

# *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

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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

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## 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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