

APPENDIX A

Forms and Form Letters

The following form letters and forms are provided for educational purposes and are not intended to act as legal advice. While these work for most areas, I cannot guarantee what particular rules and laws may be required where you live. Often organizations will respond to a form letter by sending you their own forms to fill out, so these may act to help initiate the process rather than completing it. Before relying on these, be sure to get the advice of an attorney in your area.

The addresses were current at press time, but should be checked. These letters may be too small to photocopy, but retyping is easy enough.

1. Notice to Creditors: Decedent's Trust Estate. (This is published once in the local newspaper where the deceased lived. In some states, publishing this notice creates a short statute of limitations for potential or unknown creditors. Ask your attorney about the legal efficacy of this form in the jurisdiction of the deceased.)
2. Funeral and Burial Arrangements. (You, as the grantor, should fill out this form for the use of your trustee so that your wishes are known and any prepaid items are revealed to the family.)
3. Obituary. (This is a matter of personal preference and local custom. Often funeral homes will have formats, but this gives you a place to start.)
4. Letter to Life Insurance Company.

5. Letter to Social Security.
6. Letter to Health Insurance Company.
7. Letter to Veteran's Administration.
8. Letter to Organization. (Often membership organizations have group benefit programs that may offer death benefits or services to the family.)
9. Letter to Civil Service Commission.
10. Letter to Employer.
11. Receipt for Distributive Share. (To be signed by any beneficiary and retained by the trustee as a receipt when the trustee distributes assets.)

**NOTICE TO CREDITORS
DECEDENT'S TRUST ESTATE**

TRUST ESTATE OF _____
(name of deceased)

To all creditors:

NOTICE TO CREDITORS: The decedent, _____
(name of deceased)

who lived at

_____,
(address of deceased)

died on _____ 20 ____ .

Creditors of the decedent are notified that all claims against the trust estate will be forever barred unless presented to _____, the successor trustee named in The _____ Revocable
(name of deceased)

Living Trust established by decedent on the _____
day of _____, 20____.

All such claims must be presented to the said successor trustee within 4 months after the date of publication of this notice.

Date

Trustee Name

Address

Telephone

PUBLISH ABOVE INFORMATION ONLY

Publish one time in _____

Name of Newspaper

Furnish Affidavit of Publication and statement of publication charges to the trustee whose address is above.

FUNERAL AND BURIAL ARRANGEMENTS

Prepaid items and location, also include location of supporting paperwork:

Item Location _____

Cemetery Lot _____

Headstone _____

Funeral Services/Supplies _____

Persons or Organizations to notify (including Veterans Administration and organizations such as Masons who you may want to be involved in the funeral ceremony. You may want to attach a list of other people with contact information if these are not known by your family.)

Church or religious organization to which you belong

Who would you like to officiate at a funeral ceremony?

Specific burial instructions (such as whether or not you want cremation or where you would like to be buried)

Cemetery plot location (or desired location to purchase a plot)

Deed to plot location if any is located

Church/synagogue to notify

Date _____ Your Signature _____

OBITUARY

An obituary has several standard formats, varying by region of the country, religious orientation, and family tradition. Most newspapers will print whatever you decide to write. Some papers run these for free, while others charge you based on how long the obituary is and how many days it is to run.

Here is the traditional simplified format, though this can run longer or even shorter.

John William Jones, age 89, died Saturday, March 12, in Ann Arbor, Michigan.

Services will be held at the Moore Funeral Home on March 16 at 2:00 pm followed by burial at Sunset Gardens Park where a graveside service will be held.

John was a member of Westside Church and retired from Ford Motor Company. He is survived by his wife Barbara and his two children Nathan and Kristine.

Memorial contributions may be made to the National Heart Fund.

LETTER TO LIFE INSURANCE COMPANY

Date _____

Name and Address of Insurance Company

Dear Sir or Madam:

Re: _____

Insert Name of Deceased

Date of Death _____

The above-named person had a policy with your company.

Policy Number _____

Please send me information on the death benefits or accrued benefits during the lifetime of the deceased and all claim forms needed to claim these benefits.

Please let me know what other information or documents you may need me to provide.

Your Signature

Print Name
Your Address
Your Telephone and Email

LETTER TO SOCIAL SECURITY

Date _____

Social Security Administration
Address of Local Social Security Office

Dear Sir or Madam:

Re: _____
Insert Name of Deceased

Date of Death _____

Social Security Number _____

I am writing to inform you of the death of the above person. A copy of the death certificate is enclosed. I would like to arrange a meeting to discuss the options and benefits available to the surviving spouse and/or family.

Please either call me or let me know how to proceed to set up such a meeting.

Thank you for your help.

Your Signature

Print Name
Your Address
Your Telephone and Email

LETTER TO HEALTH INSURANCE COMPANY

Date _____

Name and Address of Insurance Company

Dear Sir or Madam:

Re: _____

Insert Name of Deceased

Date of Death _____

The above-named person had a policy with your company.

Policy Number _____

Please send me information on the death benefits or accrued benefits during the lifetime of the deceased and all claim forms needed to claim these benefits.

Please let me know what other information or documents you may need me to provide.

Your Signature

Print Name
Your Address
Your Telephone and Email

LETTER TO VETERAN'S ADMINISTRATION

Date _____

Veteran's Administration

Insurance Division

500 Wissachickon Avenue or Fort Snelling
Philadelphia, PA 19010 St. Paul, MN 55111

Re: _____

Insert Name of Deceased

Date of Death _____

Dear Sir or Madam:

I represent the estate of the above-named person whose Social Security Number is _____ .

I have enclosed a photocopy of the death certificate.

He may have had insurance or other benefits due to him; please let me know what was available and the forms or procedures to claim those benefits.

The information I have is as follows:

Branch of Service _____

Date of Entering Service _____

Discharge Date _____

Service Number (if different than Social Security Number)

Please let me know what other information or documents you may need me to provide.

Your Signature

Print Name

Your Address

Your Telephone and Email

LETTER TO ORGANIZATION

Date _____

Name and Address of Organization

Re: _____

Insert Name of Deceased

Date of Death _____

Dear Sir or Madam:

I represent the estate of the above-named person whose Social Security Number is _____ .

I have enclosed a photocopy of the death certificate.

Please let me know what benefits may be available to the deceased and/or his family, including such things as life insurance, disability, vacation and sick pay, retirement, or other benefits. If there are claim forms for these please send them to me or let me know how to get them.

Please let me know what other information or documents you may need.

Sincerely,

Your Signature

Print Name

Your Address

Your Telephone and Email

LETTER TO CIVIL SERVICE COMMISSION

(Date) _____

Civil Service Commission
1900 East Street, N.W.
Washington, D.C. 20415

Re: _____

Insert Name of Deceased

Date of Death _____

Dear Sir or Madam:

I represent the estate of the above-named person whose Social Security Number is _____ .

I have enclosed a photocopy of the death certificate.

Please let me know what benefits may be available to the deceased and/or his family, including such things as life insurance, disability, vacation and sick pay, retirement, or other benefits. If there are claim forms for these please send them to me or let me know how to get them.

Please let me know what other information or documents you may need.

Sincerely,

Your Signature

Print Name

Your Address

Your Telephone and Email

LETTER TO EMPLOYER

(Date) _____

Name of Employer _____

Address _____

Dear Sir or Madam:

I represent the estate of your employee/former employee whose name is _____ and whose Social Security Number is _____ .

Please let me know if there are any accrued and unpaid benefits available to him or payable to his estate. This might include unpaid vacation or sick pay, group life insurance, pension or retirement benefits, stock options or stock purchase plans, profit sharing, disability income, payroll savings, or any other benefits. If the deceased left personal property in your possession, please let me know how to arrange for pickup.

Also, if there are claim forms available to access these benefits, could you please forward those or tell me how to get them.

I have enclosed a photocopy of the death certificate.

Please let me know what other information or documents you may need.

Sincerely,

Your Signature

Print Name

Your Address

Your Telephone and Email

RECEIPT FOR DISTRIBUTIVE SHARE

I hereby acknowledge the receipt of the following asset(s) from the following trust estate:

Name and Date of Trust

Description of asset(s) received:

This is a _____ full or _____ partial distribution to me from the estate.

I acknowledge that I have received a copy of the trust document as well as an accounting of trust assets and expenditures to date and am satisfied with the same.

Dated: _____

Signature

Print Name