Another Gift

For My Loved Ones

This package contains everything you need to know to arrange my funeral and burial.
Dear Loved Ones,
Here I have done the hard work so that you don’t have to.

The following pages provide information for my designated agent to use in making arrangements for my funeral and burial. You do not need to use a funeral director if you choose not to. There are NO states in the US that require embalming. Only eight states require you to use a funeral director at all.
On the following page I have named an agent and alternates and given them exclusive authority to see that the instructions in this document are followed to the best of their ability and according to existing law. I have signed this document in the presence of two witnesses and a notary public. The information provided here will inform them and you of:

1) How I would like my burial to be handled,
2) Who I would like to handle different aspects of the funeral and burial,
3) Other information to assist those persons in carrying out my wishes,
4) A list of people to notify of my death,
5) Information for my obituary, and
6) Information about the location of important papers such as Last Will and Testament, birth certificates, financial documents, insurance policies, military records etc. which will be useful to my family and the executor of my Will.

(Do NOT place any of these important papers in a safe deposit box. The box will be sealed upon my death.)

The original copy of my Funeral Instructions can be found in the following location: __________________________________________________________

These people hold a copy of my Funeral Instructions:

Name__________________________________ Phone:_____________________

Name__________________________________ Phone:_____________________

Name__________________________________ Phone:_____________________

Name__________________________________ Phone:_____________________

Date:________________

Signature:_________________________________
ADVANCE DIRECTIVE FOR FUNERAL CARE
DEATH-CARE POWER OF ATTORNEY

Be it known to all parties that I,_____________________________________________________ , am an Orthodox Christian of sound mind and I direct that my remains be treated in a traditional Orthodox Christian manner.

I hereby direct (Name)__________________________, (address) ______________________________________, (phone #s) ______________________________________at his/her/their discretion to make any and all arrangements for the care and disposition of my bodily remains after my death as directed in the following pages of this document. Should he/she pre-decease me, or for any other reason be unable to fulfill this responsibility, I designate and direct _____________________________(address) ______________________________, (phone #s) ______________________________________ to make any and all arrangements regarding the care and disposition of my bodily remains upon my death as directed in a subsequent document. A copy shall be as good as the original.

Absolutely NO AUTOPSY shall be performed unless required by law.

☐ I AM ☐ AM NOT an organ donor

Neither doctors, hospitals, nursing homes, hospice, coroner nor any other person or entity in whose care I may be has any authority to make any arrangements, including calling a funeral home, for any reason before contacting the person(s) named above to be advised by that person of my wishes concerning the disposition of my bodily remains after my death. The above-named parties should be contacted promptly if death is imminent or expected.

Signature_____________________________________________ date___________________ SEAL
Address:_____________________________________________ Phone:_________________

Witness 1_____________________________________________ date___________________ SEAL
Address:_____________________________________________ Phone:_________________

Witness 2_____________________________________________ date___________________ SEAL
Address:_____________________________________________ Phone:_________________

STATE OF_______________________________ COUNTY OF ____________________________

On this ____ day of __________, 20____ the said _________________________________________ (principal), _____________________________ (witnesses) known to me (or satisfactorily proven) to be the person named in their foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public within the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My commission expires ___________ ______________________________________________________
Notary Public
ADVANCE DIRECTIVE
Burial and Funeral Care Instructions

My Legal Name: ____________________________________________________________

Name: ________________________________________________________________

As you want it to appear in the newspaper notice

Address: ________________________________________________________________

Home Phone: __________ Work __________

Birth Place: _________________________________

Birth Date: _________________________________

Marital Status: Single Married Divorced Widowed

Father’s Name: ______________________________

Mother’s Maiden Name: _______________________

Nearest Relative: _____________________________

Relationship: _______________________________

Address: ___________________________________

Home Phone: __________ Work __________

Legal Guardian of Minor Children: ___________________________________________

Address: ___________________________________

Home Phone: __________ Work __________

Occupation ________________________________

I, __________________________________________, being of sound mind and under no restraint, hereby direct
that the following instructions and preferences be honored after my death:

I direct that my funeral preparation, funeral and burial be conducted according to the rites, traditions and practices
of the Holy Orthodox Church.

☐ I prefer a home and church funeral with minimum or no mortuary involvement.

☐ I prefer a mortuary: (mortuary name)_______________________________________

Have arrangements been made with the mortuary?: ☐ YES ☐ NO

Paid?: ☐ YES ☐ NO

If paid, payment records can be found __________________________________________

Embalming: ☐ YES ☐ NO

Clothing: indicate first (1) and second (2) preference: ( )From existing wardrobe ( )Plain white garment provided by church ☐ WITH ☐ WITHOUT Printed burial shroud Headband. circle Yes No

OTHER: ___________________________________________________________________

Items to be interred with the body or removed (specify items and where they can be found or to whom they are to be
delivered (wedding ring, watch, cross, earings, etc.)): ___________________________________

Preferred cemetery or burial site (indicate first (1) and second (2) preferences):

___________________________________________________________________________

Have arrangements been made with the cemetery: ☐ YES ☐ NO

Preferred type of grave marker (must meet cemetery requirements):

Preferred inscription on grave marker: __________________________________________

Names of pallbearers (provide contact information on a different sheet): ________________________________
Other instructions: (organ donations, flowers, other memorial donations, etc):
___________________________________________________________________________________________

I direct that the person or organizations named below perform or coordinate the following services:

Notify relatives:  □ Church  □ Executor  □ Other (specify):

Prepare body for burial (washing and clothing body if not embalmed):

□ Church  □ Mortuary  □ Family  □ Other (specify):

Provide Casket:

□ Church  □ Mortuary  □ Family  □ Other (specify):

Take care of administrative details (death certificate, etc.):

□ Church  □ Mortuary  □ Other (specify):

Prepare and publish obituary:

□ Church  □ Mortuary  □ Other (specify):

Transport Body to mortuary or church:

□ Church  □ Mortuary  □ Other (specify):

Transport body to cemetery:

□ Church  □ Mortuary  □ Other (specify):

Obtain and install grave marker:

□ Church  □ Family/Executor  □ Other (specify):

Other Services:

Temporary Child care:  □ Church  □ Executor  □ Family  □ Other (specify):

Interim care of pets:  □ Church  □ Executor  □ Family  □ Other (specify):

Temporary Housing arrangements for relatives:

□ Church  □ Executor  □ Family  □ Other (specify):

(Optional) I have provided financial information and the location of important records to:

□ Church  □ Executor  □ Other (specify):

I have previously filed instructions for funeral arrangements:  YES  NO

If YES: They are located:

The previous instructions are hereby cancelled:  YES  NO

The previous instructions supplement this form:  YES  NO

Payment for funeral costs:

Has already been made to __________________________________________

Receipts and pertinent papers are located: __________________________________________

Should be paid from my estate.

I desire and direct that any savings on funeral expenses due to Church or funeral society involvement be donated to __________________________________________

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# PEOPLE TO BE NOTIFIED OF MY DEATH

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Relationship</th>
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OBITUARY INFORMATION

Date of Birth: ________________________________

Place of Birth: City __________________________ State _______ County ________________

Resident of ________________________________ County since ________________ .

Father’s Name/Birthplace (living or deceased?) ________________________________

Mother’s Maiden Name/Birthplace (living or deceased?) ____________________________

Spouses Name(s) (living or deceased?) ___________________________________________

Children (living or deceased?) _________________________________________________

Other Relatives (living or deceased?) ____________________________________________

Occupation/Employer__________________________________________________________

Veteran: □ YES  □ NO Branch of service __________________ Serial No: ____________

Veterans Affairs Claim Number C-_____________________________________________

Rank ________________________________________________________________

Name of war or dates served _________________________________________________

Service Awards/Decorations _________________________________________________

EDUCATION, ETC.

High School __________________ Diploma/GED __________ Year ______________

College/University __________________ Degrees Earned __________ Year __________

College/University __________________ Degrees Earned __________ Year __________
Important Documents and Locations

Name:__________________________________Social Security #_______________________________

**Bank Account**
Name of Bank___________________________________________

Address________________________________________________

Types of Accounts/Account No __________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Safe Deposit Box Location:______________________Location of keys_________________________

Other Accounts: Brokerage, Retirement, IRA, 401K
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

LOCATION OF

Birth Certificate_______________________________________

Children’s Birth Certificates____________________________

Marriage Certificate___________________________________

Deeds and Titles_______________________________________

Mortgages and Notes___________________________________

Last Will and Testament________________________________

Military Discharge____________________________________

Income tax records________________________________________
Important Documents and Locations cont.

Insurance Policy Information

Company______________________________________________________________

Policy #______________________________________________________________

Name of Insured_______________________________________________________

Beneficiary___________________________________________________________

Veterans Benefits: ☐ YES ☐ NO

Location of house keys________________________________________________

Safe combination etc.__________________________________________________

My Attorney is________________________________________________________

Address________________________________________City____________State______Zip ________

Phone______________________________________________________________

My Accountant is_______________________________________________________

Address________________________________________City____________State______Zip ________

Phone______________________________________________________________

Additional Information

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Digital Estate

In recent years the explosion of digital technology and social media has left most of us with a Digital Estate. That is, most of us have online accounts that need to be closed after our death or they will remain open long after we are gone. Criminals have started exploiting these digital remains to steal our identity even after we are deceased. I list here all online accounts with banks, retailers on and off-line and all social media outlets with my logon information and passwords so that you can close these accounts on my behalf.

<table>
<thead>
<tr>
<th>Name</th>
<th>Web Address</th>
<th>LogIn ID</th>
<th>Password</th>
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<tbody>
<tr>
<td>Recipe Direct</td>
<td>RecipeDirect.net</td>
<td>CaptTattoo</td>
<td>windward18</td>
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</tbody>
</table>

Additional Information or Comments