

# SURVIVORS MANUAL

WHAT TO DO WHEN I DIE by \_\_\_\_\_

Date prepared \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_; \_\_\_\_\_

EMAIL PASSWORD: \_\_\_\_\_; \_\_\_\_\_

COMPUTER PASSWORD: \_\_\_\_\_

MISC. PASSWORDS: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

CELL PHONE PASSWORD: \_\_\_\_\_

**The attached list gives you information on where my various papers and other pertinent information are located and information about my wishes.**

## **A. MY REMAINS:**

I desire/do not desire that any of my organs which may be useful to others be taken for anatomical gifts if possible. My Washington state driver's license confirms this request.

I desire to be cremated/buried. My funeral plans made are:

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

I would like my funeral handled, if possible, as follows:

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Obituaries/Notices: I would like an obituary notice to be published in:

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My draft obituary is/not attached.

**B. FINANCES:**

I am (employed/ Social Security/ pension, you must notify them of my death.

ID # \_\_\_\_\_

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Safety Deposit Box: I have a box, number \_\_\_\_ located at \_\_\_\_\_.

My key to the box is located at \_\_\_\_\_.

**ASSETS:**

My bank accounts are located at:

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

Account #/Type: \_\_\_\_\_

Password/ATM #: \_\_\_\_\_

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

Account #/Type: \_\_\_\_\_

Password/ATM #: \_\_\_\_\_

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

Account #/Type: \_\_\_\_\_

Password/ATM #: \_\_\_\_\_

Retirement account: \_\_\_\_\_

C.D'S/IRAs: \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_

Real Property: \_\_\_\_\_

Automobiles: \_\_\_\_\_

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

**DEBTS:**

Credit cards:

Type of card: \_\_\_\_\_

Card #: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

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Type of card: \_\_\_\_\_

Card #: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

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Home mortgage/rent: \_\_\_\_\_

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Auto payment: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

Method of payment: \_\_\_\_\_

Date and amount of payment: \_\_\_\_\_

Other debt: \_\_\_\_\_

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**C. INSURANCE INFORMATION:** (include company, account #, policy location)

LIFE: \_\_\_\_\_

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PROPERTY: \_\_\_\_\_  
\_\_\_\_\_

MEDICAL: \_\_\_\_\_  
\_\_\_\_\_

AUTO:  
\_\_\_\_\_  
\_\_\_\_\_

OTHER:  
\_\_\_\_\_  
\_\_\_\_\_

**D. LEGAL DOCUMENTS**

WILL: I HAVE/HAVE NOT EXECUTED a will and it is located at \_\_\_\_\_  
\_\_\_\_\_

My executor/personal representative is \_\_\_\_\_.

TRUST: I HAVE/HAVE NOT EXECUTED a trust and it is located at \_\_\_\_\_  
\_\_\_\_\_

My trustee is \_\_\_\_\_.

SEPARATE WRITING: I HAVE/HAVE NOT prepared a bequest list for distribution of my  
personal property and it is located at \_\_\_\_\_  
\_\_\_\_\_.

OTHER: \_\_\_\_\_  
\_\_\_\_\_

**E. MISC. INFORMATION:**

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**F. NOTIFICATION:**

1. My attorney is: \_\_\_\_\_
2. My physician is: \_\_\_\_\_
3. My accountant is: \_\_\_\_\_
4. My insurance agent is: \_\_\_\_\_
5. My power of attorney is: \_\_\_\_\_
6. Other pertinent advisor: \_\_\_\_\_
7. Employer: \_\_\_\_\_

**Please notify the following relatives and friends:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Others to notify may be found in my address book located at:**

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