

This form is provided by the law firm of

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Dessen Moses & Rossitto is a full service general practice law firm which provides the highest quality of legal service and counsel to our clients as quickly and economically as possible. In so doing, we resolve to listen to our clients and keep them informed. We will employ teamwork and state-of-the-art technology to help our clients achieve their goals.

STATEMENT OF GUIDANCE FOR DISABILITY OR DEATH

The following information is necessary for the death certificate:

| | Husband | | Wife | |
|---|----------------|---------|---------------------------|------------------------|
| Full name | | | | |
| Any other names used | | | | |
| Address | | | | |
| Telephone | | | | |
| Occupation | | | | |
| Employer name | | | | |
| Employer address | | | | |
| Soc. Sec. No. | | | | |
| Date of birth | | | | |
| Place of birth | | | | |
| Served in U.S. Armed Forces? Branch? | | | Army Navy Air Force | Marines Coast Guard |
| Father's full name | | | | |
| Mother's full name – including maiden name | | | | |
| U.S. Citizen? | | | | |
| Marital status | Married | Single | Married | Single |
| | Divorced | Widowed | Divorced | Widowed |

Where do you keep your important papers (Will, Insurance Policies, Deed to the Cemetery lot, Passport, Deed to Home, Birth Certificate, etc.)?

Note: if you have listed a safety deposit box, make sure someone knows the box location or else do NOT store your Will in the safety deposit box. Also make sure you note where you are keeping the key(s). The fee to drill a box is a minimum of \$75.00.

The following is medical/health insurance information

| | |
|---|--|
| Type of coverage | |
| Identification No. | |
| Location where you keep your cards(s) | |
| Address/Telephone No. of Medical/Health Insurance Co. | |
| The following space is provided in the event you are covered by more than one medical/health ins. co. | |

The following is information about assets (amounts need not be listed)

| | |
|--|--|
| Checking Account No. Name/Address of Bank | |
| Checking Account No. Name/Address of Bank | |
| Savings Account No. Name/Address of Bank | |
| Savings Account No. Name/Address of Bank | |

The following is information about life insurance

| | |
|---|--|
| Name of Life Insurance Company Address Policy No. | |
| Name of Life Insurance Company Address Policy No. | |
| Name of Life Insurance Company Address Policy No. | |
| Name of Life Insurance Company Address Policy No. | |

The following is information about benefits

I Veterans:

Survivors of a veteran should contact the local Veterans Administration Office regarding benefits. They should also contact the Veterans Service Officer for the county in which the veteran last resided to inquire about county and/or municipal allowances.

| | |
|--|--|
| Military Serial No. | |
| Where do you keep your discharge papers? | |

II Social Security:

Survivors should contact the local Social Security Office regarding payments that may be due.

| | |
|--|--|
| Social Security No. | |
| Where do you keep your social security card? | |

III Pension:

In the event you are receiving a pension or may be eligible for one at the time of your death, please complete the following :

| | |
|--|--|
| Name of Pension Company | |
| Address | |
| Identification No. | |
| Source of pension benefits (e.g., employer including name & address) | |

The following page is provided for additional information and/or instructions that may not be contained in Pages 1 through 5

FUNERAL ARRANGEMENTS

I. Who should take charge of the arrangements at the time of your death:

| | |
|----------------------------------|--|
| Name Address Telephone No. | |
|----------------------------------|--|

II. At the time of your death, who should be notified:

| | |
|----------------------------------|--|
| Name Address Telephone No. | |
| Name Address Telephone No. | |
| Name Address Telephone No. | |
| Name Address Telephone No. | |
| Name Address Telephone No. | |
| Name Address Telephone No. | |
| Name Address Telephone No. | |

III. List any prepaid arrangements for payment of your funeral expenses (e.g., pre-paid with a funeral home, restricted reserved burial account at a bank, etc.) including the account number, if applicable.

List any arrangements that you wish for your funeral: (direct cremation, graveside, viewing, religious service, etc.). Please make sure you list the desired undertaker's name and telephone number, the house of worship and telephone number, etc.

OR

If you have not made any type of arrangements, list any requested funeral arrangements: Include your preference (if any) for the undertaker, type of funeral (viewing/religious service, etc.), where you wish to be buried, details of lot ownership and location. If applicable, describe any memorial service, house of worship (music, readings and scriptures, etc), memorial gifts in lieu of flowers, etc. If you are requesting a viewing, describe clothing you wish to wear. If you wish to be cremated, how do you wish for your ashes to be disposed of, type of container, etc.)

If you are registered as an organ donor, give the contact information:

| | |
|------------------------------------|--|
| Name/Telephone No. | |
| Identification No. (If applicable) | |

Note: If you are an organ donor, you must make sure your medical records held by all attending physicians and your admission into a medical facility indicate that you are an organ donor so that you are kept alive on life support until the designated organs are removed. If you wish to be an organ donor and have not notified the proper authorities, you may express your request to your family members. It is best to do so in writing and make sure that each family member receives a copy. The original should be kept in a fireproof container or given to your Executor/alternate Executor.