# What to Do When Someone Dies

The following information is intended to assist your successor trustee to manage your affairs.

Let us help spare your survivors as much stress and grief as possible during what is always a painful time. Contact our Deathcare Services at 801-477-1570 or email us at admin@intervivosplan.com for our *Settling the Estate* packet.

### WHAT TO DO WHEN SOMEONE DIES

### Overview

The final and most important phase of any estate plan begins once a grantor dies. Officially known as settling or administering the estate, the action steps for this stage of your estate plan are dictated by specific instructions in your trust. The individual named as your successor trustee is legally responsible to make certain that your affairs are administered or settled as outlined in the Trust.

An efficient estate administration accomplishes three main objectives:

- 1. Administers your final affairs pursuant to the terms outlined in your trust;
- 2. Minimizes the costs associated with administration of your estate, and
- 3. Finalizes your affairs as quickly as possible.

These have been primary objectives of your estate plan since its inception. We are dedicated to helping you, your survivors achieve these objectives.

Oftentimes, beginning the process of managing the trust after the death of a grantor can seem overwhelming. However, we are here to assist your successor trustee to step into the role and prepare to do all that needs to be done. To begin the process, contact our Deathcare Services at 801-477-1570 or email us at admin@intervivosplan.com and request a copy of the *Settling the Estate* materials. These materials are designed to collect and organize the critical information about your affairs.

Once we receive your completed materials, our Deathcare Services team will review the information. They can direct your successor trustee to our team of attorneys who can provide many of the services the successor trustee may need. These services include trust certifications, notifications to beneficiaries and heirs, transfer of title documents, affidavits, notification to creditors, as well as referrals for asset valuations, A/B splits, tax returns, and other personalized post-mortem administrative services.

### <u>Instructions – What to Do When Someone Dies</u>

When a Grantor dies, follow these steps:

**First things first.** Nothing must be done immediately. Few things in life are as traumatic as losing a loved one. Take time to grieve. Reminisce about the good times, spend time with family and friends and begin healing. Nothing from a financial perspective is so critical that it should take priority over your emotional needs.

**Order numerous certified death certificates**. Order at least 15 certified copies of the death certificate. The funeral director can help you obtain these. A separate certified death certificate will be needed to remove the deceased grantor's name from each asset (i.e., real estate, stocks, bonds, etc.) and to claim insurance and other death benefits.

**Locate any specific instructions provided by the decedent.** The trust instructs the successor trustee to follow the Personal Letter of Direction (i.e., written instructions from the decedent) for specific steps to be taken at death, especially in regard to distribution of tangible personal property.

In your binder, under the tab identified as Personal Letter of Direction, we provide the basic outline for this letter. Go to the Personal Letter of Direction tab and see if the decedent provided any specific instructions. Also look for instructions in other likely places such as a safe deposit box, computer files or a personal journal or daybook.

Review the information found in the tab labeled "Information for Survivors." This information along with account statements will assist you in locating and valuing the assets and liabilities of the deceased grantor as of the date of death.

Contact your advisor and complete the *Settling the Estate* materials in their entirety. The Successor Trustee will be provided assistance as they begin to manage your estate upon a grantor's death. The *Settling the Estate* packet includes worksheets for:

- Decedent's Detailed Information
- Beneficiary Information
- Detailed Asset Information by Category of Assets
- Detailed Liability Information by Category of Liability
- Estate Tax Information

Send the completed *Settling the Estate* material to:

Estate Plan Support 560 South 100 West, Suite 1 Provo, UT 84601

If you have any questions on how to complete any of the information requested in the *Settling the Estate* materials, contact our Deathcare Services at 801-477-1570 or email us at admin@intervivosplan.com

# Personal Letter of Direction

What is a Personal Letter of Direction? A personal letter of direction is a letter that you write to your loved ones. It contains detailed instructions for distributing your tangible personal property upon your death. You may include burial instructions and other personal instructions as desired.

Why Use a Personal Letter of Direction? Your revocable living trust does not provide details for the distribution of your tangible personal property. It instructs your successor trustee to refer to your personal letter of direction for specific guidance.

**Signing This Document** You simply sign and date your personal letter of direction. You do not need witnesses nor a notary.

### PERSONAL LETTER OF DIRECTION

The revocable living trust document you created specifically references your *Personal Letter of Direction*. In this letter you may spell out any special desires you have regarding the distribution of your tangible personal property. For example, if you have three children and wish one specific child to have a certain item of jewelry, write this down in your personal letter of direction. The following is provided as an introductory paragraph to be used with your personal letter of direction. You may incorporate this introductory paragraph as you deem appropriate for your own letter.

### **Dear Family and Friends**

Please use this letter as a guide to distribute the tangible personal parallel Also, if I have indicated other personal desires, I expect my successor wishes, consistent with the terms of this personal letter of direction,	or trustee to honor my
Signature:	
Date:	

# Information for Survivors

What is Information for Survivors? Information necessary for your survivors to handle your affairs upon your incapacity or death

Why Provide Information for Survivors? People do their estate planning because they love someone. By completing the information for survivors you will make handling your affairs easier for those you love.

Completing the Information No signature is needed. Simply complete the information requested.

# PERSONAL INFORMATION

Birthplace City:	State:	
Date of Birth:		
Social Security Number:		
Driver's License Number:		
<u>Family</u>		
Father's Name:		
Father's Place of Birth:		
Mother's Name:		
Mother's Place of Birth:		
Brothers and Sisters:		
Military Record		
	Sarial Number	r·
Name of War: Date and Place of Induction:	Scriai Numbe.	·
Date and Place of Discharge:		
Date and Place of Discharge:		
Branch of Service:  Rank at Discharge:		
Rank at Discharge: Decorations, if any:		
<u>Current Employer</u>		
Name:		
Address:		
Employee Benefits? [] Yes [] No		fits? [] Yes [] No
<u>Past Employers</u>		
Occupation:	from	to
Occupation:		to
Occupation:		to
Occupation:	from	

<u>Education</u>		
High School:	from	to
High School:		to
College:	from	to
College:	from	to
College:		to
Other Special Schooling:		
<u>Places of Residence</u>		
Location:	from	to
Activities & Hobbies		
Business, Union and Social Memberships		Benefits? [ ] YES [ ] No
		Benefits? [] YES [] No

# PEOPLE TO CONTACT

Name:Address:	Relationship: Telephone:
Name: Address:	Relationship: Telephone:
Address:	Relationship: Telephone:
Name:Address:	Relationship: Telephone:
Name:Address:	
Name: Address:	Relationship: Telephone:
Name:	T. 1. 1

# **FUNERAL ARRANGEMENTS**

Body or Organs to be Do	nated? [] Yes [] No (See Health Care Directive)
Preferred Mortuary	
City:	State:
Place of Service: [ ] Chure	ch [] Mortuary Chapel
Church or Denomination:	
Person to Be In Charge of	f Final Arrangements:
Relationship:	Telephone:
Description of Services D	esired:
Special Readings or Mus	ic:
Service to Be Conducted	by:
Relationship:	Telephone:
Interment Requests	
I prefer: [] earth burial []	cremation [] mausoleum
Name of Cemetery:	
City:	State:
[] I have reserved facilitie	s (attach deed and/or other paperwork).
[] I have not reserved faci	ities.

### OTHER BENEFITS

Use this section to indicate other benefits your survivors might be eligible for.

**Veterans' Benefits:** Depending on the nature of the veteran's death, benefits may be payable for burial expenses, education assistance, GI home loans, as well as a lump-sup death gratuity.

VETERAN'S NAME:	
Government Life Insurance Number:	
Serial Number:	
VA Claim Number:	
Date of Discharge from the Military:	
VETERAN'S NAME:	
Government Life Insurance Number:	
Serial Number:	
VA Claim Number:	
Date of Discharge from the Military:	

**Civil Service Benefits:** Benefits may be available if the deceased worked 18 months or more for the Federal Civilian Service. State and local governments may offer similar benefits.

**Railroad Worker Benefits:** If the deceased worked with the railroad for 10 or more years, railroad retirement rather than social security may provide some benefits.

**Private Employer Benefits:** Check with past private employers of the deceased for information about possible pension contributions and insurance coverage.

**Other Organizations:** Benefits may be available through clubs, service organizations, business associations, fraternal organizations, automobile clubs, or other groups to which the deceased belonged.

**Note to Survivor:** The funeral director can assist you in applying for some government benefits.

# **INSURANCE**

nomeowner's insurance		
Company:	Policy:	
Address:		
Automobile Insurance		
Company:	Policy:	
Address:	Telephone:	
Umbrella Policy		
Company:	Policy:	
Address:	Telephone:	
<u>Life Insurance</u> Insured's Name:		
Company:		
Address:		
Insured's Name:		
Company:		
Address:	m 1 1	
Insured's Name:		
Company:		
Address:	Telephone:	

Insured's Name:	
Company:	
Address:	TD 1 1
Insured's Name:	
Company:	
Address:	Telephone:
Ingurad'a Nama:	
Insured's Name:	
Company:Address:	
Address:	
Long Term Health Care Insurance Insured's Name: Company: Address:	Policy: Telephone:
<b>Medical Insurance</b>	
Insured's Name:	
Company:	D 11
Address:	Telephone:
<b>Medical Insurance</b>	
Insured's Name:	
Company:	Policy:
Address:	Telephone:

# MORTGAGES, LOANS PAYABLE, CREDIT CARDS

Record all information regarding any outstanding loans due. Do not record credit card information here unless it will be safely secured.

Mortgages			
Company:		Property:	
Addraga:		Telephone:	
Loan Number:			
Company:		Property:	
. 11		m 1 1	
Loan Number:			
Other Loans			
		Property:	
7 Iddi 055.		rerephone.	
Company:		Property:	
Company:		Property:	
Credit Cards, Lines oj			
Institution Name	Type of Account	Card/Account #	<u>Telephone</u>

# LOCATION OF IMPORTANT PAPERS

<b>Location</b>	<u>Item</u>
	Personal Information:
	Birth Certificates
	Marriage Certificates
	Death Certificates
	Adoption Certificates
	Veteran's Discharge Certificate
	Divorce Documentation
	Legal Documentation Regarding Name Changes
	Nationalization Papers
	Passports
	Social Security Cards
	Driver(s) License(s)
	Asset Information:
	List of all credit cards and account numbers
	Automobile Registration and Title Certificates
	Location of Safe Deposit Boxes and Key
	Location of Safes and Combinations
	If you have a right to exercise a power of appointment, provide details
	Life, Fire and Disability Insurance Policies
	Automobile, Boat and Plane Insurance
	Pension, profit sharing or other retirement or death benefit
	Passwords for digital assets
	Stock Certificates
	Bonds
	Bank Statements / Bank Books
	Deeds for Real Property
	Copy of Mortgages / Lease
	Copy of Promissory Notes and Loans Owed to You
	Listing of individual who you owe money
	Country club, yacht club and other memberships
	Fraternal and trade societies with benefits provided
	List names of people to whom you owe money and terms
	Tax Information:
	Last 4 years Federal Income Tax Returns
	Last 4 years State Income Tax Returns
	Copies of Internal Revenue Service Audit Documentation
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	Copies of State Tax Board Audit Documentation