	Style	Location (if available)

My Favorite Poems or Song Lyrics

My Favorite Quotes or Religious Verses

Source	Author	Quote or Verse

My Favorite Charitable Organizations

My Remains Information

I have a Disposition of Remains document: Yes No If YES, see My Documents for location.

My ultimate disposition for remains preference: Burial Cremation *(Requirements are found under the Cremation section)*

I have completed an Appointment of Agent of My Remains Yes No Document Location _____

Person appointed _____ Telephone _____

Check all that apply: Embalming w/ viewing Embalming without viewing No Embalming (no viewing)

Graveside Service Funeral with Burial Direct Cremation Funeral w/ Cremation Memorial Service

I am an organ donor: Yes No If YES, did you donate your whole body? Yes No

I registered through the following program: Department of Public Safety *(Driver's License)*

State Donor Registry *(Online)* Other: _____

(Organ donation through the Department of Public Safety commits you to organ and eye donation. To specify which organs to donate or to allow for tissue or whole-body donation, you must register through your state's donor registry program or with a medical research program. We recommend examining details for each program, as they vary in services. Whole body donation programs may offer free cremation.)

Even if you donated your whole body, we recommend that you complete the sections below as they apply in the event that whole body donation is not permitted given your final condition.

I am completing the sections below as an alternative if whole body donation is not permitted.

Viewing (if applicable)

I have a burial clothes/appearance preferences: Yes No If YES, I prefer to be buried as follows:

Female

Clothing Item	Location of Item
Suit/Dress:	
Skirt/Pants:	
Top/Blouse:	
Scarf:	
Undergarments:	
Pantyhose/Socks:	
Shoes:	
Earrings:	
Rings:	
Watch:	
Bracelet:	
Necklace:	
Pin:	
Special Religious Attire:	
Other:	

My Remains Information

I have make-up preferences: Yes No I prefer no make-up I prefer only make-up for embalming

Make-Up Item	Location of Item
Foundation:	
Powder:	
Blush:	
Eye make-up:	
Eyeliner:	
Mascara/Lashes:	
Lip liner:	
Lipstick:	

Male

Clothing Item	Location of Item
Suit:	
Pants:	
Shirt:	
Tie:	
Undergarments:	
Socks:	
Shoes:	
Cuff Links:	
Tie Clasp:	
Rings:	
Watch:	
Bracelet:	
Necklace:	
Pin:	
Special Religious Attire:	
Other:	

My Remains Information

Burial (if applicable)

I have prepaid for some or all of my burial services Yes (in full in part) No

If YES, please attach any paperwork detailing what has been paid and arranged.

If NO or YES – In Part, please include the following information as needed stating your preferences:

I have set aside the following additional funds to pay for these arrangements:

Funeral Trust (see My Financial Information) Life Insurance Policies (see My Insurance Information)*

Other: _____

*Life insurance policies are paid 30 days or more after submission of claim with death certificate.
Contact Ted Snow, CFP® for more expeditious Funeral Trust options.

Funeral Home Name _____ Telephone: _____

Address _____

Cemetery Name _____ Telephone: _____

Address _____

Cemetery Property Preferred

Ground Property Mausoleum Lawn Crypt Niche Marker Other: _____

Casket

Preferred color _____ Material _____

My height _____ My weight _____

Burial Liner details: _____

(Funeral homes have different options, costs, and requirements for Burial Liners.)

Marker

Special wording: _____

Please indicate any other detailed preferences: _____

I prefer to have items buried with me Yes No If Yes, please list these special items:

My Remains Information

Cremation (if applicable)

I have prepaid for some or all of my crematory services Yes (in full in part) No

If YES, please attach any paperwork detailing what has been paid and arranged.

If NO or YES – In Part, please include the following information as needed stating your preferences:

I have set aside the following additional funds to pay for these arrangements:

Funeral Trust (see My Financial Information) Life Insurance Policies (see My Insurance Information)*

Other: _____

*Life insurance policies are paid 30 days or more after submission of claim with death certificate.
Contact Ted Snow, CFP® for more expeditious Funeral Trust options.

Funeral Home Name _____ Telephone: _____

(Funeral Homes are not required for Direct Cremation and memorial services may be conducted through a Crematory.)

Address _____

Crematory Name _____ Telephone: _____

Address _____

I do don't have a pacemaker or medical implant device inside my body. (Medical devices and pacemakers do not preclude you from cremation but may need to be removed.)

Name of device: _____ Location of device: _____

Physician reference: _____ Telephone: _____

Ash Container

I prefer an Urn a Niche Ground Burial Container Bench Pedestal Other: _____

Container Description: _____

Ash Housing Location

I prefer the following final housing location for my ashes:

Held by Family - Primary family member(s) to house ashes: _____

Cremation Garden – Garden Location: _____

Columbaria – Columbaria Location: _____

Glass-Front Niche – Location of Niche: _____

Ground Burial – Burial Location: _____

Other and Location: _____

(We advise seeking all necessary permissions and permits for scattering ashes.)

Marker

Special wording: _____

Please indicate any other detailed preferences: _____

The Crematory will offer family and friends the option to view the cremation process. This process can be very difficult for people, so we encourage you to discuss this option carefully with family and friends.

My Obituary

Please attach additional information, if necessary.

Please note that some fraud specialists recommend leaving out any information that would be useful to a burglar or identity thief.

Announcement

- ✓ Your full name and nickname
- ✓ Your age at death
- ✓ Your city and state at death
- ✓ Day and date of your death, including the year
- ✓ Place of death
- ✓ Cause of death (optional)

Your Birth

- ✓ Your date of birth (see My Personal Information)
- ✓ Your birthplace (see My Personal Information)
- ✓ Names of parents (see My Personal Information)
- ✓ Date of birth (see My Personal Information)

Your Survivors

- ✓ Close predeceased members of immediate family, i.e. spouse _____

- ✓ Spouse, children, grandchildren (see My Personal Information)
- ✓ Date and place of your marriage: _____
- ✓ Great grandchildren
Great grandchild names (and parents): _____

- ✓ Sisters, brothers, nieces, nephews, in-laws, other close relative, close friends: _____

- ✓ Pets: _____

Your Life

- ✓ Your childhood: _____

- ✓ Your education (see My Personal Information)
- ✓ Your work (see also My Personal Information)
Previous employment and positions held:

- Organization Membership and Volunteer work, including positions held:

My Obituary

- ✓ Your honors/degrees: _____

- ✓ Your hobbies and interests: _____

- ✓ Your places of residence: _____

- ✓ Other stories or interesting information: _____

Your Flowers and Memorial Funds

___ I prefer flowers ___ I prefer memorial funds ___ I prefer both flowers and memorial funds

___ I prefer neither flowers nor memorial funds

___ I prefer a special account set up as follows: _____

___ I prefer memorial donations to be sent to the following organization(s)

Organization

Address

___ I will leave this up to those planning my funeral / memorial

___ Other: _____

Additional Information:

Celebrate Life Service Planner

This information is designed to help family and friends to plan a special time of your remembrance and can be used as a map for planning your service. Plans may be simple or more elaborate depending on the preferences of the individuals involved. Please do not feel that all details need to be included in the planning, as the contents of this planner are provided to accommodate a spectrum of wishes and desires.

Funeral / Memorial Service Information and Planning

Service Day and Date: _____ Time: _____

Service Location

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website: _____

Key Contact

Name: _____ Phone: _____ Email: _____

Associated Religious or Officiating Organization

Same as above

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website: _____

Key Contact

Name: _____ Phone: _____ Email: _____

Seating Arrangements: _____

Sign-in Book: _____

Sign-in Table: _____

Sign-in Book Attendant (optional): _____

Celebrate Life Service Planner

Flower Arrangement Locations: _____

Pictures (including easels or easel requests from churches or funeral homes): _____

Memorial Video/Slideshow (optional): _____

Music

Instrumental Music (optional): _____

Corporate songs (optional): _____

Soloists (optional): _____

Readings (optional)

Verses or Scriptures: _____

Poems or Quotes: _____

Celebrate Life Service Planner

Officiate: _____ Phone: _____ Email: _____

Speakers

Opening Words or Welcome: _____

Eulogy(ies): _____

Message by spiritual leader *(optional)*: _____

Prayers *(optional)*: _____

Readings *(optional)*: _____

Dismissal: _____

Other: _____

Pallbearers *(funerals only, 6 minimum)*: _____

Greeters *(optional)*: _____

Special Religious and/or Military Ceremonies or Traditions *(optional)*: _____

Receiving Line *(optional)*: _____

Celebrate Life Service Planner

Video Taping of Service *(optional)*: _____

Transportation of Family to/from Service *(optional)*: _____

Other details: _____

Sample Funeral / Memorial Schedule

The content of a funeral or memorial service will depend on the religious/military background and preferences of the deceased or of the family. The schedule may be altered accordingly, and many of the details are optional depending on preference, time, and resources available.

Instrumental music and/or video during seating

Opening thoughts or Welcome (may include Scripture/verse, poem, quote, etc.)

Songs (soloist and/or corporate singing)

Opening prayer

Eulogies, special poems, or readings

Message by spiritual leader

Open time of sharing by family and friends (if preferred)

Closing prayer

Closing song, poem, or reading

Benediction/closing words (including exit, receiving line, crematory, burial instructions, and/or special exit instructions)

Instrumental music plays during exit

Funeral Program Guidelines:

Funeral programs are optional and can be created by funeral homes, crematories, or print shops. They can also be made using Word or other software programs. Samples and various designs may be found online.

Funeral programs may include the following information:

- Picture of deceased
- Seating arrangements for family or special friends
- Funeral program schedule
- Titles of songs and song writers
- Names of singers and speakers
- Special words (Scripture/verse, poem, quote)
- Special religious traditions or ceremonies
- Name of pallbearers
- Burial information
- Donation information
- Reception information
- Hosting religious or other organization
- Special thanks

Celebrate Life Service Planner

Viewing Information and Planning *(optional)*

Viewing Location

- Same as Service Location
- Same as Funeral Home (see My Burial Information)
- Other: _____

Viewing Day and Date: _____ Time: _____

Sign-in book: _____

Sign-in Table: _____

Flower Arrangement Locations: _____

Pictures *(including easels or easel requests from churches, crematories, or funeral homes)*: _____

Memorial Video/Slideshow *(optional)*: _____

Instrumental Music *(optional)*: _____

Receiving Line *(optional)*: _____

Video Taping of Viewing *(optional)*: _____

Transportation of Family to/from Viewing *(optional)*: _____

Celebrate Life Service Planner

Other details: _____

Burial / Burial Service Information and Planning *(optional)*

Burial Location: (See My Remains Information)

Burial Day and Date: _____ Time: _____

Attendees:

- Family only
- Family and close friends
- Open invitation

Burial Service Planning *(as applicable)*

If a Burial Service will be the main memorial of the deceased, then please use the Funeral/Memorial Service Planner for preparation.

Officiate: _____ Phone: _____ Email: _____

Seating Arrangements: _____

Sign-in Table *(optional)*: _____

Flower Arrangement Locations *(optional)*: _____

Music *(optional)*: _____

Sharing *(optional)*: _____

Celebrate Life Service Planner

Readings *(optional)*: _____

Transportation of Family to/from Burial *(optional)*: _____

Other details: _____

Post-Service Reception Planning *(optional)*

Reception Day and Date: _____ Time: _____

Reception Location *(Suggested locations may include a private home, funeral home, religious place of worship, social hall, organization location, restaurant, park, etc.)*

Location Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website: _____

Key Contact

Name: _____ Phone: _____ Email: _____

Volunteer Suggestions: *(list name and telephone)*

Food/tableware coordinator: _____

Greeter(s): _____

Set-up volunteers: _____

Clean-up volunteers: _____

Volunteer(s) to document food/tableware contributions: _____

Celebrate Life Service Planner

Food Planning

Catered: _____

Potluck Other: _____

Special Items to bring:

- Tableware (Paper, plastic, and Styrofoam are acceptable)
 - Small plates
 - Large plates
 - Silverware
 - Cold drinking cups
 - Hot drinking cups
 - Stir sticks or spoons
 - Napkins (for drinks and food)
- Drinks (*List includes various options and supplies*)
 - Punch
 - Punch bowl and ladle
 - Pitcher
 - Coffee with coffee maker (caffeinated and/or decaffeinated)
 - Coffee maker
 - Coffee percolator
 - Sugar / sweetener
 - Creamer (non-dairy creamer, cream, or milk)
 - Iced tea with pitcher
 - Hot tea
 - Hot tea urn
 - Tea bags
 - Electric kettle or hot water container
 - Iced water
 - Pitcher
 - Water
 - Ice bucket
 - Bags of ice
- Food service ware
 - Serving spoons or forks
 - Cutting knives
 - Ice bucket tongs
 - Serving plates, bowls, and/or trays
 - Deep trays with ice for foods that might spoil if out for too long
- Other
 - Plastic wrap or foil for leftovers
 - Trivets for hot dishes
 - Tablecloths to protect tables

Celebrate Life Service Planner

Food suggestions: *(Food items selected will depend on the time of day for the reception. Serving a meal is desirable but not required or expected. A light reception is appropriate.)*

- Finger sandwiches
- Cold cut platters
- Cold salad (i.e. potato, tuna, or egg salad)
- Deviled eggs
- Vegetable platters with dip
- Fruit platters
- Finger desserts (cookies, brownies, etc.)
- Nuts

Decorations/Other

- Flowers from the service
- Pictures from service
- Any other decorations used at the service or viewing
- Tissue boxes
- Quiet background music
- Sign-in book for guests, including a list of items brought

Transportation of Family to/from Reception *(optional)*: _____

Other details: _____

Flower Planning (if applicable, see Obituary)

- Flowers are ordered through funeral home
- Flowers are ordered through a florist
- Flowers are ordered through both the funeral home and florist

Flower Selection (see My Favorites)

Celebrate Life Service Planner

Florist Name: _____ Phone: _____

Email: _____ Website: _____

Key Contact Name: _____

Out-of-Town Guest Planning

Out-of-town guest coordinator:

Phone: _____ Email: _____

Expected Out-of-Town Guests *(attach additional page if necessary)*: _____

Hosts and/or Suggested Hotels or Accommodations *(optional)*: _____

Transportation Instructions to/from Airport *(optional)*: _____

Transportation Instructions to/from Events *(optional)*: _____

End-of-Life Budget Planner

Immediate Cash

When an individual passes away, the Executor of the person's estate will need immediate cash to help pay for any funeral, memorial, and/or burial services, as well as any burial or crematory arrangements that are not prepaid. Other immediate expenses may include reception arrangements, death certificate acquisitions, legal fees, bills, and loan payments that cannot or have not been set up to be paid on a credit card.

Check and Savings Accounts

For such expenses, it is necessary to set aside liquid cash immediately accessible to the Executor. This cash may be available in the form of a checking or savings account. There are two options that allow the Executor to have the most expedient access to these types of accounts:

Option 1: Co-signer Designation: Allowing your Executor to be a co-signer on your account provides a simple, fast solution to allowing your Executor to have access to your account. Executors should consult an attorney or CFP® regarding any legal obligations that come with serving as a co-signer of a bank account.

Option 2: P.O.D. Beneficiary Designation: Checking and savings accounts can also be set up with a Payable on Death (P.O.D.) Beneficiary Designation. Upon submission of a death certificate for the account owner, the account will be frozen, and all assets transferred to the listed beneficiary on the account. The Executor will then need to await the bank's paperwork process and the transfer of assets from the bank into his or her account. This entire process may take up to two weeks or more.

Funeral Trust Policies

An irrevocable funeral trust will allow you to pre-pay for funeral expenses. With these types of policies, the funeral home is paid immediately. All funds associated with this type of policy avoid probate and are taxable. Funds held in the policy are protected from creditors, including nursing homes, hospitals, lawyers, and Medicaid. Any funds not used for funeral expenses are paid back to the estate.

Life Insurance Policies

While life insurance policies may provide beneficiaries with adequate cash to pay expenses, insurance companies typically take thirty days or more from their receipt of the death certificate to process payments. Therefore, life insurance policies will not provide immediate cash for the Executor or the beneficiaries.

Expenses Paid Out of Estate

We highly recommend that you consult a CFP® with regard to estate planning in an effort to maximize your resources upon passing and minimizing the burden of estate taxes upon your heirs. Many End-of-Life expenses will fall into the hands of the estate. When the estate funds run out, the estate is considered "bankrupt." While spouses are liable for the expenses of the estate, beneficiaries, other family members, Executors, and Trustees are not liable.

Unclaimed Money

Unclaimed money and assets held in state or federal unclaimed accounts may be found through unclaimed.org, a free search option to assist individuals in finding assets that were lost or separated from owners, including stocks, insurance policies, open money orders, accounts, and refunds. Snow Financial Group, LLC is not associated with unclaimed.org and takes no responsibility for its contents, results, or operations. The website is only offered as a courtesy.

End-of-Life Budget Planner

Budgetary Needs

The following is a best-estimate list of expenses when a person passes away. Fewer or additional expenses may be incurred depending on individual or family needs and wishes.

Health and Death Related Expenses

- Hospital services
- Outside hospital services
- Home health care
- Long-term care facility
- Hospice care
- Ambulance services
- Doctors' services
- Labs
- Additional health-related services
- Transportation of body postmortem
- Storage of body (including hospital, funeral home, etc.)

Announcement Expenses

- Obituary

Viewing

- Viewing location fees
- Videotaping of viewing
- Photography
- Music
- Transportation of family to/from viewing

Funeral/Memorial/Burial Service

- Funeral/Memorial service location fees
- Officiate fee
- Sign-in book
- Sign-in book table decorations
- Picture frames and/or easel (if not available)
- Memorial video/slideshow
- Music
- Videotaping of service
- Photography
- Transportation of family to/from service
- Funeral programs

Burial Expenses

- Cemetery property
- Casket with liner
- Marker
- Burial services
- Additional services

End-of-Life Budget Planner

Cremation Expenses

- Crematory services
- Metal device removal
- Ash container
- Ash housing location
- Marker
- Additional services

Reception Expenses

- Reception location expenses
- Food and/or catering expenses
- Transportation of Family to/from reception

Flower Expenses

- Viewing
- Funeral/Memorial/Burial service
- Reception

Out-of-Town guest expenses

- Transportation for arrival
- Accommodation
- Transportation to/from all events
- Food for out-of-town guests

Document Expenses

- Applications for important missing documents
- Death Certificates
- Letters of Testamentary

Liabilities

- Loans / Leases
- Liens
- Credit cards
- Utilities (gas, water, electricity, internet, phone, cell phone, alarm, etc.)
- Subscriptions
- Memberships
- Housekeeping
- Income tax
- Property tax
- Estate tax
- All expenses related to other real estate or properties
- Service fees from CPA (including final tax preparation)
- Service fees from CFP® (Ted Snow, CFP® offers free consultation to clients of Snow Financial Group)
- Service fees from Trust Officer and/or Probate attorney representation (required in some states)
- Auto insurance
- Home insurance
- Other bills

End-of-Life Budget Planner

Additional Expenses

Babysitters

House sitters

Pet care

Lawn care

Pool care

Housekeeping

Thank you cards (may be provided by funeral home)

Time off work

Additional Budgetary Notes:

End-of-Life Checklist

When a loved one passes away, there are many things to do. Here is a checklist to help family and friends through the process.

The checklist pertains to laws in Texas. Please consult our office or an estate/probate attorney to confirm laws in your state.

- **Obtain a legal pronouncement of death from one of the following individuals:**
 - ✓ Physician
 - ✓ Hospice nurse
 - ✓ 911 Paramedics (If available, you should have the Do-Not-Resuscitate Document in hand to receive an immediate pronouncement of death – see My End-of-Life Care Requests.)
- **Arrange transportation of the loved one's body**
 - ✓ Contact Home Health Care facility (if applicable)
 - ✓ Contact Mortuary and/or Crematorium
 - ✓ Contact Department of Public Safety if organ or body donation was requested (see My Remains Information)
- **Arrange for caretaking of descendants** (i.e. small children)
- **Obtain a written statement of Cause of Death**
 - ✓ Contact doctor of deceased or county coroner
- **Arrange for caretaking of loved one's home**
 - ✓ Pets
 - ✓ Plants
 - ✓ Home watch (allow local police to assist)
 - ✓ Food in refrigerator
 - ✓ Mail / phone
 - ✓ Newspapers
 - ✓ Lawn, pool, etc.
- **Focus on the funeral or memorial service**
 - ✓ Contact military, fraternal, and religious organizations for burial benefits
 - ✓ Refer to the My Remains Information
 - ✓ Refer to Funeral/Memorial Planner
 - ✓ Retain all receipts of expenses for reimbursement from Estate and for tax return
 - ✓ If possible, keep a list of callers, food bringers, flower givers, donation givers, visitors, etc.
 - ✓ Find volunteers to help you with various planning needs
- **Contact the loved one's personal contacts**
 - ✓ What to Communicate
 - Most recent events
 - Plans for a Viewing
 - Date
 - Time
 - Location
 - Requests for assistance

End-of-Life Checklist

- Funeral/Memorial/Burial plans (see Funeral/Memorial Service Planner)
 - Date
 - Time
 - Location
 - Directions regarding flowers
 - Directions regarding donations
 - Special seating arrangements
 - Special instructions to service participants
 - Requests for assistance
- Post-Service Reception plans (see Funeral/Memorial Service Planner)
 - Date
 - Time
 - Location
 - Potluck instructions, if appropriate
 - Requests for assistance (guest greeting, food service, set-up, clean-up, items to bring, record keeping, etc.)
- Special instructions for out-of-town guests (see Funeral/Memorial Service Planner)
 - Suggested hotels/accommodations
 - Transportation information
- Personal needs and assistance
 - Assistance with communication
 - Food for the family (one to two weeks)
 - Assign a friend to coordinate food for the family
 - Communicate any dietary restrictions, food preferences, or special brands
 - Include breakfast and snack items (i.e. cereal, muffins, fruit, chips, etc.)
 - Include other staple grocery needs (i.e. milk, coffee, butter, etc.)
 - Consider food for children (i.e. baby formula, baby food, kid-friendly foods)
 - Include food that can be frozen for later use
 - Assistance with children
 - House watching, including newspaper and mail pick-up
 - Household chores
- ✓ How to Communicate
 - Phone calls
 - Emails
 - Newspaper Obituary (see My Obituary and the contents listed under the Write the Obituary checklist below)
 - Online Social Networks (limit settings to “Friends” or “Contacts” only)
 - Announcements and communication networks through organizations (i.e. newsletters, bulletins, websites, emails, call trees, etc.)
- ✓ Whom to Contact
 - See My Family and Friends
 - See My Financial Information
 - See My Personal Information
 - See My Descendants – Descendants, Schools of Descendants

End-of-Life Checklist

- Contact any additional individuals listed in the loved one's cell phone or email (see My Passwords for password information)
- Contact other personal friends of family members not listed in this packet
- Contact any other relatives and friends as needed
- **Write the obituary**
 - ✓ See My Obituary and include the following at the end:
 - Day, date, time, and place of funeral, memorial, and/or burial services
 - Name of officiate, pallbearers, and any other important information
 - Visitation information if applicable (day, date, time, place)
 - Reception information if applicable (day, date, time, place)
 - Place of internment
 - Name of funeral home or crematory in charge of arrangements
 - Where to call for more information (even if no service is planned)
 - Special thank you to people, groups, or institutions
 - Quote or poem (see My Favorites)
 - ✓ Consider leaving out any information that would be useful to a burglar or identity thief
 - ✓ Send obituary to Funeral Home, Crematory, and/or newspaper (if applicable)
- **Obtain copies of the death certificate** (retain in a secure location)
 - ✓ Death certificates may be obtained through funeral home, mortuary, or county/state vital records department
 - ✓ The following people may need certified copies of the death certificate:
 - Office of Ted Snow, CFP® or other CFP®
 - Estate/probate attorney and probate court
 - CPA (if applicable)
 - Office of Veteran's Affairs
 - Unions
 - Financial Institutions – See My Financial Information
 - Hosts of Investments, Stocks, Bonds, Annuities, Mutual Funds, 401(k)s, Pensions, etc.
 - Banks
 - Banks housing Safety Deposit Boxes – See My Assets and Belongings
 - Storage Units – See My Assets and Belongings
 - Insurance Agencies - My Insurance Information
 - Government Agencies
 - Registry of Deeds (for title transfers)
 - IRS
 - State Tax Offices
 - Social Security Office
 - Creditors
 - Employers
 - Family Members
 - Post Office
 - ✓ Initial requests of multiple copies of certified death certificates are typically less expensive than purchasing copies at a later date

End-of-Life Checklist

- **Contact loved one's employer's human resource office**
 - ✓ Gather any other information related to pensions, 401(k) accounts, insurance, etc.
 - ✓ Discuss any death or financial benefits related to the employment (including insurance; pension; unused holiday time; uncollected wages, holiday pay, or bonuses)
 - ✓ Gather information pertaining to union membership
- **Contact companies of all Life Insurance Policies**
 - ✓ Identify beneficiaries of funds and discuss financial assistance for end-of-life arrangements – See My Insurance Information
 - ✓ Beneficiaries should obtain claim forms to receive funds
 - ✓ Consult Ted Snow, CFP® before cashing any policies to review options and tax implications (There is no fee for this consultation to client families.)
 - ✓ Policies do not have to be cashed immediately and may remain in accounts to collect interest
 - ✓ Check with all financial agencies, loans, credit cards, mortgage companies, union, military, etc. to see if an insurance policy was incorporated with the agreement – See My Financial Information
- **Contact Social Security Office, Veteran's Affairs, and Pension Services**
 - ✓ Obtain benefit information
 - ✓ Request stop payments if necessary
 - ✓ Social Security will automatically contact Medicare
 - ✓ See My Financial Information – Accounts (for Pension Accounts)
- **Locate loved one's Last Will & Testament**
 - ✓ For location, see My Documents
 - ✓ Will should be probated within four years of death
- **Go through this packet and identify location of all other important information and items**
 - ✓ Use this planner to check off what you have located
 - ✓ You will need to locate the following:
 - Documents and papers
 - Cards
 - Certificates
 - Statements
 - Receipts
 - Keys
 - ✓ Label each item clearly and carefully
 - ✓ Retain all of this information in a secure and private location
- **Contact other necessary companies to inform them of the circumstances**
 - ✓ Credit card companies
 - ✓ Post Office (to reroute mail)
 - ✓ Utility companies (to change or stop service)
 - ✓ Creditors (discuss with estate/probate attorney your responsibilities vs. the responsibilities of the estate before contacting or making any arrangements)
 - ✓ County tax office (find out when property taxes are due and the amount)
 - ✓ IRS (find out the income tax that will be due)

End-of-Life Checklist

- **Cancel home telephone, internet, and cell phone services of your loved one**
- **Cancel or transfer all memberships, newspapers, and subscriptions of your loved one**
- **Set up an appointment with an estate/probate attorney**
 - ✓ See My Financial Information – Personal Contacts
 - ✓ Contact the Office of Ted Snow, CFP® if you need a referral
 - ✓ Obtain a list of items needed for your appointment
 - ✓ Estate/probate attorneys can assist you with the following (and more):
 - Probate
 - Interpretation of Last Will & Testament
 - Documentation you will need to do business on behalf of your loved one
 - Options and potential consequences for various decisions
 - Protection against personal liability as you act on behalf of your loved one and interpret the person's Last Will & Testament
 - Medicaid Estate Recovery
 - Evaluation of estate / personal taxes and suggestions for mitigation
 - Obtain Letters Testamentary or Letters of Administration from the local courthouse or city hall in the county where your loved one was living when he or she passed away (obtain multiple copies in order to business for that individual)
 - Bring with you the official will, a certified death certificate, and complete list of assets
 - File a probate petition
 - Interpret and allocate assets and wishes of your loved one in accordance with the Last Will & Testament
- **Obtain a list of all assets of the deceased for probate**
 - ✓ Refer to My Assets & Belongings
 - ✓ Refer to My Insurance Information
 - ✓ Adjust all values as of the date of death
 - ✓ Add any additional assets not listed, including values as of the date of death
- **Set up an appointment with Ted Snow, CFP® or other CFP®**
 - ✓ Obtain a list of items needed for your appointment
 - ✓ Ted Snow, CFP® or other CFP® can assist you with the following:
 - Processes, procedures, and options when transferring assets to beneficiaries
 - Retitling of financial assets according to the will
 - Evaluation of estate / personal taxes and suggestions for mitigation
 - ✓ Ted Snow, CFP® does not charge a fee for this consultation for clients and beneficiaries of clients
- **Prepare a final tax return for your loved one and pay final taxes when due**
 - ✓ Consult with the deceased's CPA (See My Financial Information – Personal Contacts)
 - ✓ Consult with the estate/probate attorney, if necessary
 - ✓ Consult with Ted Snow, CFP® or other Ted Snow, CFP® (There is no fee for this consultation for clients and beneficiaries of clients.)
 - ✓ Prepare final income tax and estate tax forms and pay taxes

End-of-Life Checklist

- **Finalize probate of the Last Will & Testament**
 - ✓ Allocate all assets, possessions, and property including vehicles; real estate; foreign currency; and items in home, safety deposit boxes, garages, storage units, attics, etc. (see My Assets)
 - ✓ Donate or sell assets as needed
 - ✓ Complete all transactions and sales associated with business (see My Business Information)
 - ✓ Pay final bills to creditors through Estate (credit cards, medical bills, long-term care facilities, utilities, funeral / memorial expenses, loans, leases, liens, storage units, etc.)
- **Shut down web-based accounts**
 - ✓ Social Media (To protect the deceased against identity theft, fraud experts recommend shutting down or deactivating all social media accounts.)
 - ✓ Email
 - ✓ See My Password Information for additional information
- **Shred important documents that you plan to throw away**
- **Write thank you cards** (Have someone assist you with this.)
 - ✓ People who brought food during mourning period
 - ✓ People who sent flowers for the funeral or memorial
 - ✓ People who donated to a charity on behalf of your loved one
 - ✓ People who helped take care of children or the home
 - ✓ People who served in some other significant way
- **Take time to grieve**
 - ✓ Spend some time with close friends and family members to talk about how you are feeling
 - ✓ If you are a member of a religious organization, set up a time to talk with a spiritual leader
 - ✓ Take some time to journal events, memories, and feelings
 - ✓ Find grief recovery reading material and resources
 - ✓ Enroll for grief recovery programs or counseling, if needed
- **Get some rest**

If you are dealing with the loss of a loved one, then we hope you found this checklist and packet helpful. Ted Snow, CFP® and Snow Financial Group, LLC are here to support you. Please do not hesitate to call us with any questions you have. If we do not have the answers, then we will do our best to refer you to qualified people who can provide you with proper support.

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