

LEGACY GUIDE

Final Wishes and Requests





Dear Family and Friends,

I am very aware of the emotions you may be experiencing during this time. Therefore, in an effort to protect you from any additional discomfort, I have prepared this booklet to assist you in the decisions you will face.

This Legacy Guide is an outline of my final wishes. I have included information about my funeral arrangements, people to notify, and financial and legal information you will need to settle my estate. I have also included a personal letter to help comfort you through this time of my passing. It is my hope this guide will help you in making decisions on my behalf. I have a lifetime of cherished memories and loving times we have spent together. My final request is that you hold dear to these memories.

With each and every smile, I will be with you.

PERSONAL INFORMATION

The following information is intended to help you locate my important papers, provide a history of my family, and to make you aware of my final wishes and requests. It is my hope that this booklet will assist you in the decisions you will face.

Full Name _____

Birthplace City _____ State _____

Social Security Number _____

Occupation (or retired from) _____

Employer(s) _____

Education (scholars and degrees) _____

Special Interests/Hobbies _____

Current Residence _____

City, State, Zip _____

Place and Date of Marriage _____

Name of Spouse _____

“Love is stronger than death even though it cannot stop death from happening, but no matter how hard death tries it cannot separate people from love. It cannot take away our memories either. In the end, life is stronger than death.”
~ Source Unknown

PERSONAL INFORMATION

If a veteran, please complete this section:

Serial Number _____

Branch of Service Rank _____

Wars/Conflicts Served _____

When and Where _____

Date/Place of Induction _____

Date/Place of Discharge _____

Notes: _____

NOTIFICATION

By providing the names and addresses of people who are significant in my life, I would like to ensure that these people will be notified of my death:

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Notes: _____



LEGAL DOCUMENTS

Name of Estate Executor _____

Last Will and Testament _____

Birth Certificate _____

Marriage Certificate _____

Stock Certificates _____

Bond Certificates _____

Military Records _____

Passport _____

Trust Fund Information _____

Life Insurance Policy Information _____

Automobile Insurance Documents _____

Home Owners Insurance Documents _____

Mortgage Papers _____

Deed to House _____

Car Title or Loans _____

Citizenship Papers _____

Income Tax Information _____

Password/PIN Numbers _____

Safe Deposit Box Location(s) and Persons With Access to It _____

Notes: _____ _____ _____ _____



FUNERAL INSTRUCTIONS

Name of Mortuary _____

Address _____

Location of Service:

Church Funeral Home Private Home

Address _____

Church Denomination _____

I prefer:

Earth Burial Cremation Mausoleum

Name/Location of Cemetery _____

I have reserved facilities

I have not reserved facilities

Person in Charge of Final Arrangements _____

Requested Pallbearers:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____



FUNERAL INSTRUCTIONS

Requested Readings _____

Requested Music _____

Burial Wardrobe _____

Glasses: Leave On Remove

Jewelry: Leave On Leave to Family

Type of Flowers _____

Disposal of Flowers _____

Donations in my honor can be made to the following organizations _____

Prayers or Special Requests _____

ANNOUNCEMENTS

The following Publications/Newspapers should be notified:

Information to be included in the Public Announcement

Spouse's Name _____

If deceased, place and date of death _____

Family to be listed (brothers, sisters, children, etc.)

Family Member Names (Include Spouses) Relationship:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

Education Highlights, Date of Marriage, Religious, charitable, social, or other affiliations or achievements you wish to mention:

Notes:

legacy
select

Madison National
Life Insurance Company
Independence Holding Group



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