

SURVIVORS GUIDE: TAKE TIME TO PLAN

2018 Edition
A Publication of the
Treece Financial Group



This guide is not for my benefit.

It is for my family.

**I have completed this
because I love you.**



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Take Time Now To Plan

Each member makes a wonderful contribution to the family. But when a family member dies, how do the survivors cope?

The purpose of *Survivor's Guide: Take Time to Plan*, is to motivate you to make plans for an orderly transition. Eventually, someone will have to handle your affairs without you. Please sit down and complete the *Survivor's Guide: Take Time to Plan*. Preparation will ease the burden of your survivors.

- We recommend that you give adequate consideration to matters such as:
- What funeral arrangements would you prefer?
- What will be the state of the family's finances if you die? If your spouse/partner dies?
- Where would be the most practical place for the survivor(s) to live?
- Specifically, who could be helpful to the survivor(s) in making major decisions?
What benefits will the survivor(s) be eligible for?
- What records are needed to apply for those benefits, and where are they located?
- If you own a business, farm or other enterprise, what should be done with it, upon your death?
- What arrangements should be made for the care of dependent children in the event of simultaneous death of the parents?

Please take the time to plan now while it is just a chore, and not an additional burden later to those you leave behind. The death of a loved one is excruciating enough without the responsibilities of settling their affairs. Make the arrangements and assemble the documents that will at least make the financial and legal arrangements as simple as possible.

This publication provides a convenient place to list those arrangements and to record where valuable documents are kept. You will undoubtedly want to talk with any attorney, your life insurance agent, and other financial advisors to help assemble your affairs. You will want to make sure that both you and your spouse/partner have valid will, that your life insurance program is adequate for the financial needs of your family, and that the federal estate taxes will be held to a minimum.

Take time to record your information here now. It is a caring way to help your family through what will be one of the most trying periods of their lives.

Location of Important Papers

Last Will and Testament _____

Revocable Living Trust _____

Living Will _____

Durable Powers of Attorney _____

Limited Partnership Papers _____

Promissory Notes _____

Credit cards _____

Checkbooks _____

Bank monthly statements _____

Cancelled checks _____

CD Certificates _____

Stock & Bond Certificates _____

Annuities _____

Mutual Funds _____

Other Investments _____

Retirement Plans _____

Pension, profit sharing or other retirement or death benefits _____

Tax Records _____

Mortgage Records _____

Car Loan Records _____

Deeds to Property _____

Tome Share deeds _____

Property Tax Bills _____

Vehicle Registration _____

Location of Important Papers (continued)

Life Insurance Policies _____

Property/ Casualty Insurance Policies _____

Medical Insurance Policies _____

Medical Records _____

Marriage certificates _____

Birth certificates _____

Death certificates _____

Divorce certificates _____

Adoption papers _____

Social Security Cards _____

Driver's Licenses _____

Passports _____

Military service records, including serial number _____

V.A. claim number _____

Veteran's Discharge certificate _____

Immigration & Naturalization papers _____

Location of safes and combinations _____

Software passwords, codes _____

Other _____

Important Contacts

Financial Planner

Name: _____
Address: _____
Phone: _____
Email: _____

Executor of Will

Name: _____
Address: _____
Phone: _____
Email: _____

Certified Public Accountant (CPA)

Name: _____
Address: _____
Phone: _____
Email: _____

Banking Contact

Name: _____
Address: _____
Phone: _____
Email: _____

Attorney

Name: _____
Address: _____
Phone: _____
Email: _____

Landlord

Name: _____
Address: _____
Phone: _____
Email: _____

Doctor

Name: _____
Address: _____
Phone: _____
Email: _____

Business Associate

Name: _____
Address: _____
Phone: _____
Email: _____

Funeral Home

Name: _____
Address: _____
Phone: _____
Email: _____

Real Estate Agent

Name: _____
Address: _____
Phone: _____
Email: _____

Family Records and Information

About the Family

My name:

Place and Date of Birth:

Spouse/Partner's Name:

Place and Date of Birth:

Children (fill name, place and date of birth):

Other Family (full name, place and date of birth):

Family Records Location

Medical Records _____

Marriage Certificates _____

Other Important Family
Records _____

Digital Assets

Personal

Email address

Provider: _____ Username: _____ Password: _____

Computer login

Model: _____ Username: _____ Password: _____

Smartphone login

Model: _____ Username: _____ Password: _____

Social Media

(learn more at treecefinancialgroup.com/resource-center/estate/safeguard-your-digital-estate)

Facebook

Account Name: _____ Username: _____ Password: _____

Skype

Account Name: _____ Username: _____ Password: _____

LinkedIn

Account Name: _____ Username: _____ Password: _____

Twitter

Account Name: _____ Username: _____ Password: _____

Instagram

Account Name: _____ Username: _____ Password: _____

Financial

Online Banking, online bill paying activities

Website: _____ Username: _____ Password: _____

Online accounts (Amazon, eBay, PayPal and E*Trade, Bitcoin, etc)

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Business

Varies by types of business and extent of its computer or Internet associated activities, which may include blogs, domain names, credit card and financial data

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Wills and Safe Deposit Boxes

Wills/Trusts

I have a will/trust

I do not have a will/trust. (NOTE: if you checked this box, you have an important duty to perform now)

Original and copies of my will/trust are located at: _____

Executor's name, address, and telephone number _____

Name of Attorney, address and telephone number _____

Safe deposit boxes

I do not have a safety deposit box

It is held in my name only

It is held jointly with _____

Box number _____

Name and location of bank _____

Location(s) of keys _____

Insurance and Annuities

Life Insurance

I have the following life & Life/long-term care insurance policies:

Insurance Company	Policy #	Owner	Face Value	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*If any policies listed are survivorships (last-to-die) plans, it is also important to notify the insurer.

Other family members:

Insurance Company	Policy #	Owner	Face Value	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Government Life Insurance

I served in the (branch of service) _____ from _____
To _____ and received the following type of discharge _____

My serial number was _____

The status of my government life insurance is as follows (expired or still in force; face amount): _____

The policy is located at: _____

Insurance and Annuities (continued)

Other Government sources

- My family will be eligible for those benefits, which are checked and described below:
- Railroad Retirement
 - Civil Service
 - Active Military or veterans' service-connected death
 - Benefits because of my employment by state or local government _____
- _____
- _____
- _____

My V.A. Claim number is: _____

Records and documents needed to apply for benefits are located at _____

Membership organizations

Because of my membership in various organizations (union, trade associations, fraternal benefit society, etc.), my survivors may be eligible for certain benefits. The organizations and benefits are as follows:

Organization	Type of benefit
_____	_____
_____	_____
_____	_____
_____	_____

The papers needed to apply for the benefits are located at _____

Insurance and Annuities (continued)

Health Insurance

Our health insurance policies (hospitalization, disability income, accident, long-term care, etc.) are as follows:

Insured	Insurance Co.	Policy No.	Type of Insurance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annuities

We have the following annuities:

Insurance Co.	Policy No.	Annuitant	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property/ casualty insurance

We have the following types of insurance (homeowners, automobile, personal liability, business coverage, fire, vehicle and disability, etc.) :

Insurance Co.	Policy No.	Type of Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Policies for all insurance coverage and annuities are located _____

Benefits Available Upon My Death

Available Death Benefits, Present Employer

My employer is (name, address, telephone number) _____

My family may be eligible for the following benefits from my employer upon my death.

Check all that apply:

- Group Life Insurance
- Deferred compensation
- Group health insurance (death benefit)
- Credit union deposits
- COBRA continuation coverage
- Pension (survivor's benefits)
- Profit-sharing plan (survivor's benefits)
- Unpaid salary
- Other

If I am killed on the job, additional benefits may be payable to my family form:

- Workmen's compensation
- Accident travel insurance, common carrier insurance, tickets purchased by credit card
- Other

Past Employer(s)

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

Papers needed to apply for benefits are located at: _____

Benefits Available Upon My Spouse/Partner's Death

Available Death Benefits, Present Employer

My employer is (name, address, telephone number) _____

My family may be eligible for the following benefits from my employer upon my death.

Check all that apply:

- Group Life Insurance
- Deferred compensation
- Group health insurance (death benefit)
- Credit union deposits
- COBRA continuation coverage
- Pension (survivor's benefits)
- Profit-sharing plan (survivor's benefits)
- Unpaid salary
- Other

If I am killed on the job, additional benefits may be payable to my family form:

- Workmen's compensation
- Accident travel insurance, common carrier insurance, tickets purchased by credit card
- Other

Past Employer(s)

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

Papers needed to apply for benefits are located at: _____

Social Security

The Social Security Administration offers a variety of benefits. Call 1 -800- 772- 1213 for help in calculating the dollar amounts below, and for complete details on all Social Security Benefits.

A lump sum burial benefit of \$255 may be payable to my spouse/partner or children.

Social Security may provide my spouse/partner, ex-spouse/partner, and/or children a monthly benefit of \$_____.

My Social Security number: _____

Spouse/Partner's Social Security number: _____

Children's Social Security numbers:

To receive benefits you will need the following information:

- A certified copy of the death certificate
- The deceased's Social Security number.
- Information on the deceased's employer, and approximate earnings for the past two years, such as tax returns, or W-2's.
- Your marriage certificate
- Social Security numbers and birth certificates for you and your dependent children.

NOTE: Order at least 15 death certificates. A separate certified death certificate will be needed for each insurance policy, and each asset, (i.e., real estate, stocks, bonds, mutual funds, bank accounts, etc.) The funeral director can order them for you.

Sources of Immediate Cash/ Care of Dependent Children

Sources of Immediate Cash

During the period immediately following my death, the best sources for my family to obtain cash for immediate needs are as follows: _____

During the period immediately following my spouse/partner's death, the best sources for me to obtain cash to meet the additional expenses are as follows: _____

Care of Dependent Children

In the event my spouse/partner and I both die while our children are young, the following arrangements have been made on their behalf (give name, relationship, address, and telephone number of guardian, and describe trust arrangements, if any):

Or, my Will contains the following guardianship designation and trust arrangement:

Or, no official arrangements have been made to date, but my spouse/partner and I would hope that the following arrangements could be made:

Trust Information

Trust(s) that I Have Set Up: _____

The bank, trust company, or other fiduciary: _____

Trust officer: _____

Telephone number: _____

The trust is:

Funded

Unfunded

Trust(s) that I My Spouse/ Partner Has Set Up: _____

The bank, trust company, or other fiduciary: _____

Trust officer: _____

Telephone number: _____

The trust is:

Funded

Unfunded

Real Estate Information

Real Estate Owned

Home address: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Telephone number: _____

Location of mortgage or deed: _____

We have a second home at: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Telephone number: _____

Other real estate owned (excluding business, farm, or other enterprise):

Financial Assets

Bank Accounts (Including Savings & Loan Associations, Credit Union)

Checking, savings

Certificates of Deposit	Account #	Joint/Ind. Owner	Name & Location
-------------------------	-----------	------------------	-----------------

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

Location of passbooks, checkbooks, cancelled checks and statements _____

Stocks, Bonds, and Securities Portfolio

Stocks, bonds, securities _____

Records located _____

Mutual Fund Companies _____

Records located _____

Money Market Account(s) _____

Records located _____

Additional Financial Information

Major debts (other than first mortgages and revolving charge accounts): _____

Money owed to us: _____

Location of notes payable and receivable: _____

Other information: _____

Business, Farm or Other Enterprise Information

Name of business _____

Kind of business _____

Location _____

Percentage of ownership (%) _____

Form of business (sole proprietorship, partnership, corporation) _____

Other owners (if any): _____

Is the business subject to a buy/ sell agreement? _____

Information on any other business interests or farms owned _____

Arrangements that have been made (or should be made after my death) in continuing or disposing of each business interest _____

Location of business book, records and pertinent papers _____

Additional information _____

Person or persons who could offer sound advice in carrying on the business, or operating the farm – or in disposing of the business or farm (names, addresses and telephone numbers)

Personal Letter of Direction

Dear Family and Friends,

As you know, maintaining harmony in the family has always been a priority with me. One way to continue this objective is to be sure there are no misunderstandings as to certain personal property items that are to be distributed at my death. I know from painful firsthand experience how a devastating family dispute can develop because these issues are not addressed at the appropriate time. I have given a great deal of thought as to how this goal might be accomplished. Therefore, on the following pages you will find a list of specific items to be distributed to specific individuals.

I recognize that some of the items do not have great monetary value. However, I do know that they are of great sentimental value to me, and perhaps will be to you as well. I hope you will find as much joy in receiving these items as I have had in gifting them to you.

I apologize if any of you feels slighted because I directed an item to someone else that you thought was intended for you. Please be assured that I have done my best to be sure that everyone is treated fairly. If I fall short in that desire it is because of my own shortcomings, and is not borne out of a desire to hurt anyone's feelings.

Thank you for your love and support.

Funeral and Burial Preferences

(1st Spouse/Partner)

Body or Organs to be Donated:

- Yes (indicate specific organs NOT to be donated, if any) _____
- No (see Health care Durable Power of Attorney, or Health Care Directive)

Preferred mortuary: _____

City: _____

State: _____

Place of Service: _____

Church: _____

Mortuary Chapel: _____

Church of Denomination: _____

Person to be in Charge of Final Arrangements: _____

(see Health Care Durable Power of Attorney, or Health Care Directive)

Relationship: _____

Telephone: _____

Description of Services Desired: _____

Special readings or Music: _____

Service to be Conducted by: _____

Relationship: _____

Telephone: _____

Funeral and Burial Preferences (continued)

Internment Requests

I prefer

- Earth burial
- Cremation
- Mausoleum

Name of Cemetery:

City: _____

State: _____

() I have reserved facilities (attach deed and/or other personal paperwork)

() I have not reserved facilities

Funeral and Burial Preferences

(2nd Spouse/Partner)

Body or Organs to be Donated:

Yes (indicate specific organs NOT to be donated, if any) _____

No (see Health care Durable Power of Attorney, or Health Care Directive)

Preferred mortuary: _____

City: _____

State: _____

Place of Service: _____

Church: _____

Mortuary Chapel: _____

Church of Denomination: _____

Person to be in Charge of Final Arrangements: _____

(see Health Care Durable Power of Attorney, or Health Care Directive)

Relationship: _____

Telephone: _____

Description of Services Desired: _____

Special readings or Music: _____

Service to be Conducted by: _____

Relationship: _____

Telephone: _____

Funeral and Burial Preferences (continued)

Internment Requests

I prefer

- Earth burial
- Cremation
- Mausoleum

Name of Cemetery:

City: _____

State: _____

() I have reserved facilities (attach deed and/or other personal paperwork)

() I have not reserved facilities

Obituary Information

This biographical information will be of help in preparing and obituary news about me:

My obituary should be sent to the following newspapers: _____

This biographical information will be of help in preparing an obituary news story about my spouse/partner: _____

My spouse/partner's obituary should be sent to the following newspapers: _____

People to Notify

(1st Spouse/Partner)

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

People to Notify

(2nd Spouse/Partner)

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____