

Final Wishes Planning Guide



A personal guide

Compliments of:
AMERICO

Americo Financial Life and Annuity Insurance Company





TO MY FAMILY AND FRIENDS

I am aware of the emotional upset one may experience at a time such as this. So that I may spare you any additional unrest, I have prepared this booklet to help you with the planning and decision-making that must be done.

Within these pages I have outlined my final wishes. I have specified the arrangements that should be made and provided a list of those who should be informed of my passing.

I have also provided a detailed list of all legal and financial information that will be needed when settling my estate. I hope this somewhat lessens the difficulties you may face upon my passing.

PERSONAL INFORMATION

Name

First _____

Middle _____

Last _____

Social Security Number _____

Address:

Street _____

City _____ County _____

State/ZIP _____ Phone _____

Birthplace

City _____ State _____

Date of birth _____ Country _____

Occupation _____ Date retired: _____

Employer _____

Marital Status Married Single Divorced Widowed

Spouse's Name _____

Father's Name _____

Birthplace _____

Mother's Name _____

Birthplace _____

If you are a Veteran, please complete this information:

Service Number _____ Name of War _____

Branch _____ Rank _____

Date Enlisted _____ Date Discharged _____

Location of original discharge papers _____

FUNERAL REQUESTS

Funeral Director

Name: _____

Address _____

Phone _____

I want my funeral to be Public Private

Funeral Home

Name _____

Address _____

Phone _____

Church

Name _____

Address _____

Phone _____

Clergyman

Name _____

Address _____

Phone _____

Participating Organizations (i.e., military or other)

FUNERAL REQUESTS (CONT.)

Pallbearers

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Special Service Requests

Favorite Hymns/Songs

Clothing to be worn _____

Flowers or Arrangements _____

Donations can be made to the following organizations

FUNERAL REQUESTS (CONT.)

I expect expenses for a casket and Mortuary Service to total approximately \$ _____ and to consist of a:

- I would prefer:** Earth Burial Cremation/Inurnment
 Mausoleum/Entombment
 Plot already purchased
 Other _____

Type of casket:

- Cloth Covered Casket (moderate cost)
 Metal Casket (average selection)
 Metal Sealer Casket (finest protection)

Mortuary Service usually includes:

- Charges of first call at hospital or home
- Preservation and preparation
- Use of funeral coach/director
- Automobile for family and pallbearers
- Use of mortuary chapel for service and music

Cemetery

Name _____

Address _____

Phone _____

Flag: Folded Draped No flag

Presented to: _____



ANNOUNCEMENTS

The following Publications/Newspapers should be notified

Information to be contained 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

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

Education highlights _____

Date of Marriage _____

Religious, charitable, social, fraternal or lodge affiliations or special achievements you wish to mention

FAMILY INFORMATION

Father

Full Name _____

Address _____

Phone _____

Mother

Full Name _____

Address _____

If different
from above _____

Phone _____

Father-In-Law

Full Name _____

Address _____

Phone _____

Mother-In-Law

Full Name _____

Address _____

If different
from above _____

Phone _____



FAMILY INFORMATION

List children's names (If married, list spouse's name and grandchildren's names)

Name _____
Address _____

Phone _____
Grandchildren _____

Name _____
Address _____

Phone _____
Grandchildren _____

Name _____
Address _____

Phone _____
Grandchildren _____

Name _____
Address _____

Phone _____
Grandchildren _____

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 _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

NOTIFICATION (CONT.)

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 _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

LEGAL DOCUMENTS

(LOCATION OF PAPERS AND DOCUMENTS)

Name of Estate Executor _____

Last Will and Testament _____

Birth Certificate _____

Marriage Certificate _____

Stock Certificates _____

Bond Certificates _____

Military Records _____

Passport _____

Trust Fund Information _____

Insurance Documents _____

Automobile Insurance Documents _____

Home Owners Insurance Documents _____

Mortgage Papers _____

Deed to House _____

Car Title or loans _____

Citizenship Papers (if applicable) _____

Income Tax Information _____

Passwords/PIN Numbers _____

Safe Deposit Box Location(s) and Persons with access to it

FINANCIAL INFORMATION

(RECORD OF CHECKING/SAVINGS ACCOUNTS)

Checking Accounts

Institution: _____

Account Number _____

Address _____

Institution: _____

Account Number _____

Address _____

Savings Accounts

Institution: _____

Account Number _____

Address _____

Institution: _____

Account Number _____

Address _____



FINANCIAL INFORMATION

(RECORD OF CREDIT CARD/IRA ACCOUNTS)

IRA, CDs, 401(k), or Additional Investments

Institution: _____
Account Number _____
Address _____

Institution: _____
Account Number _____
Address _____

Institution: _____
Account Number _____
Address _____

Institution: _____
Account Number _____
Address _____

Credit Cards

Institution: _____
Account Number _____

Institution: _____
Account Number _____

Institution: _____
Account Number _____

LEGAL

(RECORD OF LIFE/HEALTH AND ACCIDENTAL INSURANCE POLICIES)

Life, Health, and Accidental Insurance Policies

Institution _____

Policy Number _____

Agent _____

Beneficiary _____

Institution _____

Policy Number _____

Agent _____

Beneficiary _____

Institution _____

Policy Number _____

Agent _____

Beneficiary _____

Institution _____

Policy Number _____

Agent _____

Beneficiary _____

Record of other important documents

Document _____

Location _____

Document _____

Location _____

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