

# PLANNING FOR THE UNEXPECTED

*Planning is the most important step you can take to protect yourself and your loved ones. Protecting your family and business is a priority and this document is presented for that purpose.*



Presbyterian Church, PCA  
2200 Briarwood Way, Birmingham, AL 35243  
Phone: (205) 776-5200

*Holliman*  
ESTATE PLANNING & ELDER LAW, LLC

2491 Pelham Parkway, Pelham, AL 35124  
Phone: (205)663-0281 Fax: 205-663-9464



# GENERAL INFORMATION

Individual filling out this document:

\_\_\_\_\_ Date: \_\_\_\_\_

Name of person to whom information applies:

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Citizenship: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Your Education: \_\_\_\_\_

Military Service Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_

Are VA Benefits available? \_\_\_\_\_

| Children's Names | Phone numbers | Email |
|------------------|---------------|-------|
| _____            | _____         | _____ |
| _____            | _____         | _____ |
| _____            | _____         | _____ |
| _____            | _____         | _____ |

| Grandchildren's Names | Phone numbers | Email |
|-----------------------|---------------|-------|
| _____                 | _____         | _____ |
| _____                 | _____         | _____ |
| _____                 | _____         | _____ |
| _____                 | _____         | _____ |
| _____                 | _____         | _____ |
| _____                 | _____         | _____ |
| _____                 | _____         | _____ |



# IMPORTANT PHONE NUMBERS, EMAILS

Accountants:

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Attorneys:

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Financial Advisor:

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Real Estate Advisor:

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Your Pastor: \_\_\_\_\_

Your Church: \_\_\_\_\_

Doctors: \_\_\_\_\_

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# DOCUMENT FINDER

## LOCATION

Birth Certificate \_\_\_\_\_

Social Security Card \_\_\_\_\_

Driver's License \_\_\_\_\_

Passport \_\_\_\_\_

Citizenship Papers \_\_\_\_\_

Child Adoption Papers \_\_\_\_\_

Marriage License \_\_\_\_\_

Divorce Decree \_\_\_\_\_

Pre/Post-Nuptial Agreement \_\_\_\_\_

Mortgage Papers/ Property Deed \_\_\_\_\_

Will \_\_\_\_\_

Living Will \_\_\_\_\_

Medical Directive/ POA \_\_\_\_\_

General Power of Attorney \_\_\_\_\_

Medical Records \_\_\_\_\_

Health Insurance Card \_\_\_\_\_

Trust Documents \_\_\_\_\_

Income Tax Returns \_\_\_\_\_

Baptism, etc. \_\_\_\_\_

Retirement Plan Beneficiary Designation \_\_\_\_\_

Life Insurance Beneficiary Designation \_\_\_\_\_

Military Service/Discharge Papers \_\_\_\_\_

Car Titles \_\_\_\_\_

Business Partnership Agreements \_\_\_\_\_



# INSURANCE AGENTS

| Company                   | Phone | Agent's Name |
|---------------------------|-------|--------------|
| Automobile _____          |       |              |
| Life _____                |       |              |
| Health _____              |       |              |
| Home _____                |       |              |
| Property & Casualty _____ |       |              |
| Other _____               |       |              |

# HOME MAINTENANCE

| Company           | Phone | Name |
|-------------------|-------|------|
| Electrician _____ |       |      |
| Carpenter _____   |       |      |
| Plumber _____     |       |      |
| Landscaper _____  |       |      |
| Other _____       |       |      |



# PERSONAL INFORMATION

## ACCOUNT PASSWORDS:

| Email                | Login ID/Screen Name | Password/Hint |
|----------------------|----------------------|---------------|
| Email<br>Account 1:  |                      |               |
| Email<br>Account 2:  |                      |               |
| Email<br>Account 3:  |                      |               |
| Social<br>Network 1: |                      |               |
| Social<br>Network 2: |                      |               |

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| Company Name         | Login ID/Screen Name | Password/Hint |
|----------------------|----------------------|---------------|
| Online<br>Account 1: |                      |               |
| Online<br>Account 2: |                      |               |
| Online<br>Account 3: |                      |               |
| Online<br>Account 4: |                      |               |
| Online<br>Account 5: |                      |               |
| Online<br>Account 6: |                      |               |



# OTHER IMPORTANT INFORMATION

## Safe Deposit Box

Name of Bank: \_\_\_\_\_

Location of Key: \_\_\_\_\_

Contents of Box Not Listed on Page 4: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Safe: I do/do not have a personal safe

Location of Safe: \_\_\_\_\_

Combination: \_\_\_\_\_

## Personal Computer

Home: \_\_\_\_\_ Login ID: \_\_\_\_\_ Password: \_\_\_\_\_

Laptop: \_\_\_\_\_ Login ID: \_\_\_\_\_ Password: \_\_\_\_\_

External Hard Drive: \_\_\_\_\_

Internet Provider \_\_\_\_\_

## My Home

Has/Does Not Have A Security System: \_\_\_\_\_

Passcode: \_\_\_\_\_



# ASSETS

**INSTITUTION**

**ACCOUNT #**

Bank Accounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Securities: \_\_\_\_\_

\_\_\_\_\_

IRA: \_\_\_\_\_

\_\_\_\_\_

401K: \_\_\_\_\_

\_\_\_\_\_

Annuities: \_\_\_\_\_

\_\_\_\_\_

Employer Benefit Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# LIABILITIES

Mortgage Loans: \_\_\_\_\_

\_\_\_\_\_

Other Loans: \_\_\_\_\_

\_\_\_\_\_

Credit Cards:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Automated Bill Pay:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# INSURANCE COVERAGE

Life Insurance: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_

Long-Term Care: \_\_\_\_\_

Health: \_\_\_\_\_

\_\_\_\_\_



# IN THE EVENT OF MY DEATH

Funeral Preferences: \_\_\_\_\_

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Favorite Hymns: \_\_\_\_\_

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Favorite Scriptures: \_\_\_\_\_

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Cemetery Property: \_\_\_\_\_

Executor of Estate: \_\_\_\_\_

Call Social Security Office

Phone number: \_\_\_\_\_

How to get certified death certificates: \_\_\_\_\_

When does an autopsy need to be done? \_\_\_\_\_

What if I am an organ donor? \_\_\_\_\_





# Plans and Requests at the Time of Death

Please make several copies of these requests and give to loved ones

Date: \_\_\_\_\_

Name of person for whom requests apply: \_\_\_\_\_

The *Book of Church Order* advises that the funeral service should be for the worship of God and consolation of the living. This sheet is designed to guide families and help the church plan for that service. Normally, church staff will work with family members and the funeral home to plan the service. Completing this form will be helpful for those who are conducting

## PERSONAL INFORMATION

Full Name:  Dr.  Mr.  Mrs.  Miss  Ms. \_\_\_\_\_

Vocation(s) \_\_\_\_\_

Contact information for those who will help to make your arrangements (ie. spouse, children, etc.)

|    | Name  | Relationship | Phone Number | Email Address |
|----|-------|--------------|--------------|---------------|
| 1. | _____ | _____        | _____        | _____         |
| 2. | _____ | _____        | _____        | _____         |
| 3. | _____ | _____        | _____        | _____         |

## CHURCH INFORMATION

Number of years at Briarwood: \_\_\_\_\_

If not a member of Briarwood, where? Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Participation – offices, other positions or ministries: \_\_\_\_\_

## PREFERENCES FOR THE FUNERAL OR MEMORIAL SERVICE

Location? (check one)  Briarwood Sanctuary  Chapel  Funeral Home  Graveside service only  
 Other Location (church, home?) Address: \_\_\_\_\_

Do you anticipate having a brief graveside service?  Yes  No  No opinion at this time

List a couple of Scripture passages that are favorites or which testify to your faith which might be read during the service:

\_\_\_\_\_

List some hymns suitable for worship that are favorites or are expressions of your faith that you wish to include:

\_\_\_\_\_

## EXPERIENCES OF LIFE

What are some special events or experiences in which you have felt the grace and providence of God which might encourage others?

\_\_\_\_\_

*Continue on the back or bottom of this form, if needed*

## OTHER QUESTIONS

What is the name of your preferred Funeral Home? Name: \_\_\_\_\_

Do you anticipate a time of visitation?  Yes  No  No opinion at this time

Will the body be cremated?  Yes  No  No opinion at this time

Is he/she eligible military honors (ie. flag on the casket)?  Yes  No If yes, discharge papers are needed by the funeral home.

Have you information to be included in an obituary?  Yes  No If yes, include below.  Nothing at this time

**Remember, often the circumstances of death dictate certain decisions, but planning ahead is still helpful.**

NAME OF PERSON MAKING REQUEST Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the deceased:  Self  Spouse  Son  Daughter  Other: \_\_\_\_\_

over

**PALL BEARERS** – typically a least six male friends or members of the family. This information should be shared at the funeral home.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

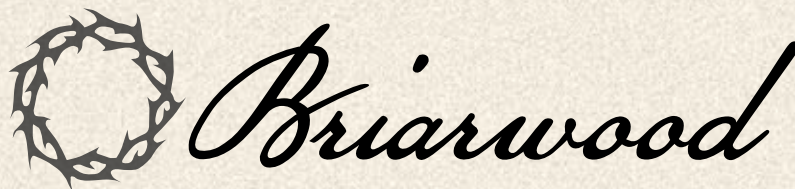
**HONORARY PALL BEARERS** – optional (typically includes those present who are physically unable to assist..)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

**ADDITIONAL EXPERIENCES OF LIFE** (continued):

**OBITUARY INFORMATION** (continued):





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