



**Current Residence**

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Street		Apt. #
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City/Town	State	Zip
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**Mailing address** (if different from previous):

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Street or PO Box		Apt. #
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City/Town	State	Zip
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Name and Address of "ex": \_\_\_\_\_  
\_\_\_\_\_

**Pets**

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Name	Type of Animal
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Name	Type of Animal
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Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**Military Service**

Position: \_\_\_\_\_  
Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Military Serial Number: \_\_\_\_\_  
Military Discharge Papers: \_\_\_\_\_  
National Guard/Reserves Contact: \_\_\_\_\_  
Religious Affiliation: \_\_\_\_\_

**Education**

High school: \_\_\_\_\_ Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Organization Memberships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Some of my favorite things in life are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL DATA

### I. Bank Accounts

Checking Account: \_\_\_\_\_  
Account Number Institution

Savings Account: \_\_\_\_\_  
Account Number Institution

Retirement Account (401K): \_\_\_\_\_  
Account Number Institution

Other Accounts: \_\_\_\_\_  
Account Number Institution

Safety Deposit Box: \_\_\_\_\_

### II. Stocks and Bonds

Contact information for Stock Broker or Investment Firm: \_\_\_\_\_

\_\_\_\_\_

### III. Loans

Home Mortgage: \_\_\_\_\_  
Account Number Institution

Second Mortgage: \_\_\_\_\_  
Account Number Institution

Automobile Loan: \_\_\_\_\_  
Account Number Institution

Second Auto: \_\_\_\_\_  
Account Number Institution

Recreational Vehicle: \_\_\_\_\_  
Account Number Institution

Student Loan: \_\_\_\_\_  
Account Number Institution

**IV. Titles and Deeds**

Titles (List all vehicles for which you possess the title): \_\_\_\_\_

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Deeds (List all property for which you possess the deed): \_\_\_\_\_

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**V. Insurance Policies**

Insurance Companies (List each company and policy number and the corresponding home, automobile, or other property:

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**VI. Burial Plot**

Cemetery (list address): \_\_\_\_\_

\_\_\_\_\_ Plot Number: \_\_\_\_\_

## YOUR PERSONAL PROPERTY

### I. General Information About Wills

Before writing a will, there are seven elements that must be present:

- You must be of legal age to make a will, which in Maine is 18.
- You must be “of sound mind.”
- You must state your intent that this will is your final word regarding your property.
- You must be able to sign the will voluntarily and in a valid way.
- You should have the will written and witnessed.
- Your will should follow state standards for formal wills.
- Your will should have a statement at the end that says that this is your will, with your signature, the date, and the witness’ signature.

### II. Types of Wills

There are several types of wills. You need to identify which will best suits your situation:

- Typed, witnessed wills (highly suggested, discussed further in this Guide);
- Holographic (oral) wills: not recognized in all states;
- Handwritten, non-witnessed wills: not recognized in Maine;
- Soldier’s and seamen’s wills: available in Maine;
- Statutory wills: available in Maine.

### III. Types of Legal Services

There are several types of legal services to help you prepare your will. You need to identify which best suits you:

- Group legal service: plans available to members of certain organizations (like AARP, the military, or a union);
- Legal clinics: a low-cost alternative that is primarily done through legal assistants under a lawyer’s guidance;
- Private lawyer: suggested if you own your own business, your estate exceeds \$1 million, or if you anticipate any problems.

### IV. The Makeup of a Will

A will is made up of several clauses. These clauses are described below:

- Funeral expenses and payments of debts: Remember, your debts don’t die with you! This is where you place pertinent information regarding how your funeral expenses and other debts will be paid through your estate. This is also where you can forgive any debts someone owes you.
- Gifts of personal property: This is where you state how you would like your material possessions divided. It is easiest to leave your property to people in

broad but specific categories like “furniture.” However, if you want to leave specific items such as a Persian rug or an antique diamond ring, then this is where you would clearly state who should receive it.

- Gifts of real estate: This is where you state your division of real estate.
- Residuary clause: This is a crucial part of your will, which will cover all assets not specifically disposed of by the will. This clause distributes assets that you might not have anticipated owning.
- Testamentary trusts: This clause directs funds from your estate into a trust you had previously established. *(See Section V for more information on trusts)*
- Naming a Guardian (or Conservator): If a guardian is needed for any child of mine (under 18 years of age), then this is where you would nominate the person to serve as Guardian of that child.
- Naming an Executor (or Personal Representative): This is where you would name a person to be your Executor, who will take charge of my personal property after you die.

## V. Testamentary Trusts

A trust is for anyone who wants to make sure his or her assets are protected and managed according to his or her specific wishes.

A trust is basically a legal relationship in which one person (“trustee”) holds “property” for the benefit of another person (“beneficiary”). The “property” can be real estate, stocks, bonds, personal possessions, automobiles, etc.

A “testamentary trust” is a trust set up to take effect at your death. Now, the property doesn’t physically change hands, but legally, upon your death, the property becomes controlled by the trustee.

Trusts can be revocable or not, depending on how they are established. They can be simple or complex, depending on the wishes of the person who established the trust (“grantor”). There are different restrictions the grantor can place on the trust to ensure that the assets are spent according to the wishes of the grantor. There are many different avenues to set up trusts.

Trusts can be used for many different purposes, but the most common being trusts set-up for children of the deceased for educational purposes. There are many philosophies regarding the necessity of trusts, so this is something that you will have to decide on yourself.

Reasons for establishing a trust:

- Trusts are generally more difficult to contest than wills.
- Trust payments can be flexible, which is good in hard economic times.
- Trusts can be used to impose discipline on the beneficiary to ensure wise spending.
- Trusts can be very helpful in making major charitable gifts.

## YOUR HEALTH

### **I. Primary Care Physician**

I name the following physician or health care provider to provide my medical care, in consultation with my Agent (named in Part II).

Name of doctor or health care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

### **II. Naming an Agent**

I have assigned the following person as my agent to make health care decisions for me, in the event that I can no longer make decisions for myself.

Name: \_\_\_\_\_

Title or Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

If my first choice is not available, my second choice is listed below:

Name: \_\_\_\_\_

Title or Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

My agent can begin making decisions for me: (Choose one)

- When my primary doctor or judge decides that I am not able to make my own health care decisions.
- Right away, but this does not mean I have given up my right to make up my own decisions if I am still aware.



### III. Decisions on Living or Dying

I have made the following choices about my wishes regarding being kept alive: (Choose one)

- I choose **NOT** to be kept alive if my doctor decides any of the following:
  - I have an illness that will not get better, cannot be cured, and will result in my death quite soon; or
  - I am no longer aware (unconscious) and it is very likely that I will never be conscious again; or
  - My doctor, after talking with others involved in my healthcare, decides that the likely risks and burdens of treatment would be more than the expected benefits.
- I choose to be kept alive as long as possible within the limits of generally accepted health care standards.

Additional choices: (Choose one)

- I do **NOT** want treatment to keep me alive if my doctor decides that I can no longer recognize most people or communicate and understand due to serious disease or damage to my brain and treatment to keep me alive is not expected to cure or improve my mental condition.
- I want treatment to keep me alive that is generally given for my medical condition even if I no longer recognize most people or communicate and understand due to serious disease or damage to my brain, and the treatment will not cure or improve my mental condition.

I have checked below my choice about the tube feeding or having water and nutrition fed into my body through an IV or tube: (Choose one)

- Artificial nutrition and hydration must be given, not given, or stopped based on the choice I made about keeping me alive.
- Artificial nutrition and hydration must be given regardless of my condition and regardless of the choice I made above about keeping me alive.

I have made the following choices about pain relief: (Choose one)

- I want treatment for relief of pain or discomfort to be given at all times, even if it shortens the time until my death or makes me drowsy, unconscious, or unable to do other things.
- I do **NOT** want pain relief medications if it shortens the time until my death or makes me drowsy, unconscious, or unable to do other things.

**IV. After Death Options**

I have made the following decision regarding autopsy for diagnostic and research purposes:  
(Choose one)

- I do **NOT** agree to the performance of an autopsy.
- I agree to the performance of an autopsy.

I have made the following decision about organ donation: (Choose one)

- I do **NOT** wish to donate my organs.

I have filled out an organ donor card and:

- I wish to donate my organs, tissues, or parts for transplant or therapy for another person, to be chosen based on generally accepted health care standards
  - I give any needed organs, tissues, or parts, OR
  - I give the following organs, tissues, or parts only:  
\_\_\_\_\_

- I wish to donate all my organs, tissues, or parts for research and education.
  - I give any needed organs, tissues, or parts, OR
  - I give the following organs, tissues, or parts only:  
\_\_\_\_\_

My preference for organ donation is to give my organs to the following hospital, medical school, or doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_

**POSTMORTEM**

**I. People to Notify**

Personal Physician: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Medical Examiner: \_\_\_\_\_

Family and Friends: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address book is located: \_\_\_\_\_

Call 911 if death was expected:  Yes  No

Person(s) responsible for ensuring postmortem wishes are carried out: \_\_\_\_\_

\_\_\_\_\_

Person or group to care for my body and its disposition:

- Funeral home \_\_\_\_\_ Phone: (     ) \_\_\_\_\_
- Family member \_\_\_\_\_ Phone: (     ) \_\_\_\_\_
- Friend \_\_\_\_\_ Phone: (     ) \_\_\_\_\_
- Funeral Committee \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**II. Burial Options**

I prefer:                    Burial    Cremation    Burial at sea

Embalming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Memorial service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Viewing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graveside service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Funeral service	<input type="checkbox"/> Yes <input type="checkbox"/> No

Preferred body burial container:

- |  |  |
|--|--|
| <input type="checkbox"/> Pine casket   | <input type="checkbox"/> Cardboard casket    |
| <input type="checkbox"/> Willow casket | <input type="checkbox"/> Papier Mache casket |
| <input type="checkbox"/> Metal casket  | <input type="checkbox"/> Fiberglass casket   |
| <input type="checkbox"/> Other casket  | <input type="checkbox"/> Shroud              |

Burial location: \_\_\_\_\_

Purchased plot:            Yes No            Prearrangements:    Yes No

Cremate body at: \_\_\_\_\_

Advance cremation authorization:            Yes No

Disposition of cremains:

- Scatter (where)\_\_\_\_\_
- Burial (where)\_\_\_\_\_

Urn preference:

- I own one, located: \_\_\_\_\_
- Buy one of:  
          Wood    Metal    Glass    Ceramic    Fancy    Simple
- Make one of:  
          Wood    Metal    Glass    Ceramic    Fancy    Simple

Eligible for veterans marker:            Yes No

I have a marker at: \_\_\_\_\_

Inscription should read: \_\_\_\_\_

Other marker preference:

- Tree    Plant    Statue    Bench    Birdbath    Natural stone    Other

My family knows and approves of these wishes:            Yes No

## MEMORIAL SERVICES

Here is some basic information about the most common types of memorial services.

- **Viewing** This is an opportunity for family and friends to view your body or to sit with you after you've died. A viewing is commonly held in a small room of a funeral home or mortuary, but you are free to choose another place -- for example, your home, a community hall, or a church.
- **Wake** Traditionally, a wake is a gathering to celebrate and remember the life of the person who has died. Often characterized by both sadness and gaiety, this gathering can be an important part of the grieving process, allowing family and friends the opportunity to come together and comfort each other. A wake is often held at a family home or a mortuary that offers wake services.
- **Funeral** A funeral is a traditional memorial ceremony, usually held in a funeral home or a church. The body is often present, in either an open or closed casket. Beyond that, there are no absolutes or requirements about what constitutes a funeral. If the deceased person was religious, the funeral often includes a brief mass, blessing, or prayer service. Veterans may choose a military funeral, and members of many organizations (such as fraternal or 12-step groups) can choose a service that reflects the values of the organization.
- **Memorial ceremony** A memorial ceremony is a less formal ceremony held to remember the life of someone who has died. It often takes place some time after the burial or cremation, so the body is not usually present. Memorial ceremonies may be held anywhere -- for example, a mortuary, religious building, home, outdoors, or even a favorite restaurant.

Memorial ceremonies are more often the choice of those who wish to have an economic, simple after-death commemoration. While funeral directors, grief counselors, or clergy members may be involved in memorial ceremonies, they are not necessarily the people to consult for objective advice. Many will advocate that traditional funerals -- often more costly and less-personalized -- are most effective in helping survivors through the mourning process. The truth is that most survivors take the greatest comfort from a ceremony that reflects the wishes and personality of the deceased person.



I would like this person(s) to facilitate the service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like this person(s) to speak at the service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like the following items to be read at the service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like the following items to be available at the service (food/decorations/etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like my body to be present at the service.     Yes             No

If YES, I would like it displayed in: \_\_\_\_\_

If NO, I would like this to be in its place: \_\_\_\_\_

If my body is displayed in its original form, I would like to be wearing: \_\_\_\_\_

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Choose one:

- I would like gifts sent to my family in the form of:  
Choose one:    Flowers    Donations    Other \_\_\_\_\_

I would like gifts sent to: \_\_\_\_\_

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- In lieu of gifts to my family, I would like donations sent to this organization:

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- I would like **NO** gifts of any kind.



**OBITUARY WORKSHEET**

Full Name \_\_\_\_\_

Announcement

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Biographical Information

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Schedule Ceremonies and/or Gathering of Remembrance

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Survivor Information

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Listing of Newspapers for Placement

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## **FINAL FAREWELL**

When we experience loss we often regret not having expressed something to our loved ones. This concluding section is simply an encouragement for you to write letters to your loved ones that can be shared after you have passed on. This is our final gift to all those in our life that have made it what it is. We strongly encourage you to review this notebook each year, adding letters to it or replacing ones that no longer accurately express what you wish to say.

This section needn't be limited to just letter writing. Feel free to be creative, placing photos, newspaper clips, poems, cartoons; whatever you wish to share as a final statement and/or goodbye. This notebook can be a strong piece of history that is passed on for generations. Let it be infused with your personality, a statement of your life and all that you wish for people to remember. Let it be a gift to your progeny. Fill it with your memories.

This section is also an opportunity to express things other than gratitude. It may be a place where, for the first time in your life, you are able to say what you have always wanted to say without filters. You have done a lot of work in life and in preparation for your own passing. This is the place to complete that work with strength and conviction.