

FINAL INSTRUCTIONS

I. NECESSARY INFORMATION

Trust name _____

Grantor's Name _____

Social Security Number _____

Date of Birth _____

Place of Birth _____

Maiden or Previous Name _____

Mother's Maiden Name _____

Name of Mother and Father _____

Grantor's _____

or

Spouse's Name _____

Social Security Number _____

Date of Birth _____

Place of Birth _____

Maiden or Previous Name _____

Mother's Maiden Name _____

Name of Mother and Father _____

Date of and Place of Marriage _____

Children:

Name

Address

Phone No.

Name	Address	Phone No.

Beneficiaries (other than spouse or children):

Name

Address

Phone No.

Name	Address	Phone No.

Place where original trust, will, insurance and other important documents are located:

II. BUSINESSES TO NOTIFY

Title Person to Contact Address Called?

Place of Worship _____

Funeral Home _____

Note: 1. Request 12 original copies of death certificate.
2. Bring copies of Veteran's papers, if applicable, for benefits.

Employer _____

Utilities _____

Gas _____

Electric _____

Hot Water _____

Phone _____

Cable TV _____

Landlord _____

Doctor _____

Property Insurer _____

Credit Cards (change to spouse's name or cancel)

Card Account No. Phone No. Called?

Computer Passwords _____

Newspaper Delivery _____

Magazines _____

Other Subscriptions _____

Bank(s) (if account is not in the name of the trust, or to advise of successor trustees)

III. PEOPLE TO NOTIFY

Title	Name	Address	Phone No.
Trustee(s) or Successor Trustee(s) or Insurance Trustee(s)			
Guardian(s)			
Attorney	Ettinger Law Firm (800) 500-2525		
Life Insurer			
Financial Advisor			
Accountant			
Relatives & Friends			

IV. INFORMATION FOR MY OBITUARY (continue on back if needed)

V. THINGS TO DO

Check Safe Deposit Box

Box No. _____
Box Location _____
Key Location _____

Notify Post Office of where to direct the mail.

Call newspapers to post death notice.

Check to see if all assets are in the trust (or pass outside the trust).

If not, they must be probated.

Obtain written valuations of assets where necessary and determine size of estate.

Determine the debts of the estate.

Complete financial papers for the estate; determine if the estate must pay estate taxes.

Pay any Federal or State Income or Estate Taxes.

Distribute personal effects.

Set up Trust Tax Identification Number with the IRS (if applicable).

Contact Social Security Administration.

Appointment of Agent to Control Disposition of Remains

I, _____
(Your name and address)

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by

(name of agent)

With respect to that subject only, I hereby appoint such person as my agent with respect to the disposition of my remains.

SPECIAL DIRECTIONS:

Set forth below are any special directions limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

Indicate below if you have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law for funeral merchandise or service in advance of need:

- No, I have not entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.
- Yes, I have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.

(Name of funeral firm with which you entered into a pre-funded pre-need funeral agreement to provide merchandise and/or services)

AGENT:

(Name)

(Address)

(Telephone Number)

SEE OTHER SIDE 

SUCCESSORS:

If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

1. First Successor: _____
(Name)

(Address)

(Telephone Number)

2. Second Successor: _____
(Name)

(Address)

(Telephone Number)

DURATION:

This appointment becomes effective upon my death.

PRIOR APPOINTMENT REVOKED:

I hereby revoke any prior appointment of any person to control the disposition of my remains.

Signed this _____ day of _____.

(Signature of person making the appointment)

Statement by witness (must be 18 or older):

I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Signature)

(Address)

Witness 2: _____
(Signature)

(Address)

ACCEPTANCE AND ASSUMPTION BY AGENT:

- 1. I have no reason to believe there has been a revocation of this appointment to control disposition of remains.
- 2. I hereby accept this appointment.

Signed this _____ day of _____.

(Signature of Agent)

PERSONAL EFFECTS MEMORANDUM

We, the undersigned, hereby direct our Trustee(s) or Executor(s) to distribute the personal and household effects listed below to the named beneficiary:

ITEM	BENEFICIARY (address and phone no. optional)
_____	_____
_____	_____
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_____	_____

Signed: _____
Print Name: _____
Dated: _____

Signed: _____
Print Name: _____
Dated: _____

PERSONAL EFFECTS MEMORANDUM

We, the undersigned, hereby direct our Trustee(s) or Executor(s) to distribute the personal and household effects listed below to the named beneficiary:

ITEM	BENEFICIARY (address and phone no. optional)

Signed: _____
 Print Name: _____
 Dated: _____

Signed: _____
 Print Name: _____
 Dated: _____

PERSONAL EFFECTS MEMORANDUM

We, the undersigned, hereby direct our Trustee(s) or Executor(s) to distribute the personal and household effects listed below to the named beneficiary:

ITEM

BENEFICIARY

(address and phone no. optional)

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Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Dated: _____

Dated: _____