

Combined Estate Planning Workbook

Personal and Family Information

Your Full Name: _____

Spouse's Full Name: _____

Home Address: _____

Phone Number(s): _____

Email Address(es): _____

Children (Names, DOB, Contact Info):

1. _____

2. _____

3. _____

Grandchildren (Names and Ages):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Estate Planning Documents Checklist

Revocable Living Trust(s) Created On: _____

Last Will and Testament(s) Signed On: _____

Durable Power of Attorney Executed: _____

Healthcare Power of Attorney: _____

Living Will / Advance Directive: _____

Asset Inventory

Bank Accounts:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Investment Accounts:

1. _____
2. _____

Retirement Accounts:

1. _____
2. _____

Life Insurance Policies:

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

Real Estate Properties:

1. _____
2. _____

Vehicles / Golf Cart:

1. _____
2. _____

Valuables / Collectibles:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Digital Assets / Passwords Location:

1. _____
2. _____

Beneficiaries and Distributions

Primary Beneficiaries:

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

Contingent Beneficiaries:

1. _____
2. _____

Special Bequests (Items or Funds):

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

Charitable Intentions (Organizations/Amounts):

1. _____
2. _____

Grandchildren and Legacy Planning

Education Funding Plans (e.g., 529s):

Trust Instructions (if applicable):

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

Notes for Inheritance Protections:

1. _____
2. _____
3. _____

Funeral and Legacy Wishes

Preferred Burial/Cremation Arrangements:

Prepaid Funeral Plan (if any):

Legacy Letter Location or Notes:

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

Advisors and Contacts

Estate Planning Attorney:

Financial Advisor: _____

CPA / Tax Advisor: _____

Executor / Trustee:

Healthcare Proxy:

Review and Maintenance

Date of Last Estate Plan Review: _____

Next Planned Review Date: _____

Life Events Since Last Review:

1. _____
2. _____
3. _____

Living Will & End-of-Life Care Checklist

For:

Spouse #1 Checklist

Legal and Documentation

- I have completed a Living Will (Advance Directive).
- I have named a Healthcare Surrogate / Power of Attorney for Healthcare.
- I have shared copies of my Living Will with:
 - My surrogate decision-maker
 - My primary care physician
 - My spouse/family
 - My attorney (if applicable)
- My Living Will is stored in a safe but accessible location.

Treatment Preferences

- I have completed and signed a DNR (Do Not Resuscitate) order.
- My DNR form is:
 - Registered with my doctor and/or local health agency
 - Clearly posted in my home or carried with me (e.g., wallet or bracelet)
 - Recognized by emergency medical services (EMS) in my state
- I DO / DO NOT want to be placed on a ventilator (breathing machine) if I cannot breathe on my own.
- I DO / DO NOT want tube feeding or IV fluids if I cannot eat or drink on my own.
- I want comfort care and pain relief, even if it may shorten my life.
- I DO / DO NOT want sedation if pain cannot be otherwise controlled.

Consciousness and Quality of Life

- If I am in a permanent vegetative state or have no chance of recovery:
 - I DO / DO NOT want life-sustaining treatments continued.
- If I have severe cognitive impairment (e.g., late-stage Alzheimer's):
 - I DO / DO NOT want aggressive treatment or hospitalization.

Spiritual and Personal Wishes

I have specified my preferences for:

Spiritual/religious support - Christian/Lutheran

Visitors and environment during final stages - Family and Close Friends

Organ or tissue donation - Yes

Post-Death Preferences

I want to be:

- Buried

- Cremated

- Other: _____

I have made arrangements or shared preferences for:

- Funeral or memorial service

- Disposition of remains

Spouse # 2 Checklist

Legal and Documentation

1. I have completed a Living Will (Advance Directive).
2. I have named a Healthcare Surrogate / Power of Attorney for Healthcare.
3. I have shared copies of my Living Will with:
 - My surrogate decision-maker
 - My primary care physician
 - My spouse/family
 - My attorney (if applicable)
4. My Living Will is stored in a safe but accessible location.

Treatment Preferences

- I have completed and signed a DNR (Do Not Resuscitate) order.
- My DNR form is:
 - Registered with my doctor and/or local health agency
 - Clearly posted in my home or carried with me (e.g., wallet or bracelet)
 - Recognized by emergency medical services (EMS) in my state
- I DO / DO NOT want to be placed on a ventilator (breathing machine) if I cannot breathe on my own.
- I DO / DO NOT want tube feeding or IV fluids if I cannot eat or drink on my own.
- I want comfort care and pain relief, even if it may shorten my life.
- I DO / DO NOT want sedation if pain cannot be otherwise controlled.

Consciousness and Quality of Life

- If I am in a permanent vegetative state or have no chance of recovery:
 - I DO / DO NOT want life-sustaining treatments continued.
- If I have severe cognitive impairment (e.g., late-stage Alzheimer's):
 - I DO / DO NOT want aggressive treatment or hospitalization.

Spiritual and Personal Wishes

I have specified my preferences for:

Spiritual/religious support - Christian

Visitors and environment during final stages

Organ or tissue donation

Post-Death Preferences

I want to be:

- Buried

- Cremated

- Other: _____

I have made arrangements or shared preferences for:

- Funeral or memorial service

- Disposition of remains

“Key” Planning Documents, Paperwork & Actions Checklist

*** Assemble important papers in one place:**

- Immediate notification list with contact information
- DD Form 214 Certificate of Release; or Retirement Orders; or Discharge papers from Active Duty
- If surviving Spouse is a Veteran, DD Form 214 for the Spouse
- Birth Certificates for both if married
- Marriage and divorce documents, if applicable (for ALL marriages for you AND also your Spouse)
- VA disability rating decision letter (s), if applicable
- Proof of sponsor’s service in Vietnam (if applicable, and not listed on DD Form 214)
- Copy of a Retired Activity pay statement
- Social security cards, passports, voter registration cards
- Life insurance policies and pension plan numbers and contact info
- VA life insurance policy numbers (VGLI/SGLI)
- Titles and Registrations for any Automobiles or Titled items (like boats/trailers, RVs etc.)

*** Maintain current legal documents (for Service Member AND Spouse):**

- Will - Allocates assets and to fulfill a person's final wishes
- Living Will - Pertains to life-sustaining procedures
- Durable Power of Attorney - Appoints a person (agent) to conduct affairs
- Durable Health Surrogate - agent to make health care decisions
- Copy of Recorded Pre-Need Guardian Directive

*** Financial affairs:**

- Identify bank accounts/account numbers, and passwords that are jointly or individually held
- Review account beneficiaries and contact information
- Have sufficient cash available for 2 to 3 month worth of bills (retired pay & allotments will stop)**
- Document other sources of revenue (savings accounts, insurance policies, stocks)
- Completed Planning Worksheet from one of the following Publications:
 - “DAV123 Survivor’s Guide and Family Preparation Worksheets” (321-452-1774)
 - “MOAA Survivor’s Planning Guide” (<http://www.moaa.org/publications/> or (800)-234-6622)
 - “MOAA Personal Affairs Guide” (<http://www.moaa.org/publications/> or (800)-234-6622)

*** Pre-planning responsibilities:**

- Compare prices of at least two funeral homes (If uncomfortable, ask a relative or friend to assist you)
- Maintain funeral director's name and phone number and copies of any pre-paid arrangements
- Plan funeral and burial arrangements: how, where, who, what etc.. Make final wishes known:
 - What is the preference: Burial or Cremation?
 - Desired location of burial plot:
 - Buried in uniform: Yes or No; Memorial Service: Yes or No; If desired, draft obituary and file with important papers
- Receipts for any additional arrangements

*** Document contents of safety deposit box and/or safe and computers.**

- ***Make sure Survivor can access ALL important information!***

After death of veteran or spouse, assemble these additional documents:

- Military ID Cards for Spouse and Veteran
- Several “Long Form” Death Certificates with cause of death (obtain from Funeral Director)+ regular certificates
- Paid in full receipt from Funeral Home listing services rendered
- Certificate of Cremation (if performed) showing paid in full.
- Driver’s license and vehicle registration for any vehicles titled jointly or in Survivor’s name
- Voter registration card for deceased

SECTION 8

8.1 SURVIVOR PLANNING CHECKLIST

Below is a partial list of action to be undertaken upon the death of veteran or retiree.

1. Contact Funeral Director and set-up funeral arrangements
2. Notify Defense Finance and Accounting Service (DFAS) (<https://cust-support.dfas.mil/rapliti/nod/>) or call 1-800-269-5170
3. Notify Veterans Administration 1-800-827-1000
4. Notify Social Security Administration 1-321-255-5510 or 1-800-772-1213
5. Notify Defense Enrollment Eligibility Reporting System (DEERS) 1-800-538-9552
6. Notify VA Life Insurance, if applicable 1-800-609-8477
7. Notify SGLI and VGLI Insurance, if applicable 1-800-419-1473
8. Notify Civil Service Retirement System, if applicable 1-888-767-6738
9. Obtain at least 10 certified copies of death certificate and 10 copies from Funeral Director
10. Notify Life insurance companies, and file appropriate claims
11. Notify Medical, health, disability, travel and accident insurance companies, and file appropriate claims
12. Notify Home owners insurance company
13. Notify Vehicle insurance company
14. Go to the Country Property Appraiser's Office and transfer all real estate properties to surviving spouse.
15. Apply for widowed person's Homestead Exemption
16. Apply for appropriate (VA, Civil Service and other) benefits, if applicable
17. Apply for Veterans Burial Benefits and Survivor Benefits, if applicable
18. Check for non-government pension benefits, if applicable
19. Apply for Workmen's Compensation Benefit's if applicable.
20. Notify your Accountant or Tax Preparer (unless Estate Lawyer is preparing the final tax returns) provide certified death certificate, previously filed tax return forms, and current earnings and dividend statements.
21. Notify your investment broker or company.
22. Change ownership of joint or solely owned stocks, mutual funds, etc.
23. Cancel any unfulfilled orders arranged by the deceased
24. Notify IRAs and other retirement and investment account administrators
25. Transfer the ownership of bonds
26. Notify your bank(s) and credit union(s)
27. Change all jointly held accounts and correct tax identification numbers (usually Social Security Numbers) (Leave joint accounts intact for 6 months)
28. Cancel direct deposit retirement benefit payments (for SBP, Civil Service and others, if applicable)
29. Re-establish the Title of your safe deposit box
30. Re-establish all outstanding mortgages, personal notes, etc.
31. Apply for any credit life insurance that may exist on loans, credit cards, and mortgages
32. Change Certificates of Deposit
33. Go to Department Of Motor Vehicles (DMV) to transfer titles of all registered vehicles, mobile homes and boats.
34. Notify all credit card companies and cancel all individually held cards of the deceased
35. Review trusts for required actions, if required.
36. If a Will must be probated, contact your attorney. Your name may also need to be revised.
37. Cancel the deceased's Voter Registration and Drivers License.
38. Obtain new military identification cards. Make appointment at <https://rapids-appointments.dmdc.osd.mil/default.aspx>, or contact Patrick AFB ID Card Section at 321-494-6144/6147
39. Send "Thank You" cards for flowers, memorial donations, food, etc.

SURVIVOR CHECKLIST

Below is a **partial list** of action that may need to be undertaken upon the death of Veteran or retiree. Contact Funeral Director to set-up funeral arrangements and Military Honors (PAFB Mortuary Affairs)

- ✓ Notify Veteran's Administration (800) 827-1000
- ✓ Notify Defense Finance and Accounting Service (888) 332-7411
- ✓ Notify Social Security Administration (800) 772-1213
- ✓ Notify Defense Enrollment Eligibility Reporting System (DEERS) (800) 538-9552
- ✓ Notify VA Life Insurance, if applicable (800) 669-8477
- ✓ Notify SGLI and VGLI Insurance, if applicable (800) 419-1473
- ✓ Notify Civil Service Retirement System, if applicable (888) 767-6738
- ✓ Obtain at least 10 certified copies of long form death certificate! and 10 copies of short form death certificate from the Funeral Director
- ✓ Notify life insurance companies, and file appropriate claims!
- ✓ Notify medical, health, disability, travel and insurance companies, file appropriate claims
- ✓ Notify home-owners insurance company!
- ✓ Notify vehicle insurance company!
- ✓ **Go to the Country Property Appraiser's Office and transfer all real estate properties to surviving spouse.**
- ✓ Apply for widowed person's Homestead Exemption
- ✓ Apply for appropriate (VA, Civil Service and other) benefits, if applicable
- ✓ Apply for Veteran's Burial Benefits and Survivor Benefits, if applicable
- ✓ Check for non-government pension benefits, if applicable
- ✓ Apply for Workmen's Compensation benefits if applicable.
- ✓ Notify your accountant or tax preparer (unless estate lawyer is preparing the final tax returns), provide certified death certificate, previously filed tax return forms, and current earnings and dividend statements.
- ✓ Notify your investment broker or company.
- ✓ Change ownership of joint or solely owned stocks, mutual funds, etc.
- ✓ Cancel any unfulfilled orders arranged by the deceased!
- ✓ Notify IRAs and other retirement and investment account administrators!
- ✓ Transfer the ownership of bonds!
- ✓ Notify your bank(s) and credit union(s)
- ✓ Change all jointly held accounts and correct tax identification numbers (usually Social Security Numbers - Leave joint accounts intact for 6 months)
- ✓ Cancel direct deposit retirement benefit payments (for SBP, Civil Service and others, if applicable)
- ✓ Re-establish the title of your safe deposit box!
- ✓ Re-establish all outstanding mortgages, personal notes, etc.
- ✓ Apply for any credit life insurance that may exist on loans, credit cards, and mortgages!
- ✓ Change Certificates of Deposit
- ✓ Go to Department of Motor Vehicles (DMV) to transfer titles of all registered vehicles, mobile homes and boats.
- ✓ Notify all credit card companies and cancel all individually held cards of the deceased!
- ✓ Review trusts for required actions, if required.
- ✓ If a will must be probated, contact your attorney. Your name may also need to be revised.
- ✓ Cancel the deceased's Voter Registration and Driver's License.
- ✓ **Obtain new military identification cards.**

By Making an appointment at RAPIDS Appointment Scheduler for IDs <https://www.military.com/paycheck-chronicles/2015/02/17/rapids-appointment-scheduler-ids> or contact Patrick AFB ID Card Section at (321) 494-6144/6147.

Courtesy of RAC