

**TIMOTHY P. CRAWFORD, S.C.**  
*Your Asset Protection Law Firm*

**Greater Milwaukee Area Offices:**

Brookfield, WI  
Glendale, WI  
Milwaukee, WI  
Racine, WI



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*Board Member of the National Academy  
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**INFORMATION MY LOVED ONES WILL NEED  
TO ARRANGE MY FUNERAL**

Date Completed: \_\_\_\_\_

**“We plan and prepare for most of the events of our lifetime, yet few of us prepare for our funeral. When a death occurs there are over 50 decisions that will have to be made within approximately 24 hours. By completing these pages, you will spare your family the added burden of needing to make some of these decisions for you and your wishes will be known.” Attorney Timothy P. Crawford**

**Some of the information will be needed to prepare my obituary and death certificate.**

Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

**GREATER MILWAUKEE AREA OFFICES IN BROOKFIELD, GLENDALE, MILWAUKEE & RACINE**



\* Attorney Timothy P. Crawford has been Nationally Board Certified as an Elder Law Attorney by The National Elder Law Foundation which has been Approved as the Sole Certifying Organization for Elder Law Attorneys by The American Bar Association.



**Occupation:** \_\_\_\_\_ **Years at Occupation:** \_\_\_\_\_

**Names and Addresses of Present and Previous employers:**

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**Are you a veteran? Yes / No**

**If you are a veteran, complete the following:**

1. **Date and place of enlistment:** \_\_\_\_\_
2. **Date and place of discharge:** \_\_\_\_\_
3. **Rank and service number:** \_\_\_\_\_
4. **Organization or outfit:** \_\_\_\_\_
5. **Commendations received:** \_\_\_\_\_
6. **Location of discharge papers:** \_\_\_\_\_
7. **Flag desired to drape casket:** \_\_\_\_\_
8. **Military Honors desired:** \_\_\_\_\_  
(Gun, Salute, Taps, Presentation of Flag)

**Memberships in Professional and Fraternal Organizations:** \_\_\_\_\_

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**Fraternal Service desired:** \_\_\_\_\_

**Education - High School and Colleges attended, Years and Degrees received:** \_\_\_\_\_

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**Would you like an Obituary placed in any Newspapers?** \_\_\_\_\_

**If so, which ones?** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_

**Name and Address of Church where you are a Member:** \_\_\_\_\_

\_\_\_\_\_

**Funeral Director or Funeral Home you prefer:** \_\_\_\_\_

\_\_\_\_\_

**Clergy Person or anyone else you would like to officiate:** \_\_\_\_\_

\_\_\_\_\_

**Prefer Service to be held at:** \_\_\_\_\_

**Any special instructions for a Visitation:** \_\_\_\_\_

\_\_\_\_\_

**Any favorite type of flowers you would prefer for your service:** \_\_\_\_\_

\_\_\_\_\_

**Any music, hymn or readings you would prefer during your service:** \_\_\_\_\_

\_\_\_\_\_

**Any special prayer, verse or photo you would prefer on a memorial card or folder?** \_\_\_\_\_

\_\_\_\_\_

**Any donations you would like made in your memory:** \_\_\_\_\_

\_\_\_\_\_

**Names, Addresses and Phone Numbers of Casket Bearers you would prefer:**

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**Anything you wish to wear or have buried with you:** \_\_\_\_\_

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### **Choices to Consider**

**Preparation and Disposition. There are many choices to consider when making the choice for disposition of the body. These choices may be very difficult for family members when they have no idea of what you would have wanted. Some choices to consider are:**

- 1. Embalming is for the temporary preservation of the body and allows viewing of the body for relatives and friends. This can include a full funeral, graveside service, burial without a funeral service, entombment in a mausoleum or cremation. For those selecting cremation following a funeral service, most funeral homes have a rental casket available.**
- 2. Immediate burial without services, or followed by a memorial service.**
- 3. Immediate cremation with no services.**
- 4. Immediate cremation followed by a memorial service, with or without the cremated remains being present.**

**Cremated remains are returned to the family in a cardboard or plastic container unless an urn has been purchased and provided to the crematory or funeral home prior to cremation.**

**Urns are available in many styles, shapes and sizes. Most funeral homes have a display and/or catalogs of urns that are available.**

**Cremated remains can be buried in a cemetery lot, placed in an above ground columbarium niche designed for cremated remains, they can be taken by the family and scattered (check state laws governing this) or kept by the family.**

**Many cemeteries allow one set of cremated remains and one casket burial in the same lot, or two cremated remains in the same lot. Again, call or visit the cemeteries of your choice in order to make an informed decision as to which cemetery is right for your burial.**

**WHAT IS YOUR CHOICE FOR PREPARATION AND DISPOSITION OF YOUR BODY?**

**Choose one:**

**Embalming followed with burial or entombment:                    Yes / No**

**Embalming followed with cremation:                                    Yes / No**

**No embalming, just immediate cremation:                            Yes / No**

**If you answered yes to cremation, then what should be done with the cremated remains?**

\_\_\_\_\_

**Other – Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

**Where do you wish to be buried?** \_\_\_\_\_

\_\_\_\_\_

**If you own a cemetery plot, where is it located and what is the lot number?** \_\_\_\_\_

\_\_\_\_\_

**Any special preferences for a casket and vault?** \_\_\_\_\_

\_\_\_\_\_

**Any special preferences for an urn?** \_\_\_\_\_

\_\_\_\_\_

**Before purchasing a grave marker, find out what type of markers the cemetery of your choice allows. Some will only allow flat markers, while others allow either standing or flat markers. Some funeral homes have a display of markers that are available, or you can visit a monument company where they are made. There are many types: granite, marble, other stones, bronze and other metals. Markers may be purchased and installed at the cemetery with the names and birth dates already inscribed, or you can wait until the time of need to complete the inscription.**

**Inscriptions can be as simple or detailed as you want them. Pictures, emblems or other details can also be added.**

**Grave Marker selected and paid for?      Yes / No**

**Marker already set?                              Yes / No**

**Any special preferences for a grave marker, if not already purchased? \_\_\_\_\_**

\_\_\_\_\_

**Special designs or inscriptions preferred: \_\_\_\_\_**

\_\_\_\_\_

**LEGAL INFORMATION**

**INFORMATION YOUR FAMILY WILL NEED TO KNOW**

**Have you indicated on your driver's license that you want to be an organ donor? Yes / No**

**Do you desire any parts of your body to be donated, such as skin tissue, large bones? Yes/No**

**Name, Address and Phone Number of person with legal right to handle your funeral and other post-death arrangements? This person is your spouse, if married, then your adult children.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Location of your signed original Will and/or Trust, and the Name, Address and Phone Number of your Personal Representative (Executor) and/or Successor Trustee:**

\_\_\_\_\_

\_\_\_\_\_

**Name, Address and Phone Number of Your Attorney: \_\_\_\_\_**

\_\_\_\_\_

**Location of Safety Deposit Box and Key: \_\_\_\_\_**

**Where Are Your Documents Kept?**

Birth Certificate \_\_\_\_\_

Marriage Certificate \_\_\_\_\_

Divorce Papers \_\_\_\_\_

Military Records \_\_\_\_\_

Branch of Service \_\_\_\_\_

Military ID# \_\_\_\_\_

Dates of Service \_\_\_\_\_

Passport/Citizenship Papers \_\_\_\_\_

**FINANCIAL AND LEGAL INFORMATION**

Name of Bank \_\_\_\_\_

Account # (Checking) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Account # (Savings) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Account # (Money Market) \_\_\_\_\_

Accountant \_\_\_\_\_

*Telephone* \_\_\_\_\_

Tax Return Preparer \_\_\_\_\_

*Telephone* \_\_\_\_\_

Investment Broker \_\_\_\_\_

*Telephone* \_\_\_\_\_

Lawyer Timothy P. Crawford – 840 Lake Avenue, Racine WI 53403

*Telephone* (262) 634-6659

Power of Attorney \_\_\_\_\_

*Telephone* \_\_\_\_\_

**Where Are Your Documents Kept?**

Bank Statements \_\_\_\_\_

Bonds \_\_\_\_\_

Checkbooks and Passbooks \_\_\_\_\_

Credit Cards to be cancelled \_\_\_\_\_

Charge Accounts to be cancelled \_\_\_\_\_

CDs \_\_\_\_\_

401K Account \_\_\_\_\_

IRAs \_\_\_\_\_

Mortgage Information \_\_\_\_\_

Property Deeds/Title \_\_\_\_\_

Automobile Title/Registration \_\_\_\_\_

Outstanding Loans \_\_\_\_\_

Stock Certificates \_\_\_\_\_

Income Tax Records \_\_\_\_\_

*(Keep all Tax Returns and Supporting Information – Never Toss)*

Pension Records \_\_\_\_\_

Will \_\_\_\_\_

Trusts \_\_\_\_\_

Safety Deposit Box \_\_\_\_\_

*Number* \_\_\_\_\_

*Location of Keys* \_\_\_\_\_

*Who has access after death* \_\_\_\_\_

**INSURANCE INFORMATION**

**Where Are Your Documents Kept?**

Automobile \_\_\_\_\_

Disability \_\_\_\_\_

Homeowners \_\_\_\_\_

Life \_\_\_\_\_

Long-Term Care \_\_\_\_\_

Health \_\_\_\_\_

Other \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Doctor \_\_\_\_\_

*Telephone* \_\_\_\_\_

Health Care Agent \_\_\_\_\_

*Telephone* \_\_\_\_\_

Health Care Power of Attorney \_\_\_\_\_

*Telephone* \_\_\_\_\_

**Where Are Your Documents Kept?**

Advance Directives / Health Care Power of Attorney \_\_\_\_\_

Do Not Resuscitate Papers for Hospice Person \_\_\_\_\_

**Signed: Yes No**

Living Will – *You should not have a Living Will in Wisconsin.*

Organ Donation – I desire to donate my organs: Yes No

**FINAL WISHES**

Clergy \_\_\_\_\_

Telephone \_\_\_\_\_

Funeral Home \_\_\_\_\_

Telephone \_\_\_\_\_

**Where Are Your Documents Kept?**

Burial Arrangements \_\_\_\_\_

Cemetery Information \_\_\_\_\_

**Planning for the Future:**

**Valuable Documents at Your Fingertips**

Whether you are in perfect health or are suffering from chronic illness, identifying where valuable documents are located can help you.

This form has been designed to help you and your loved ones work together to locate these documents before a crisis occurs. By having this conversation now, both of you will gain peace of mind that important information is available should you need it.

**USEFUL INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Telephone Number of Emergency Contact \_\_\_\_\_