Legal Note: The Documents here are provided for your information and that of your immediate family only. You are not permitted to copy any document provided to you. Each of these Documents provided are intended as general assistance in simple legal matters only. No document is intended to be used for any item, transaction, or other matter, where the total value of the item, transaction or matter is worth more than $5,000.00. You are not authorized to use any document for any transaction which is in excess of $5,000.00 in value or is not a simple matter. As a guideline to the meaning of simple, consider the following: if you can complete the document without any questions, it is likely a simple matter. However, if you need to ask any questions, you should consult with your Plan attorney. Do not speculate about completion of the blanks in this matter.

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
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:
__________________________
__________________________
__________________________
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