

# MAKING THINGS EASY FOR MY HEIRS

## Information they will need

### First Things to Do When Death Is Imminent

Notify the Church and the immediate family.

**Church:**

**All Souls' Episcopal Church** 1475 Catalina Blvd. S.D. 92107  
(619) 223 6394

**The Rev. Joseph Dirbas** church: (619) 223 6394  
cell: (619) 840 9880

**Family:** Call the closest friends and family members:

Name	House Phone	Cell Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## After My Death

Notify the following:

Rector: arrange a meeting

Check with the church office to see if the deceased has a "Statement of Intent for Last Rites" on file and/or Columbarium Contract.

Extended Family and Close Friends

### Family, church and close friends

Name	House Phone	Cell Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employer:** \_\_\_\_\_ phone: \_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_ phone: \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_ phone: \_\_\_\_\_

*Note: notify funeral home only after loved ones who may want to see deceased have been contacted and have arrived.*

*If interment is to be in All Souls' Columbarium, get an urn from the church for the mortuary (our expense)*

\_\_\_\_ Request several copies of the death certificate from the funeral director. These are initially available through the mortuary. Additional copies can be obtained through the County Recorder at 619 237 0502. (Often times, the death certificate can be sent to institutions with a SASE for return so you don't need to purchase more than necessary.)

## Arrangements for the Funeral or Memorial Service

*Many of the following details for the Funeral Service can be determined ahead of time and left on file at the church.*

\_\_\_ See if the church has information on file re: last wishes.

\_\_\_ Talk to the Rector at church re: date, time, and details of the service

### Insurance Policies for Burial/Funeral

Policy \_\_\_\_\_ Contact/Phone: \_\_\_\_\_

### Desires for Internment:

Burial: \_\_\_\_\_ Cremation: \_\_\_\_\_

Cemetery or Other (note if plots are purchased & location of documents)

\_\_\_\_\_

Memorial Stone or Plaque \_\_\_\_\_

Other Charities or Memorials \_\_\_\_\_

\_\_\_\_\_

### Funeral Service:

Place \_\_\_\_\_ Contact \_\_\_\_\_ Speaker \_\_\_\_\_

\_\_\_ Choose whether the funeral service will be Rite I or Rite II.

\_\_\_ Choose whether or not the funeral will include Eucharist.

\_\_\_ Inform the Rector if there is to be an interment immediately following the service and, if so, where \_\_\_\_\_ .

\_\_\_ Select the Readings and decide who will do readings selected.

*(See Suggested Readings for a Funeral in the Book of Common Prayer)*

Hebrew Scripture: \_\_\_\_\_ Reader: \_\_\_\_\_

New Testament: \_\_\_\_\_ Reader: \_\_\_\_\_

Psalm: \_\_\_\_\_ Reader: \_\_\_\_\_

Gospel: \_\_\_\_\_ Reader: Clergy

\_\_\_ Select service Hymns.

Hymn: \_\_\_\_\_

Hymn: \_\_\_\_\_

Hymn: \_\_\_\_\_

Other Music: \_\_\_\_\_

*Please note: No secular music will be used during the service. Secular music is appropriate at the reception.*

Do you desire any instrumentals? \_\_\_\_\_

Do you wish for the choir to sing? \_\_\_\_\_

Please list desired anthems: \_\_\_\_\_

Discuss with Officiating Clergy whether or not personal reflections will be offered:

reflections \_\_\_\_\_

Do you have Specific ushers or pall bearers? If so, please list

\_\_\_\_\_

Any Specific Request about flowers: \_\_\_\_\_

\_\_\_ Order engraving of niche plate, if applicable

How would you like your name to appear \_\_\_\_\_

\_\_\_ Purchase Memorial book for signatures of attendees

\_\_\_ Call Caterer for reception \_\_\_\_\_ phone: \_\_\_\_\_

Reception Details: \_\_\_\_\_

Consult with the Rector and Parish Facilities Administrator if a reception at the church after the service is desired. The Pastoral Care Committee can provide a simple reception of cookies, tea and coffee, but more extensive service will require the family to provide food and beverages, hire a caterer, or make arrangements for someone from the church to buy the food and drink for which they will be reimbursed by the next of kin.

The Parish Administrator has a list of caterers who are familiar with our facilities.

Non-members will be asked to pay for the use of the facilities.

## Others to be notified

after the date and time of the service have been determined

*Relatives and/or friends may be willing to do some of the calling.*

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_ Prepare obit, notify newspaper: \_\_\_\_\_ Phone: \_\_\_\_\_

Be sure to include date, time and place of services and if desired include the statement:

“In lieu of flowers, donations may be made to \_\_\_\_\_.”

\_\_\_ Pay church expenses, niche plate engraving, flowers

\_\_\_ Checks to:

All Souls’ Episcopal Church for church related Fees (as applicable: use of church, clergy honorarium, donation to Pastoral Needs Fund, Organist, Soloist, Other Musicians, Facilities Use, Columbarium Fees, Niche Plate)

Caterer

Others: \_\_\_\_\_

## **Additional items to Consider**

**Call My Attorney:** \_\_\_\_\_ phone: \_\_\_\_\_

to begin the process of settling my will or trust and identify beneficiaries.

**Social Security** 1-800-772-1213 (if hearing impaired: 1-800-325-0778)

7 am – 7 pm on business days.

Local office: 1940 Garnet, Pacific Beach

On-line: <http://www.socialsecurity.gov/survivorplan/survivors.htm>

\_\_\_ Set up appointment and file claim immediately to avoid any possibility of losing any benefit checks. Date \_\_\_\_\_

Social Security Benefits must be applied for within a specified time. They are not paid automatically. Most or all of the following documents will be needed in filing a claim. (Statement should be received in 6 weeks or less)

- Death Certificate
- Marriage Certificate
- Deceased's Social Security Card
- Deceased's Birth Certificate
- Birth Certificates for each surviving child under 18 years of age
- Receipted Funeral Bill
- (if Veteran – Retirement or discharge papers)

### **Veteran's Benefits**

Contact local regional office of U.S. Dept. of Veteran's Affairs (800 827 1000) for current info on benefits and claim procedures

or – Call Dept. of Veteran's Affairs at 1-202-872-1151

or – Write 810 Vermont Ave. N.W., Washington, D.C. 20420

Note: Military discharge certificate will be needed if planning a service with military honors.

**Annuities** [names and phone numbers]

\_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_ phone: \_\_\_\_\_

**Life Insurance**

Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Insurance**

Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Long-Term Care Insurance**

Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Mortgage**

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Home Owner’s Insurance**

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Auto Insurance**

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle Type & Year \_\_\_\_\_

Vehicle Type & Year \_\_\_\_\_

*Note: Contact the DMV (800) 777 0133 to transfer title for cars and other vehicles to survivor’s name.*

**Notify Lenders** (mortgage company, credit card companies, etc.) **with which I have accident or death insurance.** With insurance, the balance will be paid off free and clear.

Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Amount \_\_\_\_\_

Agent \_\_\_\_\_ Phone No. \_\_\_\_\_

Email \_\_\_\_\_



**Instructions for death claims**

\_\_\_ Call the office to which you pay premiums. They will arrange for completion of the necessary forms.

\_\_\_ A death certificate or physician's statement must be submitted.

\_\_\_ The policy should be submitted with the claim papers and a receipt given.

**\*Repeat with each lender/insurer/investment company.\***

**Notify Banks where I have accounts:**

Bank name	Account #	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Notify Accountant:** \_\_\_\_\_ phone: \_\_\_\_\_

*Note: Final State and Federal Income Tax returns must be filed.*

**Notify Investment Broker or Financial Advisor:**

Company \_\_\_\_\_ Name \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

**Others:**

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

**Medical and Dental Insurance Information**

**MEDICARE:** 1-800-633-4247

**SUPPLEMENTARY HEALTH INSURANCE**

_____	_____	_____
Insurer	Phone	Medical Record No.

**PRIMARY DOCTOR:**

_____	_____	_____
Name	Phone	Medical Record No.

**SPECIALISTS:**

_____	_____	_____
Name	Specialty	Phone

_____	_____	_____
Name	Specialty	Phone

_____	_____	_____
Name	Specialty	Phone

**PHARMACY:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

**DENTIST:** \_\_\_\_\_ Phone: \_\_\_\_\_

**OPTICAL:** \_\_\_\_\_ Phone: \_\_\_\_\_

## Credit Cards and IDs

*Self*

*Spouse*

Driver's License # \_\_\_\_\_ | \_\_\_\_\_

Other Gov't. ID \_\_\_\_\_ | \_\_\_\_\_

Credit Cards	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Bank/ATM	
_____	_____
_____	_____
_____	_____

Medical Cards \_\_\_\_\_ | \_\_\_\_\_

Library card \_\_\_\_\_ | \_\_\_\_\_

## Location of Personal Papers

Bank Books \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Credit Cards to be cancelled \_\_\_\_\_

Deed to Home \_\_\_\_\_

Degrees & Diplomas \_\_\_\_\_

Divorce Decree \_\_\_\_\_

DMV Documents \_\_\_\_\_

Last Will & Testament \_\_\_\_\_

Last Updated \_\_/\_\_/\_\_ Executor \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Trust / Estate Documents \_\_\_\_\_

Marriage Cert. \_\_\_\_\_

Military Records \_\_\_\_\_

Naturalization Papers \_\_\_\_\_

Organ Donor Info \_\_\_\_\_

Ownership Certificates \_\_\_\_\_

Soc. Sec. Card \_\_\_\_\_

Statement of Intent for Last Rites \_\_\_\_\_

Stock Certificates \_\_\_\_\_

Trust Agreement \_\_\_\_\_

Tax Returns – Fed & State for previous years \_\_\_\_\_

Tax Preparer: \_\_\_\_\_

Other Important Papers

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Post Office Box

Address of Post Office \_\_\_\_\_

Owners of P.O. Box \_\_\_\_\_

Box Number \_\_\_\_\_ Box Combination \_\_\_\_\_

Location of Box Key \_\_\_\_\_

Safe Deposit Box

Bank \_\_\_\_\_

Address \_\_\_\_\_

Bank phone # \_\_\_\_\_

Name on the box \_\_\_\_\_

Location of Box Key \_\_\_\_\_

Box Contents \_\_\_\_\_

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## Personal Information

Self

Spouse

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

\_\_\_\_\_

Residence \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_

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Birthplace \_\_\_\_\_

\_\_\_\_\_

Father's Name \_\_\_\_\_

\_\_\_\_\_

Father's Birthplace \_\_\_\_\_

\_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

\_\_\_\_\_

Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandchildren \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of residence in area \_\_\_\_\_

\_\_\_\_\_

Military Service \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Affiliations \_\_\_\_\_

\_\_\_\_\_

## **Personal History / Life Story**

*Major events, milestones, memories, etc. This will help your heirs write you obituary at a time when they are overwhelmed with other details and grieving.*

## Important Phone Numbers at a glance

Accountant \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Attorney \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Bank \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Clergy \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Employee \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Benefits

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Auto Ins. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Disability Ins. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Health Ins. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Homeowner Ins. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Life Ins. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mortgage Co. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Realtor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Stock Broker \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Tax Preparation \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Trust Officer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Other: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_