

# When a Loved One Dies



The time immediately following a family member's death is a period during which the survivors experience the grief that comes with the loss of a loved one. The difficulty of the following days and weeks can be compounded by feelings of stress and anxiety at the thought of handling all the details associated with the passing of a loved one. This guide is designed to lessen that stress and anxiety by providing the information that will be needed and the tasks that must be performed when someone dies.

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## Valued Cleints

*Provided by:*



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In order to relieve loved ones of additional stress, anxiety and expense at the time of a death in the family, consider recording as much information as possible in advance and providing copies to family members.

Using this guide, you can record the following information:

- Professional Advisors** (page 10)
- Vital Statistics** (page 11)
- Funeral Instructions** (pages 12 - 13)
- Historical Information for Obituary** (page 14)
- Persons and Organizations to Be Notified** (pages 15 - 16)
- Document Checklist** (pages 17 - 18)
- Banking and Insurance Information** (page 19)
- Distribution of Personal Items** (page 20)
- Special Requests/Instructions** (page 21)

Completion of this guide results in a lasting gift to your family, what amounts to a letter of instructions... the information your family will need concerning your personal wishes and your financial affairs.

*You may also want to write a cover letter, expressing your feelings for your family and your hopes, dreams and desires for their future.*

## At the Time of Death

- If death occurs at home**, call 911 to notify the appropriate local authorities. If the deceased was receiving hospice care, you generally contact the hospice instead of 911.
- If death occurs in a hospital or care facility**, the staff will generally notify the appropriate authorities.
- If **the deceased was an organ donor**, determine if organ donation is feasible.
- Contact the funeral home you have selected.** The funeral home will transport the body from the place of death to their facility. If death occurs out of town, notify the local funeral home you have selected, which can then make the arrangements to transport the body back to your local community.

## Soon After Death

- Notify family and friends** and, as appropriate, the deceased's employer and any religious advisors. Consider asking a relative or friend to assist you.
- Notify the deceased's attorney, accountant, financial advisor/insurance agent and executor**, as appropriate.
- Depending on the circumstances**, it may be necessary to make arrangements for the care of any minor children and pets and/or to secure the deceased's home.
- Locate any written preferences** left by the deceased in regard to final arrangements.
- Meet with the funeral director** to make funeral/memorial service plans, including the time, place and style of the service, as well as cemetery or memorial park location. Be prepared for the funeral home to request a financial deposit. Consider assigning a life insurance policy to cover the costs. Keep a record of all funeral/memorial service expenses.
- If the deceased was a veteran**, contact the local VA office in regard to a burial allowance, a government headstone or marker or, possibly, government burial.
- Provide the funeral home with information** (and a picture if desired) to be used in the obituary notice. Due to identity theft concerns, AARP recommends that you not include address or month and day of birth information in an obituary.
- Determine who will speak** at the funeral/memorial service, as well as those who will serve as pallbearers.
- Because the obituary notice contains the time and date of the service**, consider asking someone to stay at the home during the service to guard against break-ins.

## After the Service

- Do not deposit any benefit checks payable to the deceased**, such as Social Security checks, received after the date of death. Otherwise, they may need to be repaid.
- Depending on the deceased's living arrangements**, it may be necessary to stop newspaper subscriptions, alter or discontinue utility services and/or contact the post office to forward mail.
- Arrange an appointment with the attorney and/or executor** to begin the estate settlement process.

## Documents You May Need

- Certified copies of the death certificate (your funeral director will provide these; request 10 - 15 copies)
- Copy of will and any trusts
- Insurance policies
- Deeds and titles to property
- Automobile titles and registration papers
- Bank and brokerage account statements
- Safety deposit box information
- Record of employer-provided fringe benefits
- Payment information for any outstanding loans and credit card balances
- Social Security number
- Deceased's birth certificate and marriage license
- Recent income tax returns
- Business ownership documents
- If the deceased was a veteran, honorable discharge papers and/or V.A. claim number

**Probate is the Latin word for prove, which means that through the estate probate process a will is brought before a court to prove that it is a valid will.**

The courts charged with this responsibility are generally known as probate courts which, depending on where you live, may actually supervise the administration or settlement of the estate.

The probate process is governed by state statutes that are generally intended to accomplish **three primary objectives**:

1. To preserve estate assets.
2. To protect the rights of creditors in the payment of their claims before the estate is distributed to the heirs.
3. To assure that the heirs receive their inheritance in accordance with the terms of the estate owner's will.

Once the estate's personal representative (executor or administrator if the estate owner died without naming a personal representative) is approved by the probate court and posts any bond that is required, **the probate process generally proceeds as follows**:

- The personal representative must "prove up" the will -- prove that it is a valid will signed by the estate owner who was competent and not under duress or influence at the time of signing.
- Notice must be given by the personal representative to all creditors to make prompt claim for any money owned to them by the estate.
- The personal representative must prepare and file an inventory and appraisal of estate assets.
- The personal representative must manage and liquidate estate assets as appropriate to pay all debts, fees and taxes owed by the estate.
- Finally, the remaining estate must be distributed to the heirs in accordance with the estate owner's will (or the state laws of intestacy if there was no will).

Depending on the complexity of the estate, **it is not uncommon for the estate probate process to take six months to a year or more** before an estate is finally settled.

## Estate Settlement Process

The process outlined in the Estate Probate section is the responsibility of the attorney and executor, which is why a meeting between these two parties is an important early step in the estate settlement process. They are responsible for setting the estate probate process in motion by filing a petition with the probate court to admit the will to probate.

*The tasks that follow are intended as general guidelines to assist in the efficient settlement of an estate.*

- Safety deposit box:** The executor should inventory the contents of any safety deposit box and determine what contents should be removed.
- Asset inventory/valuation/management:** The executor should complete an inventory of all estate assets. This may require arranging for appraisals and/or managing certain estate assets, such as securities and real estate.
- Business interests:** The executor is responsible for managing and disposing of any business interests in accordance with the deceased's will and/or any agreements, such as a buy-sell agreement, in effect.
- Debts:** The executor reviews all debts owed by the estate and pays those that are valid from the estate. This may require liquidating appropriate estate assets.
- Life insurance:** Obtain death claim forms for all policies on the deceased's life, either from the insurance companies or the local agents. A completed death claim form generally must be accompanied by a certified copy of the death certificate and the policy. If the deceased owned any insurance policies on the lives of others, it will be necessary to change the ownership of any such life insurance policies.
- Bank accounts:** Verify the existence of all bank accounts of the deceased. If a surviving spouse had a joint bank account with the deceased, the account automatically passes to the surviving spouse. A bank representative should be contacted to change the title and signature card on the account. Any bank accounts held in the deceased's name only will have to go through probate.
- Credit cards:** Pay any balance due from the estate and cancel any credit cards in the deceased's name alone. On joint credit card accounts, change the name to the surviving spouse only.
- Social Security:** If the deceased was receiving Social Security benefits, notify Social Security of the death. A surviving spouse and/or dependent children may be eligible for Social Security survivor benefits. In addition, Social Security may provide the surviving spouse with a \$255 one-time death benefit. Contact the local Social Security office or call 800-772-1213 for a determination.



## Estate Settlement Process (continued)

- ❑ **Employer-provided benefits:** If the deceased was employed at the time of death, contact the employer to determine if the surviving spouse and/or any dependent children are entitled to receive death, survivor and/or healthcare benefits. If the deceased was retired, notify any benefit programs that were making payments to the deceased. Determine if the surviving spouse and/or dependents, if any, are entitled to any continuation of the deceased's retirement and/or healthcare benefits or to death benefits.
- ❑ **Tax returns:** The executor is responsible for filing all required state and federal income and estate tax returns and paying the taxes due. The required tax returns may include one or more of the following:
  - U.S. Estate Tax Return (Form 706)
  - State Inheritance/Death Tax Return (for state of residence and for other states if necessary because of property holdings)
  - Federal and State Income Tax Returns for the deceased and the estate
- ❑ **Fees:** The executor uses estate assets to pay attorney, appraiser, accountant, probate and executor fees and expenses.
- ❑ **Estate accounting:** The executor provides an accounting of all funds received by the estate and disbursements made from the estate.
- ❑ **Specific bequests:** The executor first distributes any specific bequests made in the deceased's will.
- ❑ **Residuary estate:** After specific bequests have been distributed, the executor distributes the residuary (remaining) estate according to the terms of the deceased's will. This may require changing the title on property, such as real estate, securities and automobiles, to the beneficiary's name. Review homeowner and automobile insurance policies to make certain inherited assets are covered.
- ❑ **Identity theft:** It's sad to say, but there are reports that theft of the identity of deceased people is increasing. To minimize the possibility of having your loved one's identity stolen, AARP recommends that you do not include details, such as the deceased's address or month and day of birth in the obituary. In addition, you should mail copies of the death certificate to all three credit reporting bureaus (Equifax, Experian and TransUnion) and to all credit issuers to cancel accounts in the deceased's name. It is also recommended that you contact your state department of motor vehicles to cancel the deceased's driver's license and prevent duplicates from being issued.
- ❑ **Other considerations:** The beneficiary of an IRA, retirement plan or annuity should explore distribution options and select the one that provides the best income tax results consistent with the beneficiary's needs. In addition, if the deceased was listed as the beneficiary on any life insurance policies or retirement accounts, it is recommended that those beneficiary designations be reviewed and changed as appropriate. A surviving spouse should also review his/her will and make needed changes.

# Professional Advisors

	Spouse 1	Spouse 2
<b>Attorney:</b>		
Firm Name:		
Street Address:		
City, State, Zip:		
Phone #:		
<b>Accountant:</b>		
Firm Name:		
Street Address:		
City, State, Zip:		
Phone #:		
<b>Life Insurance Agent:</b>		
Firm Name:		
Street Address:		
City, State, Zip:		
Phone #:		
<b>P&amp;C Insurance Agent:</b>		
Firm Name:		
Street Address:		
City, State, Zip:		
Phone #:		
<b>Stockbroker:</b>		
Firm Name:		
Street Address:		
City, State, Zip:		
Phone #:		
<b>Financial Planner:</b>		
Firm Name:		
Street Address:		
City, State, Zip:		
Phone #:		
<b>Trust Officer:</b>		
Firm Name:		
Street Address:		
City, State, Zip:		
Phone #:		

# Vital Statistics

	Spouse 1	Spouse 2
<b>Full Name:</b>		
Street Address:		
City, State, Zip:		
Phone #:		
Date of Birth:		
Place of Birth:		
Social Security Number:		
Marital Status:		
<b>Occupation (or retired from):</b>		
Employer:		
How Long Employed?:		
<b>Father's Name:</b>		
Date of Birth:		
Place of Birth:		
Date of Death (if applicable):		
<b>Mother's Maiden Name:</b>		
Date of Birth:		
Place of Birth:		
Date of Death (if applicable):		
<b>Branch of Military Service:</b>		
Service Serial Number:		
Date Entered Service:		
Where?:		
Date Separated from Service:		
Where?:		
Grade, Rank or Rating:		
Places Served:		
<b>Important Medical Information:</b> <i>(information that may be important to future generations)</i>		

# Funeral Instructions: Spouse 1

<b>Funeral Home:</b>	
Telephone Number	
Pre-Planned Arrangement?	<input type="radio"/> Yes <input type="radio"/> No
Burial or Cremation?	<input type="radio"/> Burial <input type="radio"/> Cremation
Viewing?	<input type="radio"/> Yes <input type="radio"/> No
Type of Casket/Urn	
Open or Closed Casket?	<input type="radio"/> Open <input type="radio"/> Closed
Appearance (clothing, jewelry)	
Special Requests	
<b>Funeral/ Memorial Service:</b>	<input type="radio"/> Funeral <input type="radio"/> Memorial
Where?	
Who Should Preside at the Service?	
Pallbearers	_____
	_____
	_____
Requested Hymns/Scriptures	
Special Requests	
<b>Place of Interment:</b>	
Location of Cemetery Deed or Contract	
Type of Headstone	
Epitaph	
Special Requests	
<b>Obituary Notice:</b>	<input type="radio"/> Yes <input type="radio"/> No
Donations in Lieu of Flowers?	<input type="radio"/> Yes   To: _____ <input type="radio"/> No
Special Requests	
<b>Other Instructions:</b>	

## Funeral Instructions: Spouse 2

<b>Funeral Home:</b>	
Telephone Number	
Pre-Planned Arrangement?	<input type="radio"/> Yes <input type="radio"/> No
Burial or Cremation?	<input type="radio"/> Burial <input type="radio"/> Cremation
Viewing?	<input type="radio"/> Yes <input type="radio"/> No
Type of Casket/Urn	
Open or Closed Casket?	<input type="radio"/> Open <input type="radio"/> Closed
Appearance (clothing, jewelry)	
Special Requests	
<b>Funeral/ Memorial Service:</b>	<input type="radio"/> Funeral <input type="radio"/> Memorial
Where?	
Who Should Preside at the Service?	
Pallbearers	_____
	_____
	_____
Requested Hymns/Scriptures	
Special Requests	
<b>Place of Interment:</b>	
Location of Cemetery Deed or Contract	
Type of Headstone	
Epitaph	
Special Requests	
<b>Obituary Notice:</b>	<input type="radio"/> Yes <input type="radio"/> No
Donations in Lieu of Flowers?	<input type="radio"/> Yes   To: _____ <input type="radio"/> No
Special Requests	
<b>Other Instructions:</b>	

# Historical Information for Obituary

	Spouse 1	Spouse 2
<b>Education Attained:</b>		
Where:		
Degrees Held:		
Additional Information:		
<b>Fraternity/Sorority:</b>		
When:		
Positions Held:		
Additional Information:		
<b>Honor Society:</b>		
When:		
Positions Held:		
Additional Information:		
<b>Military Service:</b>		
Years Served:		
Highest Rank Attained:		
Additional Information:		
<b>Occupational Information:</b>		
<b>Public Offices Held:</b>		
Where and When:		
Additional Information:		
<b>Civic Offices Held:</b>		
Where and When:		
Additional Information:		
<b>Special Achievements or Recognition:</b>		

# People and Organizations to Be Notified: Spouse 1

## Children

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

## People to Notify

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

## Organizations to Notify

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## People and Organizations to Be Notified: Spouse 2

### Children

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

### People to Notify

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

### Organizations to Notify

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_



## Document Checklist: Spouse 1

Document	Location
<b>Personal:</b>	
Birth Certificate	
Marriage License	
Pre- or Post-Nuptial Agreement	
Will (Executor: _____)	
Trust(s)	
Living Will/Powers of Attorney	
Mortgage Papers	
Automobile Titles/Papers	
Income Tax Returns	
Gift Tax Returns	
Employee Benefit Documents	
Passport	
Military Records	
Medical Records	
Citizenship Papers	
Warranties	
Current Bills	
Funeral/Burial Documents	
Other: _____	
<b>Business Ownership:</b>	
Partnership/Incorporation Documents	
Buy-Sell Agreement	
Section 303 Stock Redemption Agreement	
Business Valuation/Appraisal	
Business Tax Returns	
Other: _____	
<b>NOTES:</b>	

## Document Checklist: Spouse 2

Document	Location
<b>Personal:</b>	
Birth Certificate	
Marriage License	
Pre- or Post-Nuptial Agreement	
Will (Executor: _____)	
Trust(s)	
Living Will/Powers of Attorney	
Mortgage Papers	
Automobile Titles/Papers	
Income Tax Returns	
Gift Tax Returns	
Employee Benefit Documents	
Passport	
Military Records	
Medical Records	
Citizenship Papers	
Warranties	
Current Bills	
Funeral/Burial Documents	
Other: _____	
<b>Business Ownership:</b>	
Partnership/Incorporation Documents	
Buy-Sell Agreement	
Section 303 Stock Redemption Agreement	
Business Valuation/Appraisal	
Business Tax Returns	
Other: _____	
<b>NOTES:</b>	

## Banking and Insurance Information

	Spouse 1	Spouse 2
<b>Bank Accounts:</b>		
<b>Name of Bank:</b>		
Branch:		
Type and Account Number:	O Checking #: _____	O Checking #: _____
	O Savings #: _____	O Savings #: _____
<b>Name of Bank:</b>		
Branch:		
Type and Account Number:	O Checking #: _____	O Checking #: _____
	O Savings #: _____	O Savings #: _____
<b>Safety Deposit Box:</b>		
Location and Box Number:		
Key Location:		
<b>Life Insurance:</b>		
<b>Company Name:</b>		
Policy Number and Location:		
Amount of Death Benefit:		
<b>Company Name:</b>		
Policy Number and Location:		
Amount of Death Benefit:		
<b>Company Name:</b>		
Policy Number and Location:		
Amount of Death Benefit:		
<b>Company Name:</b>		
Policy Number and Location:		
Amount of Death Benefit:		
<b>Other Insurance:</b>		
<b>Company Name:</b>		
Policy Number and Location:		
Amount of Death Benefit:		
<b>Company Name:</b>		
Policy Number and Location:		
Amount of Death Benefit:		

## Distribution of Personal Items

<b>Spouse 1</b>		
<i>Item Description</i>	<i>Location</i>	<i>To Be Given To</i>

<b>Spouse 2</b>		
<i>Item Description</i>	<i>Location</i>	<i>To Be Given To</i>

## Special Requests/Instructions

*Use this final page to include any special requests or instructions to your loved ones. It's a good idea to sign and date any entries made on this page.*

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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