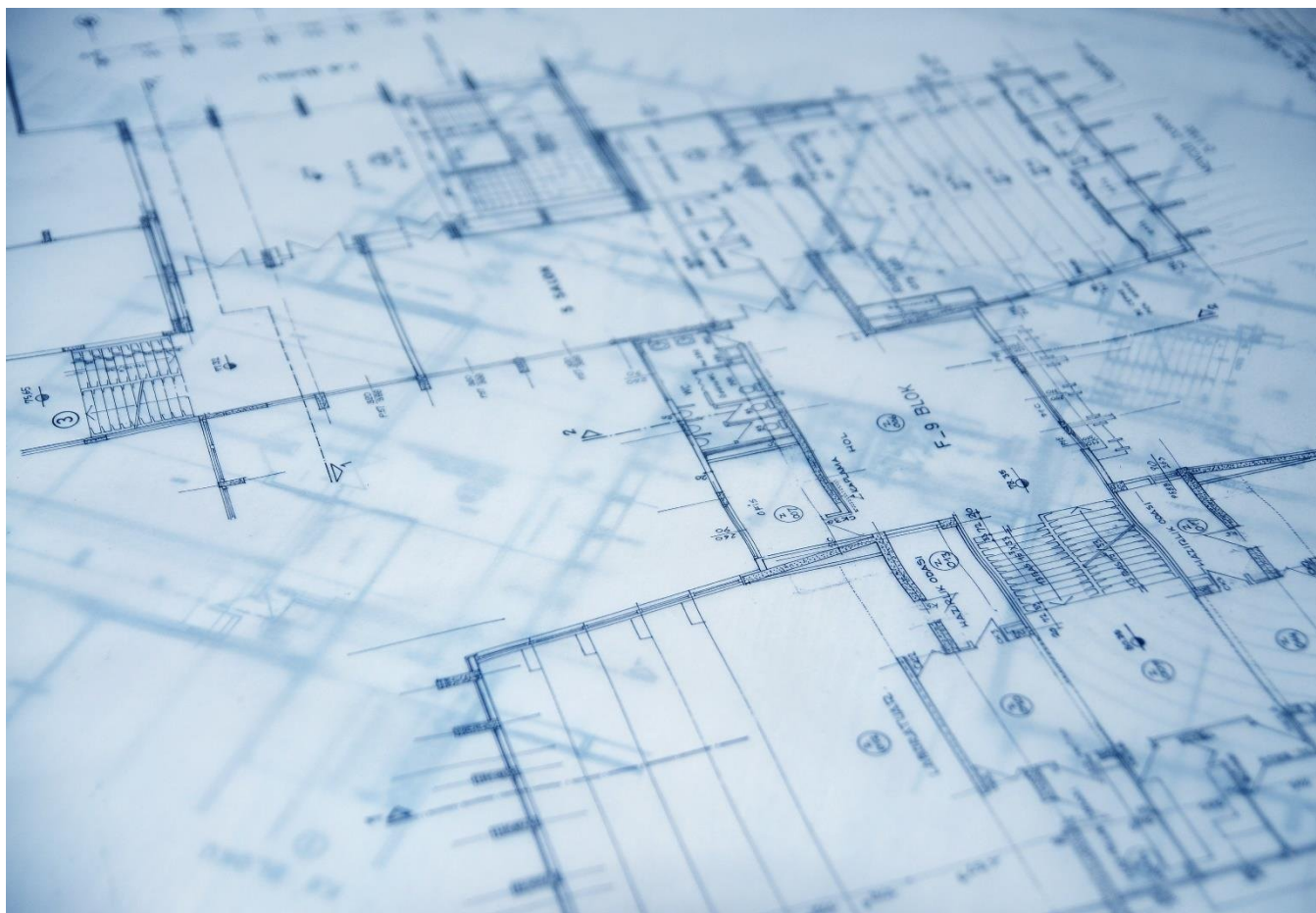


Family Blueprint

A Guide to Documenting Your Essential Information



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Be a Hero

Give Your Loved Ones Peace of Mind

If something were to happen to you, would your family and loved ones be able to step in and keep your home, family, or business running smoothly? Would they be able to locate and access your accounts and assets? Could they manage your bills that need to be paid?

At Provident Law / Estate Planning LLC, our mission is to help individuals and families plan for the future, ensuring they are ready for any circumstance that may arise. We understand that having these important conversations with your family and loved ones can be challenging. This guidebook will provide the support you need to make thoughtful decisions and organize essential information.

Inside, you will find helpful topics, such as: (1) your personal information, (2) your emergency contacts, (3) personal information for your minor children/dependents, (4) your medical information, (5) a list of your important documents (and where to find them), and (6) your assets and liabilities. By documenting this information and planning ahead, you can alleviate some of the burdens on your loved ones, ensuring they can carry out your wishes with clarity and confidence. Ultimately, our goal is to help you prepare for the future, protect your assets, and minimize family conflicts.

We created this guidebook to assist you in creating a plan that preserves your legacy and safeguards your family's future. With this plan in place, you will have peace of mind, knowing that both you and your loved ones are well-protected for what lies ahead.

Keep this Guidebook Safe

Store this guidebook in a secure, locked location, like a fire-resistant safe or a bank safety deposit box. Only share it with individuals you trust to handle your most personal information.

Estate Planning Made Easy

If you already have an estate plan that meets your needs, this guidebook will serve as a tool to help you gather and provide necessary information to your family and loved ones. If you do not have an estate plan, an attorney can create one for you. Our estate planning process involves three simple steps.

Step 1 – Meet

We will meet to talk through your concerns about estate planning, your family, your assets, and how you want things handled if you become incapacitated or after you are gone. I will walk you through the estate planning process, explaining what could happen if you do not have a plan in place, versus what might happen if you have an estate plan created by an attorney. You will have plenty of opportunities to ask questions and figure out what works best for you, your family, or your business.

Step 2 – Plan

If you choose to hire me, we will talk about your goals and concerns so I can create an estate plan that fits your needs, whether for your family or business. I will go over the differences between wills and trusts, and I will explain how powers of attorney, advance directives for healthcare, and HIPAA forms work. You will have the opportunity to pick the people you want to manage your affairs and make medical and financial decisions for you. Depending on how complex your situation is, we can either go over this in the initial meeting or set up another meeting.

Step 3 - Sign

I will use the information you provide to create an estate plan that fits your needs. Once it is ready (usually 4-6 weeks after I get everything from you), I will schedule a signing meeting. I will notarize the documents as you sign them, and I will have witnesses available for the signings. If I create a trust for you, I will give you all the details you will need to make sure it is properly funded.

When your estate plan is finished, you will have confidence knowing it will achieve your goals and cover your concerns.

- If you have questions regarding general estate planning terms (will, trust, power of attorney, advance directive for healthcare, and HIPAA authorization), refer to the definitions section in the back of this guidebook for additional information.

Personal Information

You and Your Spouse/Partner

Your Full Name Spouse/Partner Full Name	Date of Birth	Phone Number	Address
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contacts

In an emergency, please contact:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Security Codes, Authorization Codes, Pins, and Passwords

List your security codes, authorization codes, pins, and passwords for your phones, computers, tablets, work and home alarm systems, Wi-Fi access, etc.

Device	Location	Code, Pin, or Password
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Username and Passwords

List your usernames and passwords for all important websites that you visit, including: banks, credit unions, financial institutions, email accounts, telephone providers, internet providers, security providers, utilities, medical facilities, schools, streaming services, etc.

[illegible]

Identification Numbers

List your Social Security, driver's license, and passport numbers.

Document	Number	Original Document's Location

Attorneys and Advisors

List your attorneys, financial advisors, investment advisors, tax advisors, business advisors, and insurance advisors.

Type of Advisor	Company Name	Advisor's Name	Phone Number

Medical Professionals

List the medical professionals you see, including: doctors, specialists, counselors, dentists, orthodontists, physical therapists, occupational therapists, speech therapists, etc.

Doctor's Name	Specialty	Phone Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Necessary Medical Information

List your medical conditions/allergies that a caretaker needs to be aware of.

Medical Condition/Allergy	Treatment Plan
_____	_____
_____	_____
_____	_____

Include a list of the medications, vitamins, and supplements you take.

Pharmacy

List the name and contact information for the pharmacy you use.

Name	Phone Number	Address
_____	_____	_____

If you do not have Minor Children and/or Dependents, please skip to page 12.

Minor Children and/or Dependents

Important Information

Minor Child/ Dependent	Date of Birth	Custodial Parent/ Guardian	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have a court order governing the custody/guardianship of a minor child/dependent, include a copy of the court order.

Contact Information

For each minor child/dependent, list their contact information.

Minor Child/ Dependent	Phone Number	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Benefits/Services

For each minor child/dependent that receives government benefits and/or services (SNAP, WIC, Medicaid, special education services, disability specific programs, etc.), list the following information:

Minor Child/ Dependent	Benefit/Service	Provider	Phone Number
_____	_____	_____	_____

For each benefit/service received, include a copy of the relevant paperwork.

Medical Professionals

For each minor child/dependent, list the medical professionals they see, including: doctors, specialists, counselors, dentists, orthodontists, physical therapists, occupational therapists, speech therapists, etc.

Minor Child/ Dependent	Doctor's Name	Specialty	Phone Number

Necessary Medical Information

For each minor child/dependent, list their medical conditions/allergies that a caretaker needs to be aware of.

Minor Child/Dependent	Medical Condition/Allergy	Treatment Plan

For each of your minor children/dependents, include a list of the medications, vitamins, and supplements they take.

Pharmacy

For each minor child/dependent, list the name and contact information for the pharmacy you use.

Minor Child/ Dependent	Pharmacy	Phone Number	Address

Identification Numbers

For each minor child/dependent, list their: Social Security, driver's license, and passport numbers.

Minor Child/ Dependent	Document	Number	Original Document's Location

Medical Insurance

List the policies you have for your minor children/dependents, including: medical, dental, orthodontic, vision, and prescription drug.

Minor Child/ Dependent	Type of Policy	Carrier	Policy Number	Premium	Payment Information	Phone Number
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Include a copy of your insurance cards and the most recent statement for each policy.

Guardians

If you have named a guardian for your minor children/dependents in your will, list their name and contact information.

Minor Child/ Dependent	Guardian	Phone Number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____

It is crucial to nominate a guardian and a successor guardian for your minor children/dependents in your will. If you designate a guardian and both parents are unable to care for the minor children/dependents, the court will review your nomination and approve it if it is deemed appropriate.

However, if no guardian is named and both parents are unable to care for the minor children/dependents, the court will appoint a guardian. This appointed guardian will be someone who is considered to act in the best interests of the minor children/dependents, but it does not have to be a family member. Additionally, a minor above a certain age (such as 14) may nominate a guardian for themselves, but the court will ultimately appoint the guardian it considers most appropriate. The process of appointing a guardian can be lengthy, may lead to disagreements among family members, and could result in the appointment of a guardian you would not have selected.

Trusted Caretakers/Babysitters

List the name and contact information for individuals who are trusted caretakers/babysitters for your minor children/dependents.

Name	Phone Number	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schools

List the names and contact information for the schools your minor children/dependents attend.

Minor Child/ Dependent	School	Phone Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Extracurricular Activities

List the sports, programs, hobbies, and activities that your minor children/dependents are involved in.

Minor Child/ Dependent	Activity	Location	Contact Person	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pets

Pet Information

Pet Name	Type of Pet	Age	Notes
_____	_____	_____	_____
_____	_____	_____	_____

Veterinarian

List the name and contact information for the veterinarian you use for your pets.

Veterinarian	Phone Number	Address
_____	_____	_____

Pet Insurance

List the policies you have for your pets.

Pet Name	Carrier	Policy Number	Premium	Payment Information	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Include a copy of your insurance cards and the most recent statement for each policy.

Trusted Caretaker

Who would you like to take care of your pets in the event of your incapacity or death?

Name	Phone Number	Email Address
_____	_____	_____
_____	_____	_____

This designation is not legally binding, it is simply a way to express your wishes. If you would like to create a formal care plan for your pets, you can create a pet trust.

Assets

Financial Accounts

List your bank accounts, credit union accounts, stocks, securities, cryptocurrency, Section 529 or other educational plans, and custodial accounts.

Financial Institution	Account Number	Owner(s)	Beneficiary(ies)

Include a copy of a recent statement for each account that shows the actual investments or assets you own. You should consider naming a beneficiary for each account that does not have a beneficiary designation and review your existing beneficiary designations to ensure they accurately reflect your wishes for the distribution of your assets after your death. All accounts that have a valid beneficiary designation will be distributed per the terms of the beneficiary designation and will not be governed by the terms of your will.

Since you generally cannot name a beneficiary for cryptocurrency accounts, it is crucial that your personal representative, trustee, and/or beneficiary has all the necessary information to access your account in the event of your incapacity or death.

Retirement Assets

List your IRAs, 401(k)s or other qualified retirement plans, and stock options.

Financial Institution	Account Number	Owner(s)	Beneficiary(ies)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each of the accounts listed, you should include a recent statement that shows the actual investments or assets you own.

You should consider naming a beneficiary for each account that does not have a beneficiary designation and review your existing beneficiary designations to ensure they accurately reflect your wishes for the distribution of your assets after your death. All accounts that have a valid beneficiary designation will be distributed per the terms of the beneficiary designation and will not be governed by the terms of your will.

Retirement Income Streams

List your Social Security, deferred compensation plans, pension plans, military retirement benefits, military survivor benefits, and annuities.

Type of Income	Amount	Received by Check/ Automatic Deposit	If Automatic Deposit, Which Financial Institution?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each of the income streams listed, you should include a recent statement that shows the amount you are receiving.

If any of your retirement income streams have survivor benefits for your spouse, include documents that state the details of those survivor benefits.

Ownership Interests in Partnerships/Businesses and Foreign Assets

List your ownership interests in partnerships/businesses and foreign assets.

Type of Asset	Partnership/ Business	Location	Account Information	Phone Number

If you can name a beneficiary for your foreign assets, you should do so. If you cannot name a beneficiary, it is crucial that your personal representative and/or trustee has all necessary information to obtain control/ownership of the asset in the event of your incapacity or death.

You should provide them with the following information: the company, your percentage of ownership, beneficiary information for each foreign asset, the name and contact information of the person they should contact, and the approximate value of your ownership interest.

Real Estate

List your ownership interests in real estate.

Type of Property	Owner(s)	Address	Location of Documents

If any of the properties are rental properties, include all relevant paperwork for each rental property.

Personal Property

List your valuables, heirlooms, and items of sentimental value, such as jewelry, artwork, antiques, antique/vintage cars, and more. If you have the documentation, include appraisals, photos, and insurance information.

Description	Location	Photo (Yes/No)	Appraisal (Yes/No)	Insurance (Yes/No)

Include a copy of the photos, appraisals, and insurance policies you have for the items.

If you want to give specific items to particular people, you can outline those gifts in a will or trust.

Firearms

List your firearms, along with any accessories and modifications such as suppressors, foregrips, bipods, extended magazines, or custom alterations. If a firearm is registered, provide the registration information.

Firearm	Accessory/Modification	Registration
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

A gun trust is an option for individuals who own or intend to acquire National Firearms Act (NFA) regulated firearms, such as suppressors, short-barreled rifles, and machine guns, as it streamlines the legal ownership, possession, and transfer process for these firearms.

Personal Property You Have Loaned to Others

List items you have loaned to another person or company, and state when they are supposed to return each item.

Item	Person/Company Holding Item	Phone Number	Date Item will be Returned
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

If you have documentation for the loans, include a copy of that paperwork.

Money Owed to You

List debts owed to you, the payment schedule, and if you are planning/willing to forgive the debts.

Who Owes You? Name/Company	Amount Loaned	Balance Due (as of)	Payment Schedule (Monthly/Quarterly)	Will You Forgive the debt?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have documentation for the debts, include a copy of that paperwork.

Safety Deposit Box

Financial Institution	Phone Number	Address
_____	_____	_____
_____	_____	_____

I have designated the following individuals as "authorized signers" or "co-renters" on the box, granting them authority to open it.

Name	Phone Number	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have documentation for the safety deposit box, include a copy of that paperwork.

Storage Unit

Company	Phone Number	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have given written consent to the storage facility for the following individuals to access the storage unit/facility.

Name	Phone Number	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have documentation for the storage unit, include a copy of that paperwork.

Personal Safe

Location	Combination
_____	_____
_____	_____

Digital Assets

List your emails; websites and domain names; cloud storage and files; social media; and other accounts, apps, or software that store your personal or sensitive information. For platforms like Facebook, many profiles of deceased individuals are kept active and turned into Memorial pages after the owner's death. As part of your legacy planning, it is important to talk with family and friends about whether you want your social media accounts to remain online, and if so, who will manage them, oversee privacy concerns, and address legal matters.

Account	User ID	Password/ Pin	Security Questions/ Answers	Person to Manage After Death
_____	_____	_____	_____	_____

Rewards Programs

List the rewards programs in which you are enrolled.

Company Name/Program	Account Number	Password	Phone Number

Financial Responsibilities

Liabilities

List your mortgages, home equity loans, lines of credit, car loans, student loans, personal loans, medical debt, taxes owed, business debt, alimony or child support, legal liabilities, personal guarantees, liens, and borrowed items.

Type of Debt	Creditor	Amount Owed (as of)	Payment Due Date

For each liability, include a copy of a recent statement.

Credit/Debit Cards

List your credit/debit cards and state whether each card is owned individually or jointly. If it is owned jointly, state the name of the other owner.

Creditor	Account Holder(s)	Account Number

For each credit card, include a copy of a recent statement. Some credit cards have a policy that pays off the balance of the card upon your death. It is important to check this before canceling a card.

Automatic Payments

List your accounts from which monthly automatic payments are deducted.

Account Name	Account Number	Company that Debits the Account	Approximate Amount

Leases

List property/assets you currently lease from others.

Property/ Asset	Lessor	Payment/ Due Date	Expiration Date	Contact/ Phone Number

For each lease, include a copy of the relevant paperwork.

Subscriptions

List your memberships, professional services, online or print newspapers, magazines, periodicals, ID protection services, software and back-up services, movie/tv streaming services, etc.

Subscription	Expiration Date	Account Number	ID/Password	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Lawsuits

Provide information about lawsuits in which you are currently involved. Be sure to include the location of all relevant documents, photos, physical evidence, etc.

_____ I am a Plaintiff _____ I am a Defendant

Case Details:

Attorney's Contact Information:

Name	Phone Number	Email Address
_____	_____	_____
_____	_____	_____

Additional Financial Responsibilities

List your ongoing financial responsibilities.

Financial Responsibility	Amount Owed	Person/ Company Owed	Payment Information	Phone Number

For each financial responsibility, include a copy of the relevant paperwork.

Insurance and Other Benefits

Life Insurance

List your policies, including: term, whole, universal, variable, indexed universal, final expense, and accidental death and dismemberment.

Carrier	Policy Number	Benefit	Payment Information	Phone Number	Beneficiary(ies)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Include a copy of your most recent statement and beneficiary information for each policy.

Medical, Disability, and Long-Term Care Insurance

List your policies, including: medical, dental, vision, prescription drug, Medicare, Medigap, short-term disability, long-term disability, and long-term care.

Type of Policy	Carrier	Policy Number	Premium	Payment Information	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Include a copy of your insurance cards and the most recent statement for each policy.

Other Insurance

List your policies, including: home, auto, boat, airplane, valuables (art, jewelry, etc.), as well as umbrella (excess liability), etc.

Type of Policy	Carrier	Policy Number	Premium	Payment Information	Phone Number
_____	_____	_____	_____	_____	_____

Include a copy of your most recent statement for each policy.

Employer Benefits

List your benefits from a current or previous employer.

Type of Benefit	Employer	Phone Number
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Include a copy of all relevant paperwork for each benefit.

Veteran (VA) and Government Benefits

List the following information pertaining to your military service.

Military Status: ☐ Active Duty ☐ Veteran

Branch of Service	Military Service Number	Grade or Rank	Service Dates	Location of Service Records
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If you have a National Service Officer to assist you with VA benefits, list their name and contact information.

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List each VA and/or government benefit you receive.

Type of Benefit	Amount	Agency	Phone Number
-----------------	--------	--------	--------------

--	--	--	--

Include a copy of all relevant paperwork for each benefit you receive.

Important Documents

Estate Planning Documents

List your estate planning documents, including: Last Will and Testament; Revocable Trust; Irrevocable Trust; Living Will; Advance Directive for Healthcare; General, Durable, and/or Limited Power of Attorney; Life Insurance Trust; Charitable Trust; Minor's Trust; HIPAA Authorization; and other medical directives.

Document	Date Signed	Location of Original	Contact	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you do not have a valid will or trust, your assets will be distributed according to the intestacy laws of the state (i.e. a one-size-fits-all default plan, which may not align with your wishes).

Additionally, if you become incapacitated and do not have a valid durable power of attorney and advance directive for healthcare, your loved ones will likely need to go to court to have a guardian appointed for you. This process can be both costly and time-consuming.

Deeds and Titles

List your deeds to real property and titles to automobiles, boats, and airplanes.

Document	Location of Deeds and Titles	Contact	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Information

If you own your own business, you should state the location of each of the following documents that pertain to your business: business registration information; operating agreement or partnership agreement; any business licenses, permits, or certificates; tax identification number; bank accounts and financial statements; accounting records, ledgers, and financial reports; outstanding debts and liabilities; tax returns, tax filings, and any due taxes; access to online payment systems or financial tools; contact details for clients, customers, and vendors; contracts, agreements, and obligations with clients, suppliers, or service providers; leases for office space; pending orders or projects; employee payroll records; benefits, tax withholdings, and insurance details; independent contractor agreements; emergency contacts and employment contacts; inventory and/or physical assets; insurance policies related to the business; website domain and hosting information; social media and marketing account credentials; any e-commerce platforms or online selling accounts; your business succession plan; buy-sell or buy-out and overhead expense agreements; and any life insurance and/or key man policies that would be used to satisfy debts of the business.

Business Name	Document	Location of Document

Emergency Contact for Business Matters

If you own your own business, list the name and contact information of the person to contact in the event of your incapacity or death.

Name	Phone Number	Email Address

Family Documents

List your family documents: Marriage License, Domestic Partner Agreement, Cohabitation Agreement, Pre- or Post-Nuptial Agreement, Divorce or Separation Agreement, Child Support Agreement, Birth Certificate, Adoption Papers, Guardianship Papers, Citizenship Papers, and Burial or Crematory Arrangements.

Document	Date Signed	Location of Original	Contact	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employer Contact Information

If you are employed, list your employer's contact information.

Name	Phone Number	Email Address
_____	_____	_____

Tax Returns

List the location of your business and personal tax returns for the last seven years. Additionally, list the contact information for the accountant(s) who prepared the returns.

Accountant	Address	Phone Number	Location of Returns
_____	_____	_____	_____
_____	_____	_____	_____

If You Are Unable to Live Independently and/or Make Decisions for Yourself

Power of Attorney/Advance Directive for Healthcare

If you have a valid power of attorney and advance directive for healthcare, list the contact information for the individuals you have appointed to make decisions for you and manage your care.

Appointment (Primary and Successor(s))	Name	Phone Number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Income

List your monthly income and state where it comes from.

Income Source	Amount	Automatic Deposit? If so, to what Account?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Expenses

List your monthly expenses and state how each bill is paid.

Expense	Amount	Automatic Withdrawals? Date? Which Account?	Online Account? Log-In Information?

Include a copy of a recent statement for each monthly expense.

Remembrance and Services Information and Desires

Notices

Please notify the following family members of my death:

Name	Phone Number

Please notify the following friends of my death:

Name	Phone Number

Please notify the following organizations of my death:

Miscellaneous Instructions:

Personal Information

My Date of Birth: _____

My Place of Birth: _____

My Partner/Spouse: _____

My Parents: _____

My Siblings: _____

My Children: _____

My Grandchildren: _____

Others: _____

Schools Attended, Dates of Graduation, Degrees, Honors, Etc.: _____

Religious Affiliations and Offices Held: _____

Civic Organizations and Offices Held: _____

Military Service and Honors: _____

Professional and Social Organizations and Offices Held: _____

Awards, Recognitions, Accomplishments, etc.: _____

Other Information: _____

Funeral Home or Crematory

Contact the following funeral home or crematory for guidance on the advance preparations I have made for the handling of my remains:

Name	Phone Number	Address
_____	_____	_____
_____	_____	_____

I request that the following funeral home or crematory be used as I have **not** made advance preparations:

Name	Phone Number	Address
_____	_____	_____
_____	_____	_____

My Desires

I would like the following treatment:

_____ to be entombed _____ to be buried _____ to be cremated

_____ my body donated for scientific medical purposes per my anatomical gift instructions

I have already purchased a:

_____ burial plot _____ mausoleum crypt

_____ cremation niche for an urn

My remains will be kept at the following cemetery or mausoleum:

Name

Phone Number

Address

I desire that my remains be kept:

_____ next to the following individual: _____

_____ at the following location: _____

_____ near the following individuals: _____

Other Instructions:

Marker Selection

_____ I have made advance preparations for my marker or headstone.

_____ I desire my marker or headstone to have the following designs, colors, emblems, etc.:

_____ I desire the following engraving:

Casket or Urn Selection

I desire that my casket be made:

_____ of metal _____ of wood

_____ with other considerations (cloth-covered, decorated, etc.)

My Remembrance Service

I desire for my funeral/memorial service to be held at the following location or facility:

Name	Phone Number	Address
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_____	_____	_____
_____	_____	_____

I desire the following type of remembrance:

_____ a funeral service with remains present and _____ an open casket or _____ a closed casket

_____ a memorial service without remains present

_____ a burial site service

Any remembrance should:

_____ be open to the public

_____ be open only to my family and close friends

_____ be open only to _____

_____ include military honors

_____ include a wake

_____ instead of a remembrance, I desire:

_____ direct cremation _____ direct burial

I would like to wear the following clothing:

I would like to be buried with the following jewelry and other personal items:

I would like the following items to be displayed in, on, or around my casket at my viewing, and then retained for family or friends:

I request that my minister, friend, or family member officiate, and work with my family and friends to select those to give a eulogy, homily, or words of comfort:

Name	Phone Number	Address
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_____	_____	_____
_____	_____	_____

I desire to have the following musical selections played at my funeral or memorial service:

I desire to have the following scriptures, poems, readings, etc., read:

I desire to have:

_____ flowers at my funeral or memorial service

_____ no flowers at my funeral or memorial service

_____ memorial contributions made to the following organizations instead of flowers:

Costs and Expenses

The handling of my remains and my remembrance should be:

_____ modest cost _____ reasonable cost _____ lavish cost

Other Instructions:

Miscellaneous Instructions

List any additional instructions you would like to convey to your family members and loved ones regarding your remembrance and services.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Additional Information and Instructions

List any additional information and/or instructions you would want your family members, loved ones, personal representative, trustee, and/or beneficiaries to know.

[illegible]

Congratulations!

You have successfully completed the important task of documenting your personal information and desires for your family and loved ones. By filling out this guidebook, you have made sure they will have the necessary details to care for you and honor your wishes. Since life changes frequently, we recommend reviewing this book every year and updating any outdated information.

If you do not have a valid will, trust, power of attorney, advance directive for healthcare, or HIPAA authorization, we strongly recommend working with an attorney to create these important documents as soon as possible. These documents will ensure that your family and loved ones can make decisions and care for you if you become incapacitated. Additionally, these documents will allow you to direct how your assets are distributed after your death to the individuals you wish to receive them.

About the Author

Colin L. McMichen is an estate planning attorney who is based in Birmingham, Alabama. He founded Provident Law / Estate Planning LLC with the goal of helping families through proactive estate planning. He grew up in a rural area in Cherokee County, Alabama on Weiss Lake. After high school, he attended Auburn University and then pursued his law degree at Florida State University, where he met his wife, Nicole. Following law school, he moved to Panama City, Florida, where he practiced law for eleven years before returning to his Alabama roots.

Colin started Provident Law / Estate Planning LLC after experiencing firsthand the unfortunate consequences of families left without a plan. He saw probate court become a battleground, emotions running high, and legacies meant for loved ones consumed by legal fees. He is passionate about helping families avoid that situation with an estate plan.

Definitions

- **Will** - A will is a legal document that coordinates the distribution of your assets after death. You can name beneficiaries in your will to specify who will receive your belongings, money, and property. If you have minor children, you may also name guardians for them.

- **Trust** - A trust is a legal arrangement where a third party, called a trustee, holds assets on behalf of one or more beneficiaries. Imagine a trust as a big box you put your assets (house, stocks, personal property, etc.) in. You give the box (and everything inside) to someone you trust (the trustee) to manage and look after it. But the assets in the box are not for the trustee to keep. According to your instructions, the assets are meant for someone else (the beneficiary) to receive eventually.

- **Power of Attorney** - A power of attorney is a legal document that allows another person, known as your agent, to make decisions on your behalf regarding your property. This means your agent can handle matters related to your property, including your money, even if you are unable to do so yourself.

- **Advance Directive for Healthcare** - An advance directive for healthcare is a legal document that allows you to plan and communicate your wishes regarding medical treatment in case you become unable to make decisions for yourself due to illness or incapacity. It typically combines a living will and a healthcare proxy. The living will outlines specific instructions about the types of medical treatments you do or do not want in certain situations, such as life support. The healthcare proxy designates a trusted person, known as a healthcare proxy, to make medical decisions for you if you are unable to do so yourself. This document ensures that your healthcare preferences are respected and followed, even if you cannot communicate them directly.

- **HIPAA Authorization** - A HIPAA authorization allows your trusted family members and/or loved ones to gain access to your medical information. This is especially helpful if you have a serious illness or if you become temporarily or permanently incapacitated.

Legal Disclaimer

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