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The information provided in the documents, and the instructions provided with each document are not intended to constitute legal advice. These documents are intended to assist consumers in protecting themselves in certain simple transactions, without incurring expensive attorneys fees. If you need legal advice, Plan Attorneys will be happy to provide a free legal consultation, at no cost, to you as a Plan member. Understand that if you contact a Plan Attorney, he/she may not advise you as to how to complete your documents. They may only be retained to prepare documents for you which they deem to be proper in your situation.

Certain documents can be completed with either a pen or a typewriter, unless indicated otherwise in the specific instructions. **You should not make changes or alterations to any documents, once you have completed the document.** You must complete a new document fully, even if you wish to make any changes, even a small change. If you make any changes to a document, you cannot be sure that the change conforms to legal requirements. For example, changes to a will, in some circumstances, may void the entire will, even if you intended to make the changes. Thus, it is a safer practice to make a new document, if you intend to make any changes.

If there are blanks which are not used or which contain no information, place an X, or a line through the blank. This ensures that no person can make unauthorized modifications to a document, by simply completing the blanks, and changing the entire crux of the document.

Certain documents may require a notary. Notaries are certified by each state, and can only operate in the states in which they are licensed to operate. An invalid notary may invalidate your document. Notaries serve the purpose of verifying that the signature of the person signing the document, is in fact, the person claiming to have signed the document. Certain institutions require a notary, even when state law does not. Be sure to check with the parties with whom you are dealing to see if they will require a notary. Banks often require notaries.

If you believe that you must record a document, you should consult with a Plan Attorney. No document provided here is intended for recording, and any such document must be prepared by a Plan Attorney. We have not included certain documents, despite repeated requests, because these documents require the skill and expertise of an attorney. These include trusts, deeds, Mortgages, Escrow Agreements and other documents. Always consult a Plan Attorney before drafting one of these documents on your own.

**DECLARATION REGARDING FINAL ARRANGEMENTS
OF**

(Name)

I wish to describe my desires and to facilitate the making of arrangements at the time of my death.

1. NOTIFICATION.

2. FUNERAL HOME/DIRECTOR. I desire that

_____, of _____,
_____,
_____, be

consulted in making the arrangements requested in this document, and modifying these arrangements as may be appropriate at the time of my death.

Arrangements have been made with

_____, of _____,
_____,
_____, and a

copy of those arrangements is attached to this document.

3. DONATIONS/ANATOMICAL GIFTS. I desire that any of my organs which may be useful to others be taken for anatomical gifts, if possible. I have completed the appropriate form to make these gifts. A copy of the donation form is located

If my organ donation is not possible, then I desire that my body be donated to

_____,

If for any reason it is impractical to donate my body or my body is rejected for medical science studies, I desire that my body be disposed of as indicated below.

4. TREATMENT OF BODY. I desire that my body be embalmed and displayed at my service, and then cremated. I would like my remains to be buried in

5. POSTMORTEM EXAMINATION. I do authorize a postmortem examination (autopsy). I desire that my family or other appropriate person(s) request that no autopsy be performed so that my body may be donated to medical science. However, I understand that in some instances an autopsy will be required by law.

6. SERVICES. I desire that the following service(s) be held:

a. A funeral service at

_____,

_____ for
anyone desiring to attend. The body shall be present.

b. A memorial service at

_____,

_____ for
anyone desiring to attend. The body shall be present.

c. A wake at _____,

_____ for
anyone desiring to attend.

d. A visitation at _____,

_____ for
anyone desiring to attend. The body shall be present.

I desire the following arrangements be made:

7. MUSIC. I would like the following musical selections to be performed at my _____:

- _____
- _____
- _____
- _____

I desire that _____ be asked to
_____ at my _____. I also wish that
_____ be asked to
_____ at my _____.

I would like the following musical selections to be performed at my _____:

- _____
- _____
- _____
- _____

I desire that _____ be asked to
_____ at my _____. I also wish that
_____ be asked to

_____ at my _____.

8. READINGS. I desire that _____ be asked to read at my _____ . I also wish that _____ be asked to read at my _____ . I would like the following to be read:

- _____

I desire that _____ be asked to read at my _____ . I also wish that _____ be asked to read at my _____ . I would like the following to be read:

- _____

9. SPEAKERS. I would like the following person(s) to speak at my _____ if they would feel comfortable doing so:

- _____
- _____
- _____
- _____
- _____

I would like the following person(s) to speak at my _____ if they would feel comfortable doing so:

- _____
- _____
- _____
- _____
- _____

I would like the following person(s) to speak at my _____ if they would feel comfortable doing so:

- _____
- _____
- _____

10. FLOWERS/MEMORIAL. I request that flowers be used at the discretion of my family and friends.

I request that a memorial fund be established with donations to be made to the following organizations:

- _____
- _____
- _____
- _____
- _____

11. CASKET/CONTAINER. I desire that my remains be placed

12. PALLBEARERS. I would like the following persons to serve as pallbearers:

- _____

If any of the persons named are unable to serve for any reason, I would like the following persons to serve as alternate pallbearers:

- _____

13. OTHER WISHES. I also desire that there be no visiting hours and no display of my body. I do want a marker. I request the following information be inscribed on my marker:

_____ I would like an obituary to be published in: - _____

Biographical information is attached to this declaration.

I have given careful thought and consideration to these instructions. I understand that this declaration is not legally binding, and that the ultimate decision will be made by my family and other appropriate person(s) based on the circumstances at the time of my death. I hope that my desires will be fulfilled, to the extent possible.

I have discussed these instructions with my family and all appropriate person(s).

Dated this _____ day of _____, 20__.

Name:

Address:

BIOGRAPHICAL INFORMATION

FULL NAME: _____

PLACE OF BIRTH: _____, _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NAME OF SPOUSE: _____

DATE OF DEATH: _____

NAME OF FATHER: _____

DATE OF DEATH: _____

NAME OF MOTHER: _____

DATE OF DEATH: _____

OTHER SURVIVORS:

SCHOOLS ATTENDED:

ORGANIZATIONS:

MILITARY SERVICE:

PUBLIC OFFICES HELD:

ASSOCIATIONS:

OTHER INFORMATION:

This summary is not an official part of your document. It contains highlights of the important information that has been entered into the document.

SUMMARY
of
MEMORIAL SERVICES

DECLARANT

FUNERAL HOME DIRECTOR

DONATIONS/ANATOMICAL GIFTS

Useful organs to be donated.

TREATMENT OF BODY

Cremation.

AUTOPSY

Autopsy authorized.

MEMORIAL/FUNERAL SERVICES

The following services are to be held:

- Funeral service.
- Memorial service.
- Wake.
- Visitation.

FLOWERS/MEMORIAL

Use flowers at discretion of family.
Memorial fund to be established.

PALLBEARERS