



*The Foundation of
Lakeview United Church of Christ*

8639 Columbia Road., Maineville, OH 45039
513/683-2073

*Instructions
For
My Family
And
Friends*

Name _____

Date _____

INSTRUCTIONS FOR MY FAMILY AND FRIENDS



Final Directions and Instructions upon the death of:

*The Foundation Of
Lakeview
United Church of Christ*

Name date

File this information where it will be found easily upon your death. It is suggested that you file this with your attorney, and notify your heirs that this form has been completed for their information.

Full Name _____ Spouse's Name _____

Address _____ Address _____

Birthdate _____ Birthdate _____

Place of Birth _____ Place of Birth _____

Baptism Date _____ Baptism Date _____

Father's Full Name _____

Father's Birthdate & Place _____ Living ___yes ___no

Mother's Full Name _____

Mother's Birthdate & Place _____ Living ___yes ___no

Names, Addresses, and phone numbers of living brothers and sisters:

1. _____

2. _____

3. _____

Name _____

Name, addresses, and phone numbers of persons to notify upon my death:

1. _____
2. _____
3. _____
4. _____
5. _____

Occupation _____ Employer _____

Social Security Number _____ - _____ - _____ Computer Password _____

Email Address _____ Email Password _____

| Additional Important Computer Sites | User Name | Password |
|-------------------------------------|-----------|----------|
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Name _____

Bank Accounts: Savings Institutions, Account Numbers & Other Income Producing Accounts:

| Name of Institution | Type of Account | Account Numbers |
|---------------------|-----------------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

Safe Deposit Box Number & Location _____

Location of Safe Deposit Box Key _____

Last Will Executed date _____ Will is located at _____

Representative's name and address _____

I have made arrangements with the (funeral home):

_____ Phone Number _____

Located at: _____

Prepaid? Yes _____ No _____

Paperwork location: _____

Name _____

Armed Forces: Date of Service _____ Branch _____

Serial Number _____

Discharge Certificate Located at _____

Lawyer's name and address _____

Investment counselor or banker's name and address _____

Insurance agent's name and address _____

Life Insurance Company _____

Type of Policy _____ Certificate number _____

Amount of policy _____ Beneficiary(s) _____

Life Insurance Company _____

Type of Policy _____ Certificate number _____

Amount of policy _____ Beneficiary(s) _____

Name _____

Life Insurance Company _____

Type of Policy _____ Certificate number _____

Amount of policy _____ Beneficiary(s) _____

Life Insurance Company _____

Type of Policy _____ Certificate number _____

Amount of policy _____ Beneficiary(s) _____

Car Insurance Company _____

Type of Policy _____ Certificate number _____

Amount of policy _____ Beneficiary(s) _____

Insurance policies are located at _____

Credit cards and charge accounts:

| Company | Account Number |
|---------|----------------|
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Credit cards and charge accounts (continued)

| Company | Account Number |
|---------|----------------|
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