Legacy Planning Guide Created by Ann Ranson

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A Checklist to Help You Live and Leave with No Regrets

Write a will; share it with those who need to know; tell the executor or
executrix where it is located. Consult an attorney.
Prepare a living will, a health care power of attorney and a letter of
instruction that outlines any special requests such as funeral instructions,
list of people to contact, etc.
Sign a health care and traditional power of attorney, if appropriate. For a
free form: https://www.rocketlawyer.com/form/power-of-attorney.rl
Write an ethical will, which shares your values, life lessons, blessings, hope
and dreams with your family and friends. It isn't a legal document; it's a
heartfelt expression your legacy. Read this heart-warming story:
http://www.nytimes.com/2014/11/01/your-money/the-ethical-will-an-
ancient-concept-is-revamped-for-the-tech-age.html? r=0
Make a recording – audio or video. Turn on your phone or video camera and
share a story; read your ethical will; leave a message of love or pride. You
may have pictures to leave but a recording keeps you alive, in a way, forever
- I have missed my mother's voice terribly and wish I had made time to take
this simple step.
Set aside a few hours and do a brief life scan. Review significant events,
people and stories. Notice any unfinished business, apologies needed or
people you need to contact. Resolve to handle them by a certain date.

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☐ Review your current responsibilities and list of to-do's looking for						
incomplete bu	ut importar	nt items, suc	h as a list of a	ll accounts a	nd a list of all	
account log-ir	account log-in and password information.					
G	•					
Туре	Who	Login	Password	Account Number	Phone or Email	
Credit Cards						
Loans, Mortgages						
Insurance						
Banks & Financial						
Advisors: lawyer, cpa, broker						
☐ Consider, discuss and decide on your funeral/memorial/burial wishes.						
☐ Say what needs to be said to those closest to you: apologize, expressions of						
love, pride or joy, etc.						
☐ Have "the talk" with your family about your final wishes for end of life care						
and ideas for your memorial and burial or cremation.						
☐ Ask others you know and love to complete this checklist.						
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"No Regrets" work is part of living and leaving a legacy of love - the most powerful and compassionate gift that you can give to yourself and to your family.

Don't burden them with unfinished business at a time when their grief can be so crushing.

Take responsibility and action now so that when you ending days come you won't be

wrought with regret or see your family's disappointment.

Living and Leaving a Legacy can take many forms including a simple letter of gratitude, a recorded or written biography, an ethical will or deciding how you want to leave your professional legacy, whether as a leader, mentor or philanthropist.

I am here to help you with any step in *Living and Leaving a Legacy of Love*. Email or call to talk.

Ann Ranson: 972.308.6995 or ann@annranson.com

Emergency Plan

Personal Information:	Date:			
Full Name:	Email:			
Address:				
City, State, Zip:				
Communication Notes – personal contact / notification – who/how to notify				

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Critical Relationships

Name	Relationship to	Phone Numbers	Email

Where is it? Important Papers, Information and Locations

Document Name	Location
Will	
Medical Directives	

What	Where	Who has access
Computer passwords		
Keys		

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Checkbook(s)	
Other	

Personal Information for Death Notification and Funeral Planning

Date:
Email:
Date of Birth:
Social Security:
Maiden Name:
Cell Phone:
Name:
Address:
Email:
Cell Phone

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Special Instructions:	Special Instructions:	
Name:	Name:	
Address:	Address:	
Email:	Email:	
Cell Phone:	Cell Phone	
Special Instructions:	Special Instructions:	
Parents:		
Mother's name:	Place of Birth/Birthday	Cell Phone:
Father's name:	Place of Birth/Birthday	Cell Phone:
Mother-in-Law's Name:	Cell Phone:	
Father-in-Law's Name:	Cell Phone:	
Siblings		
Name:	Name:	
Address:	Address:	
Email:	Email:	
Cell Phone:	Cell Phone:	

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Special instructions:	Special instructions:
Name:	Name:
Address:	Address:
Email:	Email:
Cell Phone:	Cell Phone:
Special instructions:	Special instructions:
Religious Affiliation:	Place of Worship:
Spiritual Priest/Rabbi/Clergy	Cell Phone:
Attorney:	
Military Information	
Branch of Service:	Rank:
Serial Number:	War Service?
	in the US regarding possible honors and burial ge papers are required to qualify.
Education:	
High School:	Institution:
Undergraduate:	Institution:
Graduate:	Institution:

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Career:				
Employed as:		Where:		When/How Long?
Other Activities				
Community Activities		Hobbies and p	astimes	
Special Recognitions & Award	ls	Affiliations:		
Other Important Information:				
Other relatives and friends to contact:				
Name:	Phone:		Email:	
Name:	Phone:		Email:	
Name:	Phone:		Email:	

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Name:	Phone:	Email:
Name:	Phone:	Email:

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Funeral or Memorial Service Wishes	Date:

Funeral Planning Checklist

Assemble personal information for obituary
Choose charity to direct donations
Decide if jewelry is to be buried or returned
Choose a funeral home or place for the service
Choose burial or cremation
Select casket, vault or cremation urn
Choose the location and type of service
Choose family viewing or visitation
Choose a floral arrangement
Select a photograph to be displayed, used in obituary and in program
Decide which religious or fraternal items to be displayed
Choose burial clothing
Select music, hymns, singer
Select scripture or literature to be read

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Select a memorial register
Select memorial folders and acknowledgement cards
Arrange funeral coach
Arrange family transportation
Arrange pallbearer transportation
Arrange clergy transportation
Choose clergy or officiator
Choose musicians or sound system
Invite family member (s) or friend to read scripture or literature
Invite family member (s) or friends to perform the eulogy
Select pallbearers
Choose a final resting place
Select a burial or cremation plot
Above or below ground?
Select a memorial or grave market with inscription
Apply for a burial permit
Apply for death certificate
Arrange a location and food for the reception
Arrange transportation from place of death
Compose and submit obituary
If needed, request preparation and embalming

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DEATH NOTIFICATION CHECKLIST

When a family member or friend has died, it is important to notify various government agencies, banks, creditors and credit reporting agencies of the death. To reduce the risk of identity theft, these notifications should be made promptly after the death.

To expedite notification, you should initially make the contact by telephone followed by written verification. For many of the government agencies and financial entities, you will need the decedent's social security number, a copy of the death certificate, and, if you are a personal representative (executor) of the estate, your appointment form from the probate court. Make sure to retain copies of all notices that you send.

Below is a checklist of possible agencies and businesses that should be notified of the death. Because each individual case is unique, the list may not be complete. Also, the funeral home may have notified some of the government agencies on your behalf. Please consult with the funeral director when you receive this list so you can check off those agencies which have been notified by the funeral director.

I. GOVERNMENT AGENCIES

A. B. C.	Social Security Administration, 800-772-1213 (everyone). Veteran's Administration (if decedent was formerly in the military). Defense Finance and Accounting Service, 800-269-5170 (military service retiree receiving benefits).
D.	Office of Personnel Management, 888-767-6738 (if decedent is a retired or former federal civil service employee).
E.	U.S. Citizenship and Immigration Service, 800-375-5283 (if decedent was not a U.S. citizen)
F.	State Department of Motor Vehicles (if decedent had a driver's license or state ID). II. FINANCIAL COMPANIES
A. B. C. D. E.	Credit card and merchant card companies. Banks, savings and loan associations, and credit unions. Mortgage companies and lenders. Financial planners and stockbrokers. Pension providers.
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III. INSURANCE AND ANNUITY COMPANIES Life insurers and annuity companies. A. В. Health, medical and dental insurers. C. Disability insurer. Automotive insurer. D. Mutual benefit companies. E. IV. CREDIT REPORTING AGENCIES There are three national credit reporting agencies which you should notify of the death and instruct them to list all accounts as: "Closed. Account Holder is Deceased." You may also request a credit report to obtain a list of all creditors and to review recent credit activities. A sample notification letter is available for your convenience. Α. Experian, 888-397-3742, P.O. Box 9701, Allen, Texas 75013. B. Equifax, 800-525-6285, P.O. Box 105069, Atlanta, Georgia 30348. C.. TransUnion, 800-680-7289, P.O. Box 6790, Fullerton, California 92834. V. MEMBERSHIPS Professional associations and unions. A. В. Health clubs and athletic clubs. C. Automobile clubs. D. Video rental stores. E. Public library. F. Alumni clubs. G. Rotary, Kiwanis, Lions, Veterans' organizations and clubs.

VI. DO NOT CONTACT LISTS

For a fee of \$1.00, you can list the decedent's name on the Deceased Do Not Contact List which is maintained by the Direct Marketing Association. All members of the Direct Marketing Association will delete the decedent's name from their mailing lists once the name is posted. A website for registering the name is set forth below:

Contact the Direct Marketing Association at https://www.ims-dm.com/cgi/ddnc.php

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CREDIT REPORTING AGENCY NOTIFICATION

1.	this Notification. It is re Reporting Agency with	ecommended that copies of the deat estate, your appoir	you send the h certificate ntment pape	g Agency you wish to send e Notification to each Credit and, if you are the personal rs from the Probate Court	-
	Experian P.O. Box 9701 Allen, Texas 75013	☐ Equifax P.O. Box 10 Atlanta, Geo 30348		☐ TransUnion P.O. Box 6790 Fullerton, CA 92834	
2.	Identification Informati Party and for the Deced		mation belov	v for yourself as Requesting	
	<u>Requesting</u> <u>Party</u>	Z.		<u>Decedent</u>	
	Name:		Name:		_
	Address:		Date of D	eath:	
			Date of Bi	rth:	
	Phone Nos.:		Location o	of Birth:	
	- 	(h)	Social Sec	urity No.:	•
3.	Prior Addresses of Dec Decedent over the past (a)		with the mo		_
	(b)				_
	(c)				
		entionsWork.com <u>a</u>	nn@annranson	.com	-

4.	Relationship of Requesting Party to Decedent: Please identify your relationship to the Decedent.
	Spouse Personal Representative of Estate Other:
5.	<u>Directions to Credit Agency</u> : Please initial each request you wish to make to the Credit Agency receiving this Notification.
	Post on the Decedent's credit report: "Deceased. Do Not Issue Credit."
	Please forward to me at the address listed above the current copy of the Decedent's credit report.
Signed	and Dated:
Date:	
Signat	ure:

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