

Family Owned & Operated
JOSEPH J. EARTHMAN
G E N E R A T I O N S

Planning Guide



We have prepared this guide for you and those you care about. Inside, you will find spaces in which to provide an overview of your life, a listing of those most dear to you, and some of your most precious memories.

For your peace of mind, as well as your family's, you can include wishes for your funeral service along with other vital information your family will need at the time of your death, to lessen their burden and allow them to celebrate your life together.

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Biographical Information

Every individual is deserving of a meaningful obituary written in their memory. Below, we have provided a place to list the achievements and accomplishments that have been a source of pride for you and your loved ones.

Early childhood _____

Adolescent years _____

Early adulthood _____

My proudest moments _____

My career accomplishments _____

My civic accomplishments/involvements _____

Other special achievements _____

Favorite songs/movies/books _____

Treasured family moments _____

Other _____

Genealogy

Immediate Family:

Relation	Name	City & State	Phone

Other Family Members:

Relation	Name	City & State	Phone

Preceded in Death By:

Relation	Name

Service Arrangements

Our funeral directors serve two primary functions: 1) they provide advice and guidance with regard to arrangements to be made for the deceased, and 2) they carry out those arrangements.

At a time of need, please contact:

Joseph J. Earthman Generations
234 Westcott St., Houston, Texas 77007
Phone: (713) 802-0000 Email: joseph@josephjearthman.com

Pre-Paid Funeral Policy Information

Pre-Arrangement Contract _____
Location of Contract _____

Cemetery Information (for both burial and cremation)

Name of Cemetery _____
Address _____
City/State _____ Phone _____
Section _____ Block _____ Lot _____ Space _____
Location of Deed _____

Funeral Service

Church/Location _____
Address _____
City/State _____ Phone _____
Clergyman or Layperson _____
Phone _____

Pallbearers _____

Music _____

Scripture/Reading Selections _____

Name of Charity for Donations _____

Other Instructions _____

Military Service

Branch of Service _____

Service Serial No. _____

Date Entered _____ Place _____

Date and Type of Separation _____

Location of Discharge Papers _____

Highest Grade, Rank, or Rating _____

Wars/Conflicts Served _____

Medals/Honors/Citations _____

Is Form DD214 available? Yes No If yes, please provide.

Obituary Template

1. **Name of deceased as you would like it to appear in the headline above the main obituary text:**

“ _____ ”

2. **Main Obituary Text**

A. Opening Sentence

<NAME OF DECEASED>, born <DATE OF BIRTH> in <PLACE OF BIRTH> to <PARENT'S NAMES>, passed away on <DAY OF THE WEEK>, <DATE>, in <CITY OF DEATH>.

B. Acknowledgement of Previously Deceased Relatives

<NAME OF DECEASED (current deceased, not the relative)> was preceded in death by
(Listing family members here is optional depending on the marital status and age of the deceased.)

C. Acknowledgement of Surviving Relatives

He/She is survived by ... (list surviving relatives by generation)

- a. Spouse
- b. Children (their spouses and city and state of residence, optional)
- c. Grandchildren and Great-grandchildren
- d. Siblings
- e. Other members of the family

D. Biographical Information

<NAME OF DECEASED> was an ... (This area is for any biographical information you would like to include such as hobbies, schools attended, military service, lodge or clubs involved in, work history, awards, accomplishments and other honors earned etc.)

E. Service Information

A Requiem Mass/Mass of the Resurrection/Mass of Christian Burial (select one for Catholic)/funeral service/memorial service (select one for non-Catholic) will be celebrated at <TIME OF SERVICE>, on <DAY OF WEEK>, <DATE> at <LOCATION OF SERVICE>.

- a. List of Pallbearers (optional)
- b. Reception

F. Burial Information (Including Urn burial)

The Rite of Committal/Interment/Inurnment/Burial will follow at <NAME OF CEMETERY> in <city>, <state>.

G. Charitable Contributions

Donations may be made to <name of charity>..... (Do not use “In lieu of flowers”)

The Houston Chronicle applies a 10-15% discount on obituaries submitted through our funeral home, which it does not offer to private parties. The funeral home logo will be included giving people a place to call should they have questions, and indicating an appropriate location for flower delivery.

Appointment of Agent

If your arrangements include cremation as the form of disposition, be aware that the State of Texas requires the consent of next-of-kin or a specifically appointed agent. We strongly advise that you complete the form below well before a time of need.

Appointment of Agent to Control Disposition of Remains

I (your name and address), _____

_____ being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by: (name of agent) _____ in accordance with Section 711.002 of the Health and Safety Code and, with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact). All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

Special Directions

Set forth below are any special directions limiting the power granted to my agent:

Agent

Name: _____

Address: _____

Telephone Number: _____

Acceptance of Appointment: _____

(signature of agent)

Date of Signature: _____

Successors

If my agent dies, becomes legally disabled, resigns, or refuses to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

1. First Successor

Name: _____

Address: _____

Telephone Number: _____

Acceptance of Appointment: _____

(signature of first successor)

Date of Signature: _____

2. Second Successor

Name: _____

Address: _____

Telephone Number: _____

Acceptance of Appointment: _____
(signature of second successor)

Date of Signature: _____

Duration

This appointment becomes effective upon my death.

Prior Appointments Revoked

I hereby revoke any prior appointment of any person to control the disposition of my remains.

Reliance

I hereby agree that any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document.

Assumption

The agent, and each successor agent, by accepting this appointment, assumes the obligations provided in, and is bound by the provisions of, Section 711.002 of the Health and Safety Code.

Signed this _____ day of _____, 20_____.

(your signature)

State of _____ County of _____

This document was acknowledged before me on (date): _____

by (name of principal): _____

(signature of notarial officer)

(Seal of Notary)

(printed name)

My commission expires: _____

Vital Statistics

Full Legal Name _____

Legal Address _____

City _____ State/Zip _____

Mailing Address (if different) _____

City _____ State/Zip _____

Sex _____ Race _____ Citizen of _____

Hispanic Origin? Yes No If yes, specify _____

Birthdate _____

Birthplace _____

Marital Status:

Married

Widowed

Single

Divorced

Name of Spouse _____

If Wife, Maiden Name _____

Place of Death _____

Education _____

SSN _____

Occupation (during working years) _____

Mother's Maiden Name (include maiden name) _____

Father's Name _____

If Veteran, Branch and Dates of Service _____

Orgs that May Require a Death Certificate

Quantity	Organization
_____	Probate Court (for probate of will)
_____	Life, Auto, or Property Insurance Companies
_____	Land Titles Office (for transfer of real estate)
_____	Motor Vehicles Office (for transfer of vehicles)
_____	Banks
_____	Credit Card Companies
_____	Credit Bureaus
_____	Social Security Administration
_____	Internal Revenue Service
_____	Estate and Trustee Office (estate settlement)
_____	Deceased's Employer
_____	Pension/Retirement Plan Providers
_____	Membership, Subscription, or Service Providers
_____	Professional License Providers
_____	Federal, State, and/or Private Health Care Provider
_____	Passport Office (to return and cancel passport)
_____	U.S. Post Office (for mail forwarding)
_____	Department of Veteran's Affairs
_____	Total Estimated Number of Death Certificates

Estate Information

Importance of a Will

If you die without a will, state law and the courts may determine who will administer your estate, handle financial matters, and act as guardian for your minor children. By putting a will in place, you can control those decisions.

You should review your will every few years, particularly if you have moved, or if your family situation has changed. State laws vary as to the rights of children and grandchildren born after a will is executed.

The law is very exacting in its requirements with respect to the signing and witnessing of wills. It is recommended that you consult a competent attorney in this matter – homemade wills may not stand up in court. When you realize how much may be at stake, we believe that you will find the attorney’s fee for drafting your will and planning your estate to be a worthwhile investment.

If you need assistance in locating a reputable attorney, please contact us.

I Have a Will: Yes No If yes, date of will _____

Location of Will _____

Executor/Executrix

Name _____

Address _____

City _____ State/Zip _____

Phone _____

Email Address _____

Will Prepared By

Name _____

Address _____

City _____ State/Zip _____

Phone _____

Email Address _____

Social Security Information

A lump-sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower, or entitled child.

To facilitate receiving Social Security benefits, you will need to visit your local Social Security office with the following information:

1. Social Security Number
2. Marriage License
3. Children's' Birth Certificates
4. Form W-2 for the previous 2 years
5. Proof of age (if 62 or older)
6. Certified Copy of Death Certificate

An application for lump-sum payment may usually be made within two years after the death occurs. Do not delay applying if you do not have all of the documentation required. The staff at the Social Security administration may be able to suggest alternate forms of documentation when you apply.

Social Security Administration toll free number: 1 (800) 772-1213

www.ssa.gov

Financial Information

Banking

Bank Name _____

Address _____

City _____ State/Zip _____

Contact/Phone _____

Checking Acct. No. _____

Savings Acct. No. _____

Username _____ Password _____

Brokerage

Brokerage Name _____

Address _____

City _____ State/Zip _____

Contact/Phone _____

Acct. No. _____

Username _____ Password _____

Credit Cards

Card Issuer _____

Acct. No. _____

Contact/Phone _____

Expiration Date _____

Username _____ Password _____

Card Issuer _____

Acct. No. _____

Contact/Phone _____

Expiration Date _____

Username _____ Password _____

Life Insurance Policies & Other Assets

Life Insurance

Location of Policy _____

Carrier _____

Policy No. _____

Phone _____

Amount _____ Beneficiary _____

Other Financial Assets

Type/Description _____

Location _____

Contact _____

Phone _____

Type/Description _____

Location _____

Contact _____

Phone _____

Real Estate Holdings

Description _____

Address _____

Deed Location _____

Deed Holding Institution _____

Description _____

Address _____

Deed Location _____

Deed Holding Institution _____

Other Important Contacts

Attorney

Name _____

Address _____

City/State _____ Phone _____

Email _____

Accountant

Name _____

Address _____

City/State _____ Phone _____

Email _____

Executor

Name _____

Address _____

City/State _____ Phone _____

Email _____

Other

Name _____

Address _____

City/State _____ Phone _____

Email _____

Name _____

Address _____

City/State _____ Phone _____

Email _____

Upon completion, please print your guide for safekeeping at home. In addition, consider sending a digital copy to the funeral home, and to one or more family members.

PRINT

**EMAIL to
Funeral Home**

**EMAIL to
Family Member**

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Houston, Texas 77007

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