

"PUTTING MY HOUSE IN ORDER"

This optional form is for your use to provide vital information to your next of kin.
Attach the completed form to YOUR copy of your Pre-Arrangement Form for use by your survivors.
Do NOT return a copy to the Memorial Society.

MY FULL LEGAL NAME : _____ Phone: _____

Executor of Estate: _____ Phone: _____

Power of Attorney: _____ Phone: _____

Attorney: _____ Phone: _____

Location of Will: _____

Accountant: _____ Phone: _____

Stockbroker: _____ Phone: _____

Other Stocks, Bonds & Mutual Fund Accounts: _____

Insurance Agent(s): _____ Phone: _____

Insurance Policies: _____

Bank/Credit Union Accounts:

Name & Location: _____ Acct # _____

Name & Location: _____ Acct # _____

Name & Location: _____ Acct # _____

Safe Deposit Box: _____ Box # _____ Location of Key: _____

Real Estate owned: _____

Location of deeds for above properties: _____

Pensions and Annuities: _____

Trusts: _____

Description and location of other valuables: _____

Cemetery lot description and location of deed: _____

Credit cards: _____ Acct # _____

_____ Acct # _____

_____ Acct # _____

Liabilities and debts: _____

Signature: _____ Date: _____