

SECURE YOUR LIFE



FORTIFIED Planning Guide

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About ME



Full Name:

Date of Birth:

Social Security Number:

Marital Status at Death:

Spouse Name:

Mother's Name:

Mother's Birthplace:

Father's Name:

Father's Birthplace:

Education:

Career:

Military:

Date & Place of Induction:

Date & Place of Discharge:

For the funeral home, you will need the above information.

Other Details I'd Like in My Obituary:

Place of Birth:

Date of Marriage/Death:

Your life was a blessing. your memory a treasure.

FAMILY Tree

Siblings & Their Spouses:

Children & Their Spouses:

Grandchildren:

Grandparents:

Aunts, Uncles, Cousins:

Stepfamily Members:

First THINGS FIRST

Home

Mail is received at:

Check mail every few days as forms needed may be delivered here.

Pets

Names:

Name & Address of Person/Place to take Pets:

Schedule for Feeding/Type of Food/Treats:

Veterinarian:



Employment

Person to Contact & Contact Number:

Others to Notify

Person(s) to Contact & Contact Number:

These can notify the rest of the friends in our circles.

*Those who touch our lives stay
in our hearts forever.*

Memorial ARRANGEMENTS

Funeral Home

Name & Contact Number:

Request multiple copies of death certificate. Do not give the original unless mandated..

Celebration of Life/Funeral

Church/Location & Person to Contact:



Someone should stay at the home for security & in case of deliveries during the service. Specifics for the ceremony are attached.



For My Body

Cremation Details:

Burial Details:

Obituary

Newspaper/How to Publish:

What I would like published is attached.

Financial RECORDS & Important DOCUMENTS



Safe

Combination:

Location:

Attorney

Person to Contact & Contact Number:

Account Documents

Location:

Usernames & Passwords Location:

Credit Cards

Card Names:

Autopay List (before cancel cards) Location:

Tax Preparer

Person to Contact & Contact Number:

Will/Trust Papers

Location:

Financial Advisor

Person to Contact & Contact Number:

Bank Accounts

Name & Location:

Usernames & Passwords Location:

Safe Deposit Box

Location:

Key Location:

Medical

Physician & Contact Number:

Pharmacy & Contact Number:

Financial RECORDS & Important DOCUMENTS



House

Mortgage Company:

Account Documents Location:

Insurance Agent & Contact Number:

Policies Location:

Life Insurance

Agent & Contact Number:

Policies Location:

Contact the agent or company noted on the policy. Each company will have specifics regarding the processing of death benefits.

Birth Certificate

Location:

Email

Addresses & Passwords:

Vehicle

Title Locations:

Car Registrations are in each vehicle.

Drivers License Location:

Subscriptions/Services

A list of subscriptions and services to cancel is attached. They will need to be cancelled so the estate will not be liable.

Cell Phone

Cell Phone Provider:

Pass Code to Phone:

Social Media

Accounts, Usernames & Passwords:

Additional INFORMATION



Suggested Topics to Consider:

- Do you want your online presence to continue or be deleted?
- Is there income from investments, annuities, or trusts that needs to be addressed?
- Do any accounts need titles changed?
- Any specific items or heirlooms to be given to specific people that are not addressed in the will/trust?
- Additional items that need to be addressed?
- Items not addressed above but are important to know?



FORTIFIED
Health & Wealth

Let's get in touch



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Fortified
Health & Wealth

CELEBRATION OF LIFE

My Wishes for My Celebration of Life

Photo(s) for use is located:

Songs to be Played:

Colors/Specific Item for Attendees to Wear:

Minister/Person to Perform Service:

Pall Bearers:

Speakers & Roles:

Cremation Details

Urn Chosen:

Jewelry to made from cremains:

Burial Details

Casket Chosen:

Open/Closed:

Want to Wear:

Clothes/Jewelry/Artifacts to Bury With:

Cemetery:

What to Write on Tombstone/Burial Plate:

What has been paid for/Remaining balance:

Flowers/In Lieu of Donation:

OBITUARY to Publish

Include in Obituary:

Photo for release is located:

Edit if any specifics have changed.