



## **A Guide for End-of-Life Planning Table of Contents**



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## A Guide for End-of-Life Planning

### Overview of Items for Consideration

The purpose of this booklet is to assist you in expressing your wishes regarding what happens at the time of your death. It is intended to assist the grieving and provide them valuable information about the wishes of the deceased.

Death is a difficult subject to discuss; however, we do our best to prepare for death with the assurance and peace-of-mind brought to us by advance preparation of our legal documents. We do not know how our death will occur — suddenly in an accident, through illness or as a natural result of aging. Regardless of how it comes, this booklet will bring comfort in knowing that you are conveying helpful information about yourself to your family, pastors and friends.

The funeral or memorial service recognizes both sorrow and hope as loved ones remember the life of a family member or friend. But for the service to do that, pastors and survivors must know your wishes. One of the most caring legacies you can give those closest to you is a specific set of instructions that will enable them to know your preferences. At first glance, this seems an unwelcome assignment, yet once tackled it is enormously satisfying to pull together all the essential details of your life in a form that will ensure that those who bear the responsibility of making arrangements do so with the knowledge that they are doing as you would have wished. It is wise to take on the assignment now, whatever your age, and to review and update the information annually.

This information should be readily accessible in your home, and it is advisable to inform your family members of its existence.

**Funeral or Memorial Service:** There are important decisions to be made. The first decision to be made: a funeral or a memorial service? A funeral traditionally takes place within days of a death and includes the closed casket. A viewing, if desired, should be done at the funeral home prior to the service. A memorial service generally follows burial or cremation and can be held at a time when your widely dispersed families and friends can come together. Your pastors, if any, are prepared to help in the decisions and arrangements that need to be made.

If you desire a church funeral, there are some points of interest of which to be aware. Most churches do not charge a fee for a funeral service; however, some people choose to make a contribution to the church. It is also customary for a financial honorarium to be given to the musicians or choir if they participate in the service.

A reception may be arranged at the church following the service.

**Funeral Homes:** Funeral homes, sometimes called mortuaries, provide important services at a critical time. They are very willing to assist with preplanning (or arranging a prepaid funeral if that is requested) and must by law provide the price of each service they offer. They make arrangements for cremations or burials and for embalming, if necessary. They secure the death certificates along with the many copies the personal representative, also called executor, will need. They will handle the obituary for the newspapers. Funeral homes have facilities for visitation prior to the funeral and a chapel for the funeral or memorial service if this is preferred to a church. They can arrange transportation to the cemetery. When arrangements are thought through calmly in advance, needless expense may be avoided.

**Cremation:** Cremated remains may be interred in a cemetery or scattered at a cherished site. The service is held in the church either before or after the burial of the ashes.

**Burial:** It is important to decide on a burial site in advance. Even though some rural or church cemeteries do not charge for a plot, spaces must be reserved. Most cemetery plots must be purchased, and it is very difficult for a family in mourning to make that decision. Cemeteries require full payment to be made before burial. The graveside service is usually attended by family and close friends and includes appropriate scripture and liturgy by the pastor.

**Memorial Gift vs. Flowers:** Many grieving families today prefer a donation of enduring remembrance in lieu of flowers. Contributions to your favorite charities, professional organizations, and educational institutions are all possibilities.

**Hospice:** Hospice provides quality palliative care to those facing life-limiting illness and end-of-life issues. These services are available to the patient, their family and the community. Care can take place in the home, in nursing homes, or in the hospital. The hospice team includes the patient's personal physician, Hospice physician, nurses, home health aides, social workers, clergy, trained volunteers and specialized therapists, if needed. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs and other managed care organizations.

**Veteran's Benefits:** All honorably discharged veterans and their spouses are entitled to burial in a National Cemetery. Benefits include a gravesite in any of the 120 National Cemeteries (with available space), opening and closing of the grave, perpetual care, a Government headstone, a burial flag and a Presidential Certificate at no cost to the family. Cremated remains are buried in national cemeteries in a timely manner with the same honors as casketed remains.

A funeral honors ceremony can also be provided at the church service or graveside, whichever the family specifies. The core elements include the flag folding, flag presentation and the playing of "Taps".

To confirm eligibility or for more information, call: Department of Veterans Affairs at: 1-800-827-1000

On the Internet, visit: <http://www.va.gov>

The nearest local Veterans Cemetery is the Florida National Cemetery, located at: 6502 SW 102 Avenue  
Bushnell, FL 33513  
352- 793-7740

On the Internet: <http://www.cem.va.gov/CEMs/nchp/florida.asp>

**Organ and Tissue Donations:** If you have a desire to be an organ or tissue donor, it is extremely important that you let your family know and make arrangements now. Organ donation is truly a unique opportunity to save lives, as it is possible for a single donor to donate organs and tissues that may help as many as 60 recipients. It is now possible to transplant 25 different organs and tissues, including corneas, heart, heart valves, liver, kidneys, bone and cartilage, skin, lungs and more. You may fill out a donor card and carry it with you in your wallet or even designate on a driver's license your wishes to be a donor. Please see Uniform Donor Card.

**Donating Your Body to Science:** The Anatomical Board is the organization in Florida to which persons may donate their bodies. The Anatomical Board has two offices. The main office is located at the University of Florida, College of Medicine, in the Health Science Center. The branch office is located at the University of Miami, School of Medicine.

|                                           |                                        |
|-------------------------------------------|----------------------------------------|
| University of Florida College of Medicine | University of Miami School of Medicine |
| P.O. Box 100235                           | Department of Anatomy-R124             |
| Gainesville, FL, 32610-0235               | P.O. Box 016960                        |
| 800-628-2594                              | Miami, FL 33101-6960                   |
| 352-392-3588                              | 305-243-6691                           |

On the Internet, visit: <http://www.med.ufl.edu/anatbd/INDEX.html>

## Personal Information

The following section will serve as a guide to help you as you record the important facts of your life and set down your wishes for your funeral and disposition of treasured possessions. Feel free to append additional pages.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location of Birth Certificate: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Location of Certificate of Marriage: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

College/University Attended (Undergraduate): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree Attained: \_\_\_\_\_

College/University Attended (Graduate): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree Attained: \_\_\_\_\_

Trade School/Apprenticeship: \_\_\_\_\_

## Work History

Occupation: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Date and Place of Retirement: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Date and Place of Retirement: \_\_\_\_\_

Most Recent Employer: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_

## **Military Service**

Branch of Service: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Place: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Place: \_\_\_\_\_

Location of Discharge Papers: \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_

Awards/Commendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you desire a flag at your funeral service: Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Family Information**

Your Parents: \_\_\_\_\_

Your Parents' Address: \_\_\_\_\_

Your Spouse: \_\_\_\_\_

Your Spouse's Address: \_\_\_\_\_

### **Your Children**

1. Son \_\_\_\_ Daughter \_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Son \_\_\_\_ Daughter \_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Son \_\_\_\_ Daughter \_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

4. Son \_\_\_\_ Daughter \_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **Your Grandchildren**

1. Grandson \_\_\_\_ Granddaughter \_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Grandson \_\_\_\_ Granddaughter \_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Grandson \_\_\_\_ Granddaughter \_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### **Your Great-Grandchildren**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Your Brothers**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### **Your Sisters**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### **Additional Relatives**

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

## **Honors Received – Professional, Community, Other**

Describe any honors you have received:

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## **Organizational Memberships**

List and describe memberships in organizations:

|                         |                             |
|-------------------------|-----------------------------|
| Organization: _____     | Contact Person: _____       |
| Telephone Number: _____ | Length of Membership: _____ |
| Organization: _____     | Contact Person: _____       |
| Telephone Number: _____ | Length of Membership: _____ |
| Organization: _____     | Contact Person: _____       |
| Telephone Number: _____ | Length of Membership: _____ |

## **Please notify these individuals upon my passing:**

|                         |                     |
|-------------------------|---------------------|
| Name: _____             | Address: _____      |
| Telephone Number: _____ | Relationship: _____ |
| Name: _____             | Address: _____      |
| Telephone Number: _____ | Relationship: _____ |
| Name: _____             | Address: _____      |
| Telephone Number: _____ | Relationship: _____ |
| Name: _____             | Address: _____      |
| Telephone Number: _____ | Relationship: _____ |

## Final Arrangements

### Religious Affiliation

Do you have any religious affiliation? If yes, please list your religious affiliation: \_\_\_\_\_

Does your religion provide any instructions, rites, or rituals you would like followed?  
If yes, please provide details: \_\_\_\_\_

Do you attend a specific church? If yes, please provide the address and name of the reverend or pastor, if any: \_\_\_\_\_

Official arrangements have been made through the following funeral home: \_\_\_\_\_

If I have not made pre-planning arrangements for my funeral, I prefer the following funeral home: \_\_\_\_\_

Do you desire a visitation/viewing prior to the funeral? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you desire the casket open for viewing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, open for whom? Only family \_\_\_\_\_ Anyone \_\_\_\_\_ No preference \_\_\_\_\_

Please provide specific details regarding clothing, jewelry to be worn, eyeglasses on or off, and any other details: \_\_\_\_\_

If organs are being donated, have you completed a Donor Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Location of Donor Card: \_\_\_\_\_

Disposition of the Body: Burial \_\_\_\_\_ Cremation \_\_\_\_\_

If you desire to be cremated, would you prefer the ashes to be scattered or buried?

Scattered \_\_\_\_\_ Buried \_\_\_\_\_

Location of Scattering: \_\_\_\_\_

If body is to be buried, give details of your desires.

Cemetery for Burial: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Memorial Garden: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Burial Plot \_\_\_\_\_ Crypt \_\_\_\_\_ Mausoleum \_\_\_\_\_

Do you already own lot spaces?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, give location: \_\_\_\_\_

Give a brief description of the lot location: \_\_\_\_\_

Give the location of the deed (should not be in a safe deposit box): \_\_\_\_\_

\_\_\_\_\_

Preferred type of grave marker (if already purchased, provide those details) : \_\_\_\_\_

\_\_\_\_\_

Preferred inscription: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Pallbearers**

|    | <u>Name</u> | <u>Address</u> | <u>Telephone Number</u> |
|----|-------------|----------------|-------------------------|
| 1. | _____       | _____          | _____                   |
| 2. | _____       | _____          | _____                   |
| 3. | _____       | _____          | _____                   |
| 4. | _____       | _____          | _____                   |
| 5. | _____       | _____          | _____                   |
| 6. | _____       | _____          | _____                   |

### **Music**

Organ: \_\_\_\_\_      Vocalist: \_\_\_\_\_      Choir: \_\_\_\_\_      No Music: \_\_\_\_\_

Other Instrument: \_\_\_\_\_      Congregation Singing: \_\_\_\_\_

Organist/Vocalist/Musicians Preferred: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

### **Service Location**

Church: \_\_\_\_\_      Graveside, Public: \_\_\_\_\_      Graveside, Private: \_\_\_\_\_

Minister Preference: \_\_\_\_\_

Other Speakers: \_\_\_\_\_

\_\_\_\_\_

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

Favorite Poems and Readings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Additional Plans for Service: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Memorials

Would you prefer memorial gifts in lieu of flowers? \_\_\_\_\_

Other Wishes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Public Notice

Would you prefer a Published Obituary?    Yes \_\_\_\_\_    No \_\_\_\_\_

Newspapers to Notify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[illegible]

## Estate Planning Information

Attorney Name: MILLHORN LAW FIRM

Address: 13710 U. S. HIGHWAY 441, SUITE 100, THE VILLAGES, FLORIDA 32159

Telephone Number: (800) 743-9732

Have you created any of the following?

Revocable Trust: \_\_\_\_\_ Date Created: \_\_\_\_\_

Name of Successor Trustee: \_\_\_\_\_

Successor Trustee Telephone Number: \_\_\_\_\_

Name of Alternate Trustee: \_\_\_\_\_

Alternate Trustee Telephone Number: \_\_\_\_\_

Location of Document (should not be safe-deposit box): \_\_\_\_\_

Irrevocable Trust: \_\_\_\_\_ Date Created: \_\_\_\_\_

Name of Successor Trustee: \_\_\_\_\_

Successor Trustee Telephone Number: \_\_\_\_\_

Name of Alternate Trustee: \_\_\_\_\_

Alternate Trustee Telephone Number: \_\_\_\_\_

Location of Document (should not be safe-deposit box): \_\_\_\_\_

Last Will and Testament: \_\_\_\_\_ Date Created: \_\_\_\_\_

Name of Personal Representative: \_\_\_\_\_

Personal Representative Telephone Number: \_\_\_\_\_

Name of Alternate Personal Representative: \_\_\_\_\_

Alternate Personal Representative Telephone Number: \_\_\_\_\_

Location of Document (should not be safe-deposit box): \_\_\_\_\_

Durable Power of Attorney: \_\_\_\_\_ Date Created: \_\_\_\_\_

Name of Power of Attorney: \_\_\_\_\_

Power of Attorney Telephone Number: \_\_\_\_\_

Name of Successor Power of Attorney: \_\_\_\_\_

Successor Power of Attorney Telephone Number: \_\_\_\_\_

Location of Document (should not be safe-deposit box): \_\_\_\_\_

Living Will: \_\_\_\_\_ Date Created: \_\_\_\_\_

Location of Document (should not be safe-deposit box): \_\_\_\_\_

## Financial Information

### Safe-Deposit Box\*

Do you have a safe-deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_

Safe-Deposit Box Number: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Institution Telephone Number: \_\_\_\_\_

Other Information: \_\_\_\_\_

*\* A second person, relative or friend, should be authorized to access the box.*

## Financial Planning

Name of Financial Planner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Location of tax records for past three (3) years: \_\_\_\_\_

## Assets

### Banking

Name of Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Owner: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Owner: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Owner: \_\_\_\_\_

Location of Supporting Documents: \_\_\_\_\_

### Qualified Plans: (401(k)s, IRA's, Keogh's, and other ERISA Accounts)

*\* Plan Administrator (This is the custodian of the funds. This may be a former employee, a bank, brokerage firm or insurance company)*

Name of Plan Administrator: \_\_\_\_\_  
Address of Plan Administrator: \_\_\_\_\_  
Account Owner: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Plan Administrator: \_\_\_\_\_  
Address of Plan Administrator: \_\_\_\_\_  
Account Owner: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Plan Administrator: \_\_\_\_\_  
Address of Plan Administrator: \_\_\_\_\_  
Account Owner: \_\_\_\_\_ Account Number: \_\_\_\_\_

## Life Insurance

Insurance Agent \_\_\_\_\_  
Agent Telephone Number: \_\_\_\_\_

*\* Policy Owner (The name of the person who owns the policy. This may not be the person on whose life the policy is written)*

Name of Insurance Company: \_\_\_\_\_  
Address of Insurance Company: \_\_\_\_\_  
Policy Owner: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
Address of Insurance Company: \_\_\_\_\_  
Policy Owner: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
Address of Insurance Company: \_\_\_\_\_  
Policy Owner: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## Brokerage Accounts: (Do not include IRAs, Annuities or Life Insurance)

*\* Account Owner (The name of the account owner(s). If married and the account is jointly owned, indicate as "Joint")*

Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Owner: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Owner: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Owner: \_\_\_\_\_  
Account Number: \_\_\_\_\_

## Mutual Funds: (List only mutual funds you own outside of a Brokerage Account or IRA)

*\* Account Owner (The name of the account owner(s). If married and the account is jointly owned, indicate as "Joint")*

Mutual Fund Name: Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Owner: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Mutual Fund Name: Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Owner: \_\_\_\_\_  
Account Number: \_\_\_\_\_

## Annuities

*\* Account Owner (The name of the account owner(s). If married and the account is jointly owned, indicate as "Joint")*

Annuity Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Annuity Owner: \_\_\_\_\_

Annuity Number: \_\_\_\_\_

Annuity Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Annuity Owner: \_\_\_\_\_

Annuity Number: \_\_\_\_\_

Annuity Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Annuity Owner: \_\_\_\_\_

Annuity Number: \_\_\_\_\_

## Stocks: List only stocks you own outside of a Brokerage Account or IRA.

Name of Stock: \_\_\_\_\_ The complete company name, not the common name

Example: \_\_\_\_\_ "GE" should be listed as "General Electric"

Owner's Name: \_\_\_\_\_ Name of owner(s) of stock. If married and account is jointly owned, Indicate "Joint"

Name of Stock: \_\_\_\_\_

Transfer Agent: \_\_\_\_\_

Address of Transfer Agent: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Name of Stock: \_\_\_\_\_

Transfer Agent: \_\_\_\_\_

Address of Transfer Agent: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Name of Stock: \_\_\_\_\_

Transfer Agent: \_\_\_\_\_

Address of Transfer Agent: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Name of Stock: \_\_\_\_\_

Transfer Agent: \_\_\_\_\_

Address of Transfer Agent: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Name of Stock: \_\_\_\_\_

Transfer Agent: \_\_\_\_\_

Address of Transfer Agent: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

\* Please attach separate sheet of paper to the back of this document listing all other stocks and any additional assets.

## **Bonds**

Name of Bond: \_\_\_\_\_  
Approximate Value and CUSP: \_\_\_\_\_  
Location of Original Certificate: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Bond: \_\_\_\_\_  
Approximate Value and CUSP: \_\_\_\_\_  
Location of Original Certificate: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Bond: \_\_\_\_\_  
Approximate Value and CUSP: \_\_\_\_\_  
Location of Original Certificate: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Bond: \_\_\_\_\_  
Approximate Value and CUSP: \_\_\_\_\_  
Location of Original Certificate: \_\_\_\_\_  
Address: \_\_\_\_\_

 **Property: List the Deed or Title location for all real estate, mineral interests, automobiles, boats and other items that bear your name.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Interests in Personal Business:**

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Owner/Partner(s) Name(s) and Percent(s) of Interest: \_\_\_\_\_  
Owner/Partner(s) Address(s): \_\_\_\_\_

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Owner/Partner(s) Name(s) and Percent(s) of Interest: \_\_\_\_\_  
Owner/Partner(s) Address(s): \_\_\_\_\_

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Owner/Partner(s) Name(s) and Percent(s) of Interest: \_\_\_\_\_  
Owner/Partner(s) Address(s): \_\_\_\_\_



## Websites Information

Website: \_\_\_\_\_  
User ID: \_\_\_\_\_  
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[illegible]

[illegible]

## RIGHT TO DESIGNATE CREMATION IN ADVANCE

Pursuant to Florida Statute Section 732.804, the undersigned hereby requires that cremation be used as my choice of burial procedure.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

THE STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who is known to be the person who is described in and who executed the foregoing instrument, and such person duly acknowledged the execution thereof to be such person's free and voluntary act for the uses and purposes therein mentioned. He/she is personally known to me (or produced \_\_\_\_\_ as identification).

Witness my hand and official seal this day and year first above written.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Printed Name

My Commission Expires: \_\_\_\_\_

**ANATOMICAL GIFT  
UNIFORM DONOR CARD**

I, the undersigned, hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I willingly give:

A. \_\_\_\_\_ Any needed organs and/or parts for any purpose.

B. \_\_\_\_\_ Only the following listed organs and/or parts (Please specify the organs or parts): \_\_\_\_\_

\_\_\_\_\_ ;  
and only for purposes of      Transplantation \_\_\_\_\_      Therapy \_\_\_\_\_  
                                         Medical Research \_\_\_\_\_      Education \_\_\_\_\_

C. \_\_\_\_\_ My body for anatomical study, if needed.

The following are limitations and/or special wishes with regard to this anatomical gift:

\_\_\_\_\_  
\_\_\_\_\_

Signed by the donor and the following witnesses in the presence of each other on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
DONOR Sign Name

\_\_\_\_\_  
Addresss of DONOR

\_\_\_\_\_  
DONOR Print Name

\_\_\_\_\_  
WITNESS # 1, Sign Name

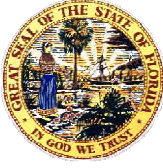
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Address of WITNESS #1

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WITNESS # 1, Print Name

\_\_\_\_\_  
WITNESS # 2 Sign Name

\_\_\_\_\_  
Address of WITNESS #2

\_\_\_\_\_  
WITNESS # 2 Print Name



# Anatomical Board of the State of Florida

## Commonly Asked Questions

**1. Can my body be donated if I have a serious disease at the time of my death or die from a crushing injury?** No, the Anatomical Board cannot accept bodies of persons dying from crushing injuries, sepsis, or highly communicable diseases (such as hepatitis or AIDS).

**2. How long would my remains be used for medical education and research purposes?** Medical education and research procedures take up to two years to be completed. If a request has been made for the return of the cremains, we will contact the family at the time that the ashes are available.

**3. What happens to my body after the medical studies are complete?** Upon completion of medical studies, the bodies are cremated pursuant to Florida Statutes 497.005 and one of two options followed.

(1) The ashes can be returned to the family or location selected by the family for final interment. The Anatomical Board will pay for shipping the ashes, but the cost of interment is the responsibility of the survivors.

(2) If no request has been made for the return of the cremains to the survivors, the Anatomical Board takes responsibility for spreading the cremains over the waters of the Gulf of Mexico.

**4. How old do I have to be to donate my body?** Enrollment is open to anyone 18 years of age or older.

**5. Can I donate someone else's body, for example, that of my wife or husband?** This cannot be done while the donor is living unless you hold power-of-attorney. Documentation to this effect will be required. Otherwise, after the individual dies, the nearest living next-of-kin can donate the body by consent.

**6. If I move from the State of Florida, what happens to my donation?** Notify the Anatomical Board that you wish to withdraw your donation. We will then assist you, if you desire, in contacting a medical school in your new area of residence or you request our list of body donation programs.

**7. What happens if I die outside of the State of Florida?** If death occurs outside the State of Florida, there are two options.

(1) The Anatomical Board will assist the donor's family in making arrangements to have the remains donated to the nearest medical school or the family may check our list of body donor programs for information on the closest medical school.

(2) If the next-of-kin insists that the body be returned to the Anatomical Board, the survivors must assume responsibility for the embalming and transportation costs. A funeral director in the area where the donor expired should be contacted. The funeral director can then contact the Anatomical Board for specific embalming instructions.

**8. Will there be any expense to my family or estate for donating my body to the Anatomical Board?**

The expense which must be paid by the next-of-kin or estate of the deceased are all funeral home expenses which include:

(1) The preliminary embalming

(2) Transportation to the University of Florida or the University of Miami School of Medicine.

(3) Charges for these services are determined by individual funeral homes, crematories or mortuaries. You may wish to discuss arrangements with more than one funeral director. The Anatomical Board will assume costs for storage, cremation, and final disposition of the cremains.

**9. Am I required to use a specific funeral home to make arrangements for the transportation and handling of my body?** At the time of death, the remains must be taken to a funeral home of the family's choice. The funeral director should be told of the wishes of the deceased to have his or her body made available for use in medical education. The funeral director should be told to notify the Anatomical Board prior to transporting the body to Gainesville or Miami.