

Estate Planning Binder

Table of Contents

Instructions	2
Information You'll Need	3

SECTION ONE

Reflective Questions	5
--------------------------------	---

SECTION TWO

About You	9
Family	12
Pets	17
Health Information	19
Insurance Coverage	22
Bank Accounts	27
Retirement Plans	29
Other Assets	31
Inventory of Assets and Liabilities	34
Bill Tracker	35
Credit Cards and Loans	37
Passwords	39

SECTION THREE

A Successful Estate Plan	41
Estate Planning Team	42
Documents	44
Additional Asset Considerations	46
Important Possessions	47
Final Arrangements	48

Instructions

How to Use These Worksheets

Congratulations on taking the first step toward organizing your estate! The work you do today is an act of love—love for your family as you make a future difficult time easier, and love for yourself in the form of peace of mind.

These worksheets are intended to help you organize all your important information in one place:

- In **Section 1**, you'll answer questions about experiences that have shaped you and the legacy you wish to leave.
- In **Section 2**, you'll document the facts: important financial and medical information that will be vital to your loved ones should something happen to you.
- In **Section 3**, you'll make sure your estate is in order and detail any final wishes.

Not every page may pertain to you, and that's OK! Just print the pages that are applicable to you. If you need more space in a particular category, print more copies of that page. Each page has space to be three-hole punched so you can easily store it in a binder. Feel free to switch up the order, or add additional forms or documents—this binder is your tool to customize.

You may wish to share the blank worksheets with your spouse or partner so that they can document their information as well. Some of the information may be the same, but some will not: By completing your own binders, you can be confident you will each have the information you need in the future.

Where to Store Your Completed Binder

After you complete your binder, it's important to share it with your loved ones so they know it exists and where to find it. Consider a secure storage place such as a fireproof safe.

It's a good idea to revisit your binder once a year and update the information as needed. You may also wish to add holiday letters or other notes for your family to treasure in the future.

Information You'll Need

Here's a summary of the information you'll need to gather as you complete these worksheets. You might prefer to assemble everything at once, or you can look up information as the worksheets prompt you.

- ☐ Names, contact information and birth dates for your family members
- ☐ Employment details and information on your employee benefits: group life insurance, retirement, etc.
- ☐ The name(s) of your deceased or former spouse(s) and any documents that would help determine if he or she has any remaining inheritance rights
- ☐ A copy of any prenuptial or postnuptial agreement or divorce decree
- ☐ Important medical history and contact information for your medical providers
- ☐ Details of your existing insurance policies, financial accounts and retirement savings
- ☐ A listing of real estate: location, improvements, title, value, mortgages and the location of papers
- ☐ Details about business interests: estimated values, proportions owned by you and by others, and a copy of any buy-sell agreements
- ☐ The nature and value of royalties and/or patents owned by you
- ☐ Records distinguishing community property from noncommunity property, if applicable
- ☐ Details of any debts, including credit cards and loans
- ☐ Record of your computer passwords
- ☐ A copy of any existing will or trust agreement and its location
- ☐ The location of any gift tax returns
- ☐ A copy of any financial or health care power of attorney given by you
- ☐ The names and contact information for your professional advisors
- ☐ The nature of any premade funeral arrangements

Reflective Questions

Use this section to reflect on the experiences that have shaped you and the legacy you wish to leave.

Reflective Questions

Thinking Back

1. What major events affected your view of life?

2. Who has been the biggest influence on your life? How have you influenced others during your lifetime?

3. What are you most grateful for personally and professionally?

4. What are the most important lessons you have learned from your loved ones, friends or colleagues?

5. How have you influenced others during your lifetime?

6. What values are most important to you? How do you follow these in your daily life?

7. What are your hopes and dreams for the future?

8. What advice do you want to leave to your loved ones?

Planning Ahead

These questions can help you think through your values and the legacy you wish to leave behind. They can be helpful if you haven't yet met with an estate planning attorney, or to make sure your will still reflects your wishes.

1. Who would you like your estate plan to benefit? Are there charitable organizations that you would like to support?
-

2. How and to whom do you want your assets to be distributed?
-

3. If you and your spouse/partner die before your children are old enough to manage their own assets, who do you nominate to manage these assets for them? Who should be their guardian while they are minors?
-

4. How do you want your investments managed after your lifetime? Should your spouse/partner manage them? If not, from whom should your spouse/partner seek help? Have you thought about trusts? If you are not survived by a spouse/partner or children, do you want to benefit other relatives?
-

In Case of Emergency

*Use this section to record vital
information that will be important to
your loved ones in your absence.*

About You

Full name (Please print above.)

Location of birth certificate

Other/former name

Location of adoption documents

County/state of residence

Driver's license number and state

Social Security number

Military service

Birth date and location

Location of military documents

Your Employer

Are you retired? ☐ Yes ☐ No

Company name

Position

Supervisor and phone

Start date (and end date, if applicable)

Employee benefits, e.g., health insurance, group life insurance, etc.

Employee benefits (continued)

Company name

Position

Supervisor and phone

Start date (and end date, if applicable)

Employee benefits, e.g., health insurance, group life insurance, etc.

Employee benefits (continued)

Religion

Your religious or spiritual affiliation

Address

Church

City / State / ZIP

Notes

Education

School name

Degree program

City / State

Year graduated

Favorite memories

School name

Degree program

City / State

Year graduated

Favorite memories

School name

Degree program

City / State

Year graduated

Favorite memories

Volunteer Activities

Organization name

Volunteer role

City / State

Years served

Notes

Organization name

Volunteer role

City / State

Years served

Notes

Organization name

Volunteer role

City / State

Years served

Notes

Hobbies

Activity

Activity

Activity

Activity

Activity

Activity

Family

Your Spouse or Partner

Full name (Please print above.)

Military service

Other/former name

Location of military documents

Social Security number

Date of marriage/location of certificate

Birth date and location

Prenuptial agreement/location of document

Location of birth certificate

Date of death/divorce/annulment/legal separation

Driver's license number and state

Location of documents

Any Prior Marriages

Full name

Date of death/divorce/annulment/legal separation

Date of marriage/location of certificate

Location of documents

Prenuptial agreement/location of document

Full name

Date of death/divorce/annulment/legal separation

Date of marriage/location of certificate

Location of documents

Prenuptial agreement/location of document

Your Children

If your children are minors, it's important to appoint a legal guardian in your will.

Child's full name

Birth date and location

Address

Location of birth certificate / adoption documents

City / State / ZIP

Social Security number

Phone number

Email address

Child's full name

Birth date and location

Address

Location of birth certificate / adoption documents

City / State / ZIP

Social Security number

Phone number

Email address

Child's full name

Birth date and location

Address

Location of birth certificate / adoption documents

City / State / ZIP

Social Security number

Phone number

Email address

Child's full name

Birth date and location

Address

Location of birth certificate / adoption documents

City / State / ZIP

Social Security number

Phone number

Email address

Your parents

Mother's full name

Birth date and location

Any prior names

Location of birth certificate

Address

Social Security number

City / State / ZIP

Date of death / resting place

Phone number

Location of death certificate

Email address

Father's full name

Birth date and location

Any prior names

Location of birth certificate

Address

Social Security number

City / State / ZIP

Date of death / resting place

Phone number

Location of death certificate

Email address

Other loved ones

Full name (Please print above.)

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Full name

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Full name

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Full name

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Full name

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Full name

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Full name

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Pets

Veterinarian

Primary vet (Please print above.)

Emergency vet

Address

Address

City / State / ZIP

City / State / ZIP

Phone

Phone

Pets

Pet's name

Physical description

Type of Animal / Breed

Microchip / License no.

Feeding and care instructions

Medications

Pet's name

Physical description

Type of Animal / Breed

Microchip / License no.

Feeding and care instructions

Medications

Pet's name

Physical description

Type of Animal / Breed

Microchip / License no.

Feeding and care instructions

Medications

Pet's name

Physical description

Type of Animal / Breed

Microchip / License no.

Feeding and care instructions

Medications

Pet Caretaker

Have you named a caretaker for your pet(s) in your will? ☐ Yes ☐ No

Have you created a pet trust? ☐ Yes ☐ No

Pet caretaker's name

Pets they will care for

Address

Phone number

City / State / ZIP

Email address

Pet caretaker's name

Pets they will care for

Address

Phone number

City / State / ZIP

Email address

Health Information

Medical notes (Please print above; include major surgeries and dates, diagnoses, etc.)

Allergies

Prescriptions

Pharmacy name

Address

Phone

City / State

Primary care provider's name

Clinic name

Address

Phone

City / State

Specialist's name

Clinic name

Area of specialty

Address

Phone

City / State

Specialist's name

Clinic name

Area of specialty

Address

Phone

City / State

Specialist's name

Clinic name

Area of specialty

Address

Phone

City / State

Specialist's name

Clinic name

Area of specialty

Address

Phone

City / State

Specialist's name

Clinic name

Area of specialty

Address

Phone

City / State

Specialist's name

Clinic name

Area of specialty

Address

Phone

City / State

Dentist's name

Clinic name

Address

Phone

City / State

Optometrist's name

Clinic name

Address

Phone

City / State

Insurance Coverage

Health Insurance Information

Enter details on your health insurance coverage, including any specialty plans you may have, such as cancer insurance.

Health insurance company

Medical plan

Policyholder

Group name / number

Policy number

Phone

Supplemental health insurance company

Medical plan

Policyholder

Group name / number

Policy number

Phone

Dental insurance company

Dental plan

Policyholder

Group name / number

Policy number

Phone

Vision insurance company

Vision plan

Policyholder

Group name / number

Policy number

Phone

Additional insurance company

Plan

Policyholder

Group name / number

Policy number

Phone

Additional insurance company

Plan

Policyholder

Group name / number

Policy number

Phone

Long-Term Care Insurance

Do you have a long-term care insurance policy? ☐ Yes ☐ No

Insurance company

Policy number

Phone number

Coverage details

Home Insurance

Insurance company

Policy number

Paid with escrow? ☐ Y ☐ N

Phone number

Coverage details

Insurance company

Policy number

Paid with escrow? ☐ Y ☐ N

Phone number

Coverage details

Auto Insurance

Insurance company

Policy number

Phone number

Coverage details

Insurance company

Policy number

Phone number

Coverage details

Life Insurance

Name of insured person

Insurance company name

Employer name (if policy is an employee benefit)

Insurance company phone number

Policy number

Primary beneficiary

Coverage amount Type: ☐ Whole ☐ Term

Contingent beneficiary

Name of insured person

Insurance company name

Employer name (if policy is an employee benefit)

Insurance company phone number

Policy number

Primary beneficiary

Coverage amount Type: ☐ Whole ☐ Term

Contingent beneficiary

Name of insured person

Insurance company name

Employer name (if policy is an employee benefit)

Insurance company phone number

Policy number

Primary beneficiary

Coverage amount Type: ☐ Whole ☐ Term

Contingent beneficiary

Name of insured person

Insurance company name

Employer name (if policy is an employee benefit)

Insurance company phone number

Policy number

Primary beneficiary

Coverage amount Type: ☐ Whole ☐ Term

Contingent beneficiary

Name of insured person

Insurance company name

Employer name (if policy is an employee benefit)

Insurance company phone number

Policy number

Primary beneficiary

Coverage amount Type: ☐ Whole ☐ Term

Contingent beneficiary

Name of insured person

Insurance company name

Employer name (if policy is an employee benefit)

Insurance company phone number

Policy number

Primary beneficiary

Coverage amount Type: ☐ Whole ☐ Term

Contingent beneficiary

Other Insurance Policies (Pet, boat, etc.)

Insurance company

Type of policy

Phone number

Policy number

Coverage details

Insurance company

Type of policy

Phone number

Policy number

Coverage details

Insurance company

Type of policy

Phone number

Policy number

Coverage details

Insurance company

Type of policy

Phone number

Policy number

Coverage details

Bank Accounts

Account ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes (Note any joint account holders or payable-on-death (POD) beneficiaries)

Account ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

Account ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

Account ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

Account ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

Account ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

Retirement Plans

Pensions

Employer name

Benefits

Contact name

Phone

Employer name

Benefits

Contact name

Phone

Employer name

Benefits

Contact name

Phone

Retirement Savings

Investment company

Description of retirement plan (401(k), IRA, etc.)

Employer name, if employee benefit

Investment website, if access account online

Investment company phone

Website username

Account number

Website password / PIN

Investment company	Description of retirement plan (401(k), IRA, etc.)
Employer name, if employee benefit	Investment website, if access account online
Investment company phone	Website username
Account number	Website password / PIN
Investment company	Description of retirement plan (401(k), IRA, etc.)
Employer name, if employee benefit	Investment website, if access account online
Investment company phone	Website username
Account number	Website password / PIN
Investment company	Description of retirement plan (401(k), IRA, etc.)
Employer name, if employee benefit	Investment website, if access account online
Investment company phone	Website username
Account number	Website password / PIN

Other Assets

Annuities

Do you have any annuities? ☐ Yes ☐ No

Annuity company

Contract or policy number

Phone number

Annuity details

Annuity company

Contract or policy number

Phone number

Annuity details

Annuity company

Contract or policy number

Phone number

Annuity details

Investments

Do you have non-retirement investments? ☐ Yes ☐ No

Investment company

Description of investments

Broker name, if applicable

Brokerage website, if access account online

Phone

Website username

Account number

Website password / PIN

Investment company

Description of investments

Broker name, if applicable

Brokerage website, if access account online

Phone

Website username

Account number

Website password / PIN

Investment company

Description of investments

Broker name, if applicable

Brokerage website, if access account online

Phone

Website username

Account number

Website password / PIN

Real Estate

Do you own any property? ☐ Yes ☐ No
Type of ownership: ☐ Individual ☐ Joint

Property address (Please print above.)

Purchase price and date

City / State / ZIP

Estimated current value

Location of deed

Property tax ID Paid with escrow? ☐ Y ☐ N

Mortgage company

Property tax classification

Improvements

Property address (Please print above.)

Type of property (e.g., second home, investment)

City / State / ZIP

If rental, location of current rental contract

Location of deed

Estimated current value

Mortgage company

Property tax ID Paid with escrow? ☐ Y ☐ N

Purchase price and date

Property tax classification

Improvements

Property address (Please print above.)

Type of property (e.g., second home, investment)

City / State / ZIP

If rental, location of current rental contract

Location of deed

Estimated current value

Mortgage company

Property tax ID Paid with escrow? ☐ Y ☐ N

Purchase price and date

Property tax classification

Improvements

Inventory of Assets and Liabilities

Document the current market value for every major item you own and the face value of any life insurance. Don't strive for exact amounts; rounded numbers are fine.

	Owned by you alone	Owned by your spouse/partner	Owned jointly (or in community)
Assets			
Residence	\$	\$	\$
Other real estate			
Bank accounts, certificates of deposit, money market funds			
Stocks, bonds, mutual funds			
Closely held business interests			
Partnership ventures			
Notes, mortgages owed to you			
Retirement funds			N/A
Life insurance face value			
Furniture, jewelry, collections, etc.			
Automobiles, boats, etc.			
Annuities, revocable trusts			
Other assets			
Total assets	\$	\$	\$
Liabilities			
Mortgages	\$	\$	\$
Loans, installment debts			
Current bills			
Taxes owed			
All other liabilities			
Total liabilities	\$	\$	\$
NET ESTATE (subtract total liabilities from total assets)	\$	\$	\$

Bill Tracker

Record your monthly bills here so family members know what to pay and when.

Biller name

Website (if pay online)

Account number

Website username

Monthly due date Auto-pay: ☐ Yes ☐ No

Website password

Pay from account

Phone

Biller name

Website

Account number

Website username

Monthly due date Auto-pay: ☐ Yes ☐ No

Website password

Pay from account

Phone

Biller name

Website

Account number

Website username

Monthly due date Auto-pay: ☐ Yes ☐ No

Website password

Pay from account

Phone

Biller name

Website

Account number

Website username

Monthly due date Auto-pay: ☐ Yes ☐ No

Website password

Pay from account

Phone

Biller name

Website

Account number

Website username

Monthly due date Auto-pay: ☐ Yes ☐ No

Website password

Pay from account

Phone

Biller name

Website

Account number

Website username

Monthly due date Auto-pay: ☐ Yes ☐ No

Website password

Pay from account

Phone

Credit Cards and Loans

Credit Cards

Credit card company

Website username

Account number

Website password

Website

Phone

Credit card company

Website username

Account number

Website password

Website

Phone

Credit card company

Website username

Account number

Website password

Website

Phone

Credit card company

Website username

Account number

Website password

Website

Phone

Loans

Loan company

Online banking website

Account number

Website username

Type of loan

Website password / PIN

Phone

Notes

Loan company

Online banking website

Account number

Website username

Type of loan

Website password / PIN

Phone

Notes

Loan company

Online banking website

Account number

Website username

Type of loan

Website password / PIN

Phone

Notes

Passwords

Cell phone: Number (Please print above.)

Password

Computer: Login

Password

Email accounts: Login

Password

Email account: Login

Password

Social media accounts: Login

Password

Social media accounts: Login

Password

Entertainment accounts: Login

Password

Entertainment accounts: Login

Password

Other product / Service / Account name

Password

Other product / Service / Account name

Password

Other product / Service / Account name

Password

Other product / Service / Account name

Password

Other product / Service / Account name

Password

Other product / Service / Account name

Password

Considering Your Legacy

Use this section to ensure your estate plan is in order and plan the legacy you wish to leave.

A Successful Estate Plan

Proper estate planning not only ensures financial stability *during* your lifetime, but also allows you to choose how your assets will be distributed *after* your lifetime. Here are six elements to consider for a successful estate plan.

- ☐ **A will.** A will is the cornerstone of an estate plan, and every person needs one. An up-to-date will can ensure that your estate will be distributed the way you intend, providing financial security to your dependents and support for charitable organizations that are important to you.

- ☐ **A living trust.** If you establish and fund a trust during your lifetime, your estate may avoid probate. In some cases, probate can be a time-consuming and expensive process.

Should you become incapacitated and no longer able to make your own decisions, a living trust appoints a trustee you choose to handle your affairs for you. And if you provide care for another individual, perhaps a disabled loved one, a trust can be established to appoint a guardian to care for the individual and take care of his or her financial needs.

- ☐ **Financial power of attorney.** A durable power of attorney allows someone to conduct financial matters on your behalf while you are living. This document remains in effect even if you become incapacitated or disabled. The power ends, however, at your passing.
- ☐ **Health care power of attorney.** A recommended companion document is the health care power of attorney. This allows you to appoint someone to make medical decisions on your behalf should you become unable to do so.
- ☐ **Life insurance coverage.** A general rule is to have life insurance coverage that equals five times your annual salary. Depending on your individual circumstances, your need for life insurance may be more—or less—significant.
- ☐ **Charitable gifts.** There are many different types of charitable legacy gifts and each offers unique advantages. Some gifts are revocable—a gift in your will or living trust, for example—so you can change your mind at any time. Or, they can be irrevocable, so that you benefit from an income tax charitable deduction when you itemize. The key feature of charitable gifts is that they provide important benefits to you as well as to organizations that are meaningful to you.

Estate Planning Team

Will Planning Attorney

Will planning attorney's name

Company name

Address

Phone

City / State / ZIP

Email

CPA/Tax Professional

Tax professional's name

Company name

Address

Phone

City / State / ZIP

Email

Financial Advisor

Financial advisor's name

Company name

Address

Phone

City / State / ZIP

Email

Insurance Professional

Insurance professional's name

Company name

Address

Phone

City / State / ZIP

Email

Trust Officer

Trust officer's name

Company name

Address

Phone

City / State / ZIP

Email

Charitable Gift Planning Officer

Gift planning officer's name

Charitable organization

Address

Phone

City / State / ZIP

Email

Gift planning officer's name

Charitable organization

Address

Phone

City / State / ZIP

Email

Documents

Tax Documents (You can responsibly dispose of tax documents after seven years.)

Location of tax documents (Please print above.)

Prepared by (name, title, contact information)

Will and Trust

Do you have a will? ☐ Yes ☐ No

Are you the creator or beneficiary of any trusts? ☐ Yes ☐ No

Document title

Location of copies

Date prepared

Executor, trustee or personal representative

Prepared by (name, title, contact information)

Alternate executor, trustee or personal representative

Location of document

Additional notes

Document title

Location of copies

Date prepared

Executor, trustee or personal representative

Prepared by (name, title, contact information)

Alternate executor, trustee or personal representative

Location of document

Additional notes

Health Care Directives

Do you have a living will/advanced health care directive? ☐ Yes ☐ No

Do you have a health care power of attorney for someone to act on your behalf? ☐ Yes ☐ No

Name of person appointed to act on your behalf

Names of alternates to act on your behalf

Power of Attorney

Have you signed a financial durable power of attorney for someone to act on your behalf?

☐ Yes ☐ No

Effective date of power holder to act: ☐ Immediately ☐ Upon your incapacity ☐ Other

Document title (Please print above.)

Names of alternates to act on your behalf

Date prepared

Location of document

Prepared by (name, title, contact information)

Location of copies

Name of person appointed to act on your behalf

Additional notes

Your Secure Locations

Safe deposit box number

Bank address

Key location

City / State / ZIP

Bank name

Additional Asset Considerations

Assets Not Covered in Your Will

Some components of your estate plan are distributed by means other than your will and may require additional strategies. Be sure to review your plans for these three categories:

- ☐ **Title arrangements.** These can supersede the terms of your will. For example, you may hold bank accounts, securities or your home in a form of joint tenancy with someone else, which entitles the survivor to full ownership of that asset.
- ☐ **Retirement plans.** After your lifetime, retirement plan assets will be paid to the beneficiaries you have designated in the plan.
- ☐ **Life insurance.** Proceeds are payable to the beneficiaries you have named in your policies.

Making Changes to Your Beneficiaries

Here are quick steps for updating your beneficiary designations:

- ☐ Contact your retirement plan administrator or life insurance company, or visit their website, for a simple change-of-beneficiary form.
- ☐ Decide what percentage (1 to 100) you would like your beneficiary to receive.
- ☐ Name your beneficiary and the gift percentage on the form.
- ☐ Return the properly executed form to your plan administrator. You should also keep a copy for your records.
- ☐ Notify your beneficiaries of your decision.

TIP: When a distribution is made from a retirement plan account, the recipient must generally include it as taxable income. When you leave your retirement assets to charity, 100% of the funds go to charity—no taxes are taken out. For this reason, many people give other assets that are not as heavily taxed, such as real estate or life insurance, to family members while making their favorite charities a beneficiary of their retirement plans.

Important Possessions

Items of Sentimental or Financial Value

Note any items of particular sentimental or financial value here. To make sure important personal property goes to the person or charity you intend, be sure to itemize it in your will.

Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions

Final Arrangements

Funeral Preferences

Type of preparation ☐ Cremation ☐ Burial ☐ Donation of body

Funeral home preference

Casket bearer 1

Location of memorial service

Casket bearer 2

Type of service (religious, secular, etc.)

Casket bearer 3

Cemetery preference

Casket bearer 4

Casket and vault preference

Casket bearer 5

Preferred eulogist(s)

Casket bearer 6

Music Preferences

Song/Hymn 1

Song/Hymn 3

Song/Hymn 2

Song/Hymn 4

Soloist name(s)

Musician name(s)

Favorite Scriptures/Readings

Reading 1

Reading 3

Reading 2

Reading 4

Other Preferences

Favorite flowers

Headstone preference

Memorial ideas

Burial clothing preference

Any other preferences

Obituary (Things you want included and newspapers where you want it published)