



Rooted IN Jewish Community.

A GUIDE FOR MY LOVED ONES



A memory that endures.



DEAR FRIENDS:

The process of coming to grips with our mortality is often frightening and unwelcome. We are taught in our tradition: “I set before you this day life and death ... choose life.” But what we also know from our tradition is that we learn the most about life’s meaning by contemplating life’s finitude and fragility.

Preparing for the difficult days that follow our own passing and the loss of those we love is holy work. Our preparations now will ease the way for those we love in the most difficult of days. The process of coping in the aftermath of a loss is difficult, and in addition to the emotional pain we endure, the particulars and minutiae are difficult to navigate. By preparing now, we ensure that our wishes are understood and will be observed, and we also spare our loved ones painful and difficult choices.

Take the opportunity now to collect the information in this guide, and organize your vital information. The process of taking this inventory will help you to see what arrangements you may still need to make. Mostly, completing your plans now will not only ease the way for your loved ones, it will provide you with peace of mind as well.

In the book of Ecclesiastes we read: “The wise bear in mind that there is a time for every experience. Let us use our wisdom to prepare for our eventual demise, in order that we might live a full life in peace.”

L’SHALOM,

A handwritten signature in white ink, appearing to read "Daniel Levin".

DANIEL LEVIN, RABBI

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NOTIFY IMMEDIATELY:

- PHYSICIAN
- CLERGY
- FUNERAL DIRECTOR
- MAUSOLEUM/CEMETERY
- RELATIVES
- FRIENDS
- EMPLOYER OF DECEASED
- ATTORNEY/EXECUTOR OF ESTATE
- INSURANCE AGENTS
(LIFE, HEALTH, ETC.)
- ORGANIZATIONS
(RELIGIOUS, CIVIC, ETC.)

VITAL STATISTICS:

- NAME, HOME ADDRESS & PHONE
- OCCUPATION AND TITLE
- SOCIAL SECURITY NUMBER
- DATE OF BIRTH
- PLACE OF BIRTH
- FATHER’S NAME
- MOTHER’S MAIDEN NAME

This information is required for the death certificate.

FUNERAL AND MAUSOLEUM/CEMETERY ARRANGEMENTS:

- CONTACT CLERGY
- MEET WITH FUNERAL DIRECTOR
- SELECT MAUSOLEUM/CEMETERY
(IF NOT PRE-PLANNED)
- SELECT CLOTHING FOR DECEASED
- CHECK WILL FOR SPECIAL WISHES
- CHECK GUIDE FOR LOVED ONES
FOR SPECIAL REQUESTS

IMPORTANT FAMILY DOCUMENTS:

- GUIDE FOR MY LOVED ONES
- WILL
- FUNERAL ARRANGEMENT DOCUMENTS
- MAUSOLEUM/CEMETERY
ARRANGEMENT DOCUMENTS
- SOCIAL SECURITY NUMBER
- INSURANCE POLICIES
- BANKING INFORMATION
- VETERAN’S DISCHARGE PAPERS
- PENSION INFORMATION
- MARRIAGE CERTIFICATE
- CITIZENSHIP PAPERS

This information is required to determine payments and benefits from insurance, pension, social security, etc.



There are many decisions and arrangements that must be made when there is a death in the family. Pre-Need Planning can ease the emotional and financial burden for the family at their time of loss. With the help of this planning guide, your family will be spared much of this burden. Please note the following check list that will provide your family with important information.

The information given in this booklet is only suggestive and does not purport to give any legal advice; please consult your attorney, accountant or insurance agent regarding its application to your specific circumstance and any legal issues.

The greatest loss of revenue to most estates is due to the failure to locate important documents. It is essential that family members be able to locate these documents.

Important: Documents that must be presented immediately should not be kept in a safe deposit box, as they may be needed at night, weekends or holidays when banking institutions are closed. They can be kept in a secure place that is easily accessible.

Indicate the location of each document with one of the following choices.

SPECIFIC LOCATION AT HOME

PLACE: _____

SAFE DEPOSIT BOX

BANK: _____

ATTORNEY

NAME: _____

PHONE: _____

WILL(S) _____

POWER OF ATTORNEY _____

HEALTHCARE SURROGATE _____

BIRTH CERTIFICATE(S) _____

BIRTH CERTIFICATE(S) CHILDREN _____

MARRIAGE CERTIFICATE _____

DIVORCE DECREE _____

CONVERSION PAPERS _____

CITIZENSHIP PAPERS _____

VETERAN'S DISCHARGE PAPER(S) _____

SOCIAL SECURITY NUMBER(S) _____

LIFE INSURANCE POLICIES _____

HEALTH & ACCIDENT INSURANCE POLICIES _____

HOMEOWNERS INSURANCE POLICIES _____

AUTOMOBILE INSURANCE POLICIES _____

TITLE TO AUTOMOBILE/LEASE AGREEMENT _____

MORTGAGE/NOTES PAPERS _____

DEEDS TO REAL ESTATE _____

BANK ACCOUNT INFORMATION _____

BROKERAGE ACCOUNT INFORMATION _____

STOCK CERTIFICATES, BONDS, ETC. _____

PENSION/IRA'S _____

INCOME TAX RETURNS _____

KEY TO SAFE DEPOSIT BOX _____

MAUSOLEUM/CEMETERY ARRANGEMENT DOCUMENTS _____

FUNERAL ARRANGEMENT DOCUMENTS _____

This vital information is needed to obtain the death certificate. Recording it now will avoid delay at the time of need. This will also serve as a source of information for a newspaper obituary.

NAME

FIRSTMIDDLELAST

ADDRESS

STREETCITYSTATEZIPYEARS AT ADDRESS

PREVIOUS ADDRESS

STREETCITYSTATEZIPYEARS AT ADDRESS

RESIDENT SINCE

YEAR

COUNTY RESIDENT SINCE

YEAR

PLACE OF BIRTH

CITYSTATECOUNTY

DATE OF BIRTHCITIZEN OF U.S. YES NO

SOCIAL SECURITY #NATURALIZATION #

MARITAL STATUS NEVER MARRIED MARRIED PARTNERED DIVORCED WIDOWED

NAME OF SPOUSE/PARTNERYEARS MARRIED

OCCUPATION

(PRIOR TO RETIREMENT)

CURRENT EMPLOYERYEARS

BUSINESS ADDRESS

STREETCITYSTATEZIPPHONE

EDUCATION

SCHOOLDEGREE

YEARS

FATHER'S NAMEPLACE OF BIRTH

MOTHER'S MAIDEN NAMEPLACE OF BIRTH

MILITARY SERVICE

BRANCHRANKSERIAL NO.DATE OF DISCHARGE

CLUBS & ORGANIZATIONS

SPECIAL RECOGNITION & ACHIEVEMENTS

SPECIAL BACKGROUND INTERESTS

This vital information is needed to obtain the death certificate. Recording it now will avoid delay at the time of need. This will also serve as a source of information for a newspaper obituary.

NAME

FIRSTMIDDLELAST

ADDRESS

STREETCITYSTATEZIPYEARS AT ADDRESS

PREVIOUS ADDRESS

STREETCITYSTATEZIPYEARS AT ADDRESS

RESIDENT SINCE

YEAR

COUNTY RESIDENT SINCE

YEAR

PLACE OF BIRTH

CITYSTATECOUNTY

DATE OF BIRTHCITIZEN OF U.S. YES NO

SOCIAL SECURITY #NATURALIZATION #

MARITAL STATUS NEVER MARRIED MARRIED PARTNERED DIVORCED WIDOWED

NAME OF SPOUSE/PARTNERYEARS MARRIED

OCCUPATION

(PRIOR TO RETIREMENT)

CURRENT EMPLOYERYEARS

BUSINESS ADDRESS

STREETCITYSTATEZIPPHONE

EDUCATION

SCHOOLDEGREE

YEARS

FATHER'S NAMEPLACE OF BIRTH

MOTHER'S MAIDEN NAMEPLACE OF BIRTH

MILITARY SERVICE

BRANCHRANKSERIAL NO.DATE OF DISCHARGE

CLUBS & ORGANIZATIONS

SPECIAL RECOGNITION & ACHIEVEMENTS

SPECIAL BACKGROUND INTERESTS

RELATIVES & FRIENDS TO BE NOTIFIED: SELF

The support and assistance of family and friends can be invaluable. Make special note of those who can be of immediate assistance and help in carrying out your wishes.

HOUSEHOLD MEMBER

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

CHILDREN

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

CHILDREN

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

CHILDREN

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

PARENTS

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

PARENTS

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

SIBLING

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

SIBLING

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

SIBLING

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

#GRANDCHILDREN

#GREAT GRANDCHILDREN

#NIECES

#NEPHEWS

OTHER RELATIVES AND FRIENDS:

NAME

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

NAME

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

NAME

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

NAME

RESIDENCE

EMAIL ADDRESS

PHONE

CELL

MY INFORMATION:

NAME

RESIDENCE

EMAIL ADDRESS

PHONE

CELL





SPOUSE/PARTNER/FAMILY MEMBER INFORMATION:

NAME _____ RESIDENCE _____
EMAIL ADDRESS _____ PHONE _____ CELL _____

RELATIVES & FRIENDS TO BE NOTIFIED: SPOUSE/PARTNER/FAMILY MEMBER

The support and assistance of family and friends can be invaluable. Make special note of those who can be of immediate assistance and help in carrying out your wishes.

HOUSEHOLD MEMBER _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

CHILDREN _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

CHILDREN _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

CHILDREN _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

PARENTS _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

PARENTS _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

SIBLING _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

SIBLING _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

SIBLING _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

#GRANDCHILDREN _____

#GREAT GRANDCHILDREN _____

#NIECES _____

#NEPHEWS _____

OTHER RELATIVES AND FRIENDS:

NAME _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

NAME _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

NAME _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

NAME _____

RESIDENCE _____

EMAIL ADDRESS _____

PHONE _____

CELL _____

LIFE INSURANCE POLICY LIST:

INSURANCE COMPANY	AGENCY	PHONE #	POLICY #
NAME OF INSURED	BENEFICIARY	AMOUNT OF BENEFIT	
INSURANCE COMPANY	AGENCY	PHONE #	POLICY #
NAME OF INSURED	BENEFICIARY	AMOUNT OF BENEFIT	
INSURANCE COMPANY	AGENCY	PHONE #	POLICY #
NAME OF INSURED	BENEFICIARY	AMOUNT OF BENEFIT	
INSURANCE COMPANY	AGENCY	PHONE #	POLICY #
NAME OF INSURED	BENEFICIARY	AMOUNT OF BENEFIT	

MEDICAL INSURANCE:

NAME OF INSURED	BENEFICIARY	AMOUNT OF BENEFIT
NAME OF INSURED	BENEFICIARY	
NAME OF INSURED	BENEFICIARY	AMOUNT OF BENEFIT
NAME OF INSURED	BENEFICIARY	

LONG TERM CARE:

INSURANCE COMPANY	AGENCY	PHONE #
INDIVIDUALS COVERED	MONTHLY BENEFIT	POLICY #

DISABILITY INSURANCE:

INSURANCE COMPANY	AGENCY	PHONE #
NAME OF INSURED	MONTHLY BENEFIT	POLICY #

INSURANCE LIST (HOMEOWNERS, AUTOMOBILE, PERSONAL PROPERTY, ETC.):

INSURANCE COMPANY	AGENCY	PHONE #
PROPERTY INSURED	TYPE OF INSURANCE	POLICY #
INSURANCE COMPANY	AGENCY	PHONE #
PROPERTY INSURED	TYPE OF INSURANCE	POLICY #

Millions of dollars are lost every year in unclaimed life insurance because the family never knew that certain policies existed. You must apply for insurance benefits at the time of death. You will need a certified copy of the death certificate for each company. If policies are lost or destroyed, you will need the name of the company and policy number to make a claim.





People often have bank accounts, stock, bonds, IRA's and other investments and neglect to advise family members of their existence. Each year, banks publish a list of names in newspapers looking for individuals who are entitled to money in accounts that were never closed at the time of death. To protect your loved ones against such a loss, record your accounts below.

BANKING INFORMATION:

ONLINE ACCOUNT ACCOUNT # _____ BANK _____
WEBSITE _____ USERNAME _____ PASSWORD _____
TYPE OF ACCOUNT _____ ACCOUNT # _____ BANK _____
TYPE OF ACCOUNT _____ ACCOUNT # _____ BANK _____
TYPE OF ACCOUNT _____ ACCOUNT # _____ BANK _____
LOCATION OF SAFE DEPOSIT BOX _____ BOX # _____
BANKING REPRESENTATIVE TO CONTACT _____ PHONE # _____

DIRECT DEPOSITS (LIST)

TYPE OF ACCOUNT _____ ACCOUNT # _____ BANK _____
TYPE OF ACCOUNT _____ ACCOUNT # _____ BANK _____
TYPE OF ACCOUNT _____ ACCOUNT # _____ BANK _____

BROKERAGE ACCOUNT INFORMATION:

TYPE OF INVESTMENT _____ COMPANY _____ CONTACT _____
TYPE OF INVESTMENT _____ COMPANY _____ CONTACT _____
TYPE OF INVESTMENT _____ COMPANY _____ CONTACT _____
TYPE OF INVESTMENT _____ COMPANY _____ CONTACT _____
TYPE OF INVESTMENT _____ COMPANY _____ CONTACT _____
FINANCIAL ADVISOR TO CONTACT _____ PHONE # _____

CREDIT CARDS:

AMERICAN EXPRESS ACCOUNT # _____
MASTERCARD ACCOUNT # _____
VISA ACCOUNT # _____
ADDITIONAL CREDIT CARD ACCOUNT # _____
ADDITIONAL CREDIT CARD ACCOUNT # _____
ADDITIONAL CREDIT CARD ACCOUNT # _____
CREDIT CARD INSURANCE COMPANY _____ PHONE # _____

ASSETS AND LIABILITIES AS OF: _____
DATE

ASSETS:

CASH, CD, MONEY MARKET	\$ _____
CURRENT HOME VALUE (ESTIMATED)	\$ _____
TOTAL VALUE OF SECURITIES (STOCKS, BONDS, ETC.)	\$ _____
NOTES RECEIVABLE	\$ _____
LIFE INSURANCE (FACE VALUE)	\$ _____
BUSINESS INTEREST OWED	\$ _____
JOINT & SURVIVOR PENSIONS & LIFE ANNUITIES	\$ _____
MISCELLANEOUS ASSETS (HOUSEHOLD ITEMS, JEWELRY, CAR, ETC.)	\$ _____
TOTAL ASSETS: \$ _____	

LIABILITIES:

MORTGAGE OUTSTANDING	\$ _____
BANK LOANS UNPAID	\$ _____
NOTES PAYABLE	\$ _____
TAXES OUTSTANDING	\$ _____
OTHER DEBTS	\$ _____
TOTAL LIABILITIES: \$ _____	

TOTAL EQUITY:

LIABILITIES MINUS ASSETS	\$ _____
--------------------------------	----------

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ASSETS AND LIABILITIES AS OF: _____
DATE

ASSETS:

CASH, CD, MONEY MARKET	\$ _____
CURRENT HOME VALUE (ESTIMATED)	\$ _____
TOTAL VALUE OF SECURITIES (STOCKS, BONDS, ETC.)	\$ _____
NOTES RECEIVABLE	\$ _____
LIFE INSURANCE (FACE VALUE)	\$ _____
BUSINESS INTEREST OWED	\$ _____
JOINT & SURVIVOR PENSIONS & LIFE ANNUITIES	\$ _____
MISCELLANEOUS ASSETS (HOUSEHOLD ITEMS, JEWELRY, CAR, ETC.)	\$ _____
TOTAL ASSETS: \$ _____	

LIABILITIES:

MORTGAGE OUTSTANDING	\$ _____
BANK LOANS UNPAID	\$ _____
NOTES PAYABLE	\$ _____
TAXES OUTSTANDING	\$ _____
OTHER DEBTS	\$ _____
TOTAL LIABILITIES: \$ _____	

TOTAL EQUITY:

LIABILITIES MINUS ASSETS	\$ _____
--------------------------------	----------

The information given in this booklet is only suggestive and does not purport to give any legal advice; please consult your attorney, accountant or insurance agent regarding its application to your specific circumstance and any legal issues.

PREFERENCE IN ARRANGEMENTS (PLEASE NOTIFY):

SERVICES LOCATION: SYNAGOGUE FUNERAL CHAPEL MAUSOLEUM/CEMETARY OTHER

CLERGY _____ PHONE _____

SYNAGOGUE _____ PHONE _____

PRE-NEED ARRANGEMENTS _____ PHONE _____

FUNERAL HOME _____ PHONE _____

MAUSOLEUM/CEMETERY _____ PHONE _____

JEWISH FUNERAL RITUAL AND CUSTOMS:

SHOMER (A PERSON WHO STAYS WITH THE DECEASED UNTIL INTERMENT/ENTOMBMENT): YES NO

CHEVRA KADISHA (JEWISH BURIAL SOCIETY) CAN PERFORM THE TRADITIONAL RITUALS OF:

TAHARA (RITUAL WASHING OF THE DECEASED): YES NO

TACHRICHIN/SHROUD (JEWISH BURIAL SOCIETY CAN DRESS THE DECEASED

IN THE TRADITIONAL WHITE LINEN TACHRICHIN/SHROUD (GARMENT): YES NO

TALLIT: YES NO

KIPPUH: YES NO

REGULAR CLOTHING FOR BURIAL: YES NO

GLASSES TO BE WORN: YES NO REMOVE BEFORE INTERNMENT RETURN TO _____

JEWELRY: STAY ON RETURN TO _____

PERSONAL ITEMS OF REMEMBRANCE: YOU CAN PUT REMEMBRANCES INSIDE THE CASKET/CRYPT/NICHE. PLEASE LIST THESE ITEMS:

MILITARY SERVICE: YES NO FLAG: YES NO U.S. FLAG DRAPED ON CASKET: YES NO

BURIAL PREFERENCES:

TYPE: IN-GROUND BURIAL MAUSOLEUM/ENTOMBMENT CREMATION/INURNMENT OTHER

LOCATION MAUSOLEUM/CEMETARY _____ PHONE _____

CRYPT/NICHE/GRAVE _____

SECTION _____ CRYPT/NICHE/GRAVE # _____ LEVEL/LOT _____

PERSONAL PREFERENCES:

MUSICAL SELECTIONS _____

SPECIAL REQUESTS _____

MEMORIAL CONTRIBUTIONS:

CONTRIBUTIONS TO TEMPLE BETH EL _____

CONTRIBUTIONS MADE TO _____

Yahrzeit Memorial Plaque Purchase (List Name for Each Plaque):

Death Certificates: Total Copies Needed (with Cause) _____ Without Cause _____

My signature below codifies the approval of my funeral and burial instructions as specified in the section above.

Signed: _____ DATE _____



PREFERENCE IN ARRANGEMENTS (PLEASE NOTIFY):

SERVICES LOCATION: SYNAGOGUE FUNERAL CHAPEL MAUSOLEUM/CEMETARY OTHER

CLERGY _____ PHONE _____

SYNAGOGUE _____ PHONE _____

PRE-NEED ARRANGEMENTS _____ PHONE _____

FUNERAL HOME _____ PHONE _____

MAUSOLEUM/CEMETERY _____ PHONE _____

JEWISH FUNERAL RITUAL AND CUSTOMS:

SHOMER (A PERSON WHO STAYS WITH THE DECEASED UNTIL INTERMENT/ENTOMBMENT): YES NO

CHEVRA KADISHA (JEWISH BURIAL SOCIETY) CAN PERFORM THE TRADITIONAL RITUALS OF:

TAHARA (RITUAL WASHING OF THE DECEASED): YES NO

TACHRICHIN/SHROUD (JEWISH BURIAL SOCIETY CAN DRESS THE DECEASED

IN THE TRADITIONAL WHITE LINEN TACHRICHIN/SHROUD (GARMENT): YES NO

TALLIT: YES NO

KIPPUH: YES NO

REGULAR CLOTHING FOR BURIAL: YES NO

GLASSES TO BE WORN: YES NO REMOVE BEFORE INTERNMENT RETURN TO _____

JEWELRY: STAY ON RETURN TO _____

PERSONAL ITEMS OF REMEMBRANCE: YOU CAN PUT REMEMBRANCES INSIDE THE CASKET/CRYPT/NICHE. PLEASE LIST THESE ITEMS:

MILITARY SERVICE: YES NO FLAG: YES NO U.S. FLAG DRAPED ON CASKET: YES NO

BURIAL PREFERENCES:

TYPE: IN-GROUND BURIAL MAUSOLEUM/ENTOMBMENT CREMATION/INURNMENT OTHER

LOCATION MAUSOLEUM/CEMETARY _____ PHONE _____

CRYPT/NICHE/GRAVE _____

SECTION _____ CRYPT/NICHE/GRAVE # _____ LEVEL/LOT _____



PERSONAL PREFERENCES:

MUSICAL SELECTIONS _____

SPECIAL REQUESTS _____

MEMORIAL CONTRIBUTIONS:

CONTRIBUTIONS TO TEMPLE BETH EL _____

CONTRIBUTIONS MADE TO _____

Yahrzeit Memorial Plaque Purchase (List Name for each plaque):

DEATH CERTIFICATES: TOTAL COPIES NEEDED (WITH CAUSE) _____ WITHOUT CAUSE _____

My signature below codifies the approval of my funeral and burial instructions as specified in the section above.

SIGNED: _____ DATE _____

DEATH BENEFIT

The least known of all social security benefits are those payable at the time of death. A lump sum payment will be made to the surviving spouse. Benefits are not paid automatically. Application must be made within a specific time limit. Information that may be needed will include the following:

MARRIAGE CERTIFICATE	SOCIAL SECURITY NUMBER OF DECEASED
DIVORCE DECREE	SOCIAL SECURITY NUMBER OF SPOUSE
BIRTH CERTIFICATE OF APPLICANT	DEATH CERTIFICATE
BIRTH CERTIFICATE OF DECEASED	W-2 FORM OR SCHEDULE C
BIRTH CERTIFICATE OF MINOR CHILD	

SURVIVOR’S BENEFITS

If an insured person dies, the widow, dependent widower, children and dependent parents of that person may be eligible for monthly survivor’s benefits. To receive a free booklet detailing survivor benefits contact the Social Security Administration.

To be sure your Social Security payroll deductions have been properly credited to your account, you should request a statement from the Social Security Administration every three years. If an error occurs in your records, it must be corrected within 39 months. If it isn’t, it could affect the amount that you receive monthly upon retirement. If you do not receive a free statement of your earnings covered by Social Security and your estimated future benefits, call the Social Security Administration.

Note: Social Security Administration toll free number is 1-800-772-1213.

VETERANS BENEFITS

Veteran survivors are entitled to receive various benefits, depending upon the status of the serviceperson. The Veterans Administration offers a free pamphlet entitled “Summary of Department of Veterans Affairs Benefits.” To receive this pamphlet or to obtain any other veteran information, contact the U.S. Department of Veteran Administration at 1-800-827-1000.

WILLS

Everyone should have a will. A will is one of the finest protections you can give your loved ones. Your will is the least expensive way to protect your life’s work and savings. With a will, you name the person or persons to administer your estate, handle financial matters and act as guardian for your minor children. Without a will, the probate judge makes these decisions and the cost for this process can be as high as ten percent of the net value of your estate.

The law is very precise in its requirements with respect to the writing, signing and witnessing of wills. It is recommended that the preparation and execution of a will be handled by an attorney.

SELF

ATTORNEY: _____
ATTORNEY PHONE NUMBER: _____

EXECUTOR: _____
EXECUTOR PHONE NUMBER: _____

SPOUSE/PARTNER/FAMILY MEMBER

ATTORNEY: _____
ATTORNEY PHONE NUMBER: _____

EXECUTOR: _____
EXECUTOR PHONE NUMBER: _____

Part of my mission as Mausoleum Director is to provide education and information to the congregation regarding many aspects of sacred aging. Scheduled throughout the year are educational seminars which provide essential information regarding many aspects of senior life, including health, elder care law and end-of-life choices.

At times, we have all contemplated what will happen after we die and are concerned about our loved ones left behind. I have seen several instances where those left behind have to make very difficult decisions while grieving for a loved one, which is the worst possible time to make those decisions. People like you, who plan in advance, are doing such a wonderful mitzvah for their families. During our lifetime we take care of our family and help them make important life decisions. We plan for their future with the assistance of legal and financial expertise. Now, we ask ourselves, “How will we help them get through this trying time in the easiest possible way?” Pre-need planning can ease the emotional and financial burden for your family at their time of need.

This booklet, “A Guide For My Loved Ones,” was created to help you sort through and catalogue the necessary information, arrangements and documents that your family will need should you suffer a lengthy illness or at the time of death. The information provided in this booklet is only suggestive and does not purport to give any legal advice; please consult your attorney, accountant or insurance agent regarding its application to your specific circumstance and any legal issues.

We wish you a long and healthy life ... “may you live to be 120”. Please stop by the Mausoleum Office and I will be very happy answer your questions.

MIKE SIROWITZ, MAUSOLEUM DIRECTOR

Rooted IN Jewish Community.



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



BETH EL MAUSOLEUM

333 SW 4TH AVENUE
BOCA RATON, FL 33432

PHONE: 561.391.8901

BETHELMAUSOLEUM.ORG