Family Estate Planning Kit

What do I do now?
A practical guide for survivors.

Cemetery Office, Corner of 73rd & Taft

Calumet Park Cemetery
FAMILY OWNED & OPERATED SINCE 1928
www.calumetparkcemetery.com
Beginning thoughts…

Since our humble beginnings in 1928, we have seen thousands of families suffer tremendous pain and confusion when there is a death in the family. Already weary from grief and loss of sleep, they are forced to make decisions that will have a permanent impact on them, and will often cost thousands of dollars more than they would have spent if they were of a rational mindset.

To make matters worse, people often have not made out their wills (or updated them), do not apply for government cash benefits, don’t make known the existence or whereabouts of insurance policies, bank accounts, or have vital documents and information written down anywhere to help produce death certificates needed by survivors to settle their estate. Most have neglected to make funeral and cemetery pre-arrangements, leaving their family at the mercy of funeral directors and cemeterians under the most difficult of conditions.

A death in the family is hard enough without placing these other burdens on the shoulders of those we love.

After years of assisting people during such trying times, and helping many plan in advance of need, Calumet Park Cemetery and Funeral Chapels in Merrillville and Hobart and Rendina Funeral Home in Gary have created this valuable Family Estate Planning Kit, which is a booklet that will help you organize your personal information in such a way as to help your loved ones to make it through those first days and weeks after a death occurs.

This Kit was prepared with the assistance of attorneys, accountants, bankers, clergymen and estate planning experts. For maximum benefit, give a photocopy of the information that you will record here to a trusted relative or friend who lives outside of your home, perhaps to the person who would be in charge of settling your estate. Then, at the time of need, give this booklet to your funeral director and Family Service Counselor at the cemetery.

It is hoped that you will take time out of your busy life to fill out this booklet. It will be a gift of love at the time of need.

Sincerely,
Your friends at Calumet Park Cemetery and Funeral Chapels and Rendina Funeral Home

Be sure your cemetery property is recorded properly in your will.

Whether you are looking to buy cemetery property, or you are a cemetery looking to sell cemetery property, or you think you own cemetery property because you have a deed for some graves, all would be wrong. What people are actually buying are burial rights to a piece of land that is always owned by the cemetery. The deed that is issued is a warranty deed for land that can be used for one specific purpose... a place of interment. In simple terms, you are buying the rights to bury the human remains or cremains of an individual in a specified location within a cemetery.

Although everyone talks about “cemetery property”, it is important to be aware of the semantics involved, especially when preparing your will. Many people come to a cemetery at the time of need with a copy of a will that says they get all of mom’s or dad’s personal possessions. The interment process is often delayed as we point out to presumptive heirs that a court order may be needed, depending on the language in the will, before a burial will be made. Simply stating that all my stuff goes to whomever, cemetery property needs to be flushed out. The will must include language that defines exactly the details of said property, or as mentioned above, burial rights. Language that says you get the cemetery property does not work as the will must state something to the effect of:

My cemetery property burial rights on Deed _______ at Calumet Park Cemetery,

Section ___, Block ___, Lot ___, Grave ____.

must be defined and without such specifics, Calumet Park may require a court order to allow the use of the graves as the owner of the deed intended.

It would be best to have your will reviewed by a lawyer if you refer to cemetery property in it. A death has enough pain and fear of the unknown attached to it. It would certainly be to your advantage to have this piece of the final arrangement puzzle written into your will to eliminate the question of what the deceased truly wanted done with any unused graves upon their passing. When burial rights are not assigned before the death of the deed holder, the State of Indiana has some very specific laws as to who gets to be buried in them.
What do I do immediately following the death of a loved one?

1. Send notes to acknowledge expression of sympathy for flowers, memorial donations, food, spiritual remembrances, etc.

2. Meet with a lawyer to begin proceedings for settling your estate. Provide lawyer with a copy of your will/trust and certified copies of death certificates.

3. Notify insurance companies and file claims where applicable, such as with life insurance, car insurance, homeowner’s insurance, retirement benefits, medical, health, disability and travel insurance.

4. Apply for appropriate benefits where applicable, such as social security survivor benefits, worker’s compensation benefits, veteran’s burial and survivor benefits and pension benefits.

5. Transfer real estate and other titled properties where applicable.

6. Notify your accountant/tax preparer (unless estate lawyer is preparing final tax returns). Provide copies of death certificate, previously filed tax return forms and current earnings and dividend statements.

7. Notify stock broker to change ownership of joint or solely owned stocks. Cancel any open orders arranged by the deceased.

8. Notify banks, savings and loan companies and credit unions etc., to change all jointly held accounts and correct tax identification numbers (usually SS#). Cancel direct deposit retirement benefit payments. Re-establish title of safe deposit box and outstanding mortgages, personal notes (loans) etc. Apply for payment of credit life insurance proceeds that may exist on loans or mortgages.

9. Transfer title and all registered vehicles, motor homes, motorcycles, and boats registered in the names of the deceased.

10. Notify all credit card account companies and apply for credit card life insurance coverage proceeds where applicable. Cancel all individually held cards of the deceased. Change all jointly held accounts, and cancel social security claims of deceased.
Documents related to funeral and cemetery preferences should not be kept in a safe deposit box, as they be needed at night, on weekends, or holidays. We suggest you keep them in a safe, but easily accessible, place.

Enter the location of each item listed below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will</td>
<td></td>
</tr>
<tr>
<td>Birth Certificate</td>
<td></td>
</tr>
<tr>
<td>Social Security Card or Number</td>
<td></td>
</tr>
<tr>
<td>Marriage License</td>
<td></td>
</tr>
<tr>
<td>Military Discharge (DD214)</td>
<td></td>
</tr>
<tr>
<td>Citizenship Papers</td>
<td></td>
</tr>
<tr>
<td>Bank Books</td>
<td></td>
</tr>
<tr>
<td>Check Books</td>
<td></td>
</tr>
<tr>
<td>Safe Deposit Box Key</td>
<td></td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td></td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td></td>
</tr>
<tr>
<td>Insurance Policies</td>
<td></td>
</tr>
<tr>
<td>Insurance Policies</td>
<td></td>
</tr>
<tr>
<td>Deeds to Real Estate</td>
<td></td>
</tr>
<tr>
<td>Income Tax Returns</td>
<td></td>
</tr>
<tr>
<td>Auto Title</td>
<td></td>
</tr>
<tr>
<td>Burial Property Deed</td>
<td></td>
</tr>
<tr>
<td>Burial Property Deed</td>
<td></td>
</tr>
<tr>
<td>Funeral Arrangement Documents</td>
<td></td>
</tr>
<tr>
<td>Funeral Arrangement Documents</td>
<td></td>
</tr>
<tr>
<td>Computer Passwords</td>
<td></td>
</tr>
<tr>
<td>Computer Passwords</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Your will:

No matter how large or small your estate, it is essential that you prepare your will and revise it regularly. Your will is the least expensive way to protect your life’s work and savings.

If you die without a will, state law and a probate judge will determine who will administer your estate (average of 18 months to complete probate), who will handle your finances, and who will be the guardian of your minor children. With a will, you are the one who makes these decisions and not a probate judge who is completely unfamiliar with your wishes.

Living will:

With medical science making advances in developing techniques to keep the human body alive after one is “brain dead”, issues concerning “quality of life” and the “right to die” are realities in our lives. We recommend that you and your family discuss these issues to avoid any uncertainty that could arise should you be in such a position.

If you have strong feelings regarding these issues, we recommend that you sign a “living will”. This document will give specific instructions to family members, doctors and hospitals regarding your wishes.

Living Will Declaration: I ____________________________, being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care. If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain.

These directions express my legal right to refuse treatment. Therefore I expect my family, doctors and everyone concerned with my care to regard themselves as legally and morally bound to act in accord with my wishes, and in so doing to be free of any legal liability for having followed my directions.

I especially do not want: cardiac resuscitation, mechanical respiration or artificial feeding/fluids by tube. I would prefer to die (at home, if possible or ________________________________).

Should I become unable to communicate my instructions as stated above, I designate the following person to act in my behalf: Name ____________________________

Address ___________________________________ Phone ____________________

If the person I have named above is unable to act on my behalf, I authorize the following person to do so: Name ________________________________

Address ___________________________________ Phone ____________________

THIS LIVING WILL DECLARATION EXPRESSES MY PERSONAL TREATMENT PREFERENCES. The fact that I may have also executed a document in the form recommended by the state law should not be construed to limit or contradict this Living Will Declaration, which is an expression of my common-law and constitutional rights.

Signed ____________________________ Date __________________

Witness ____________________________ Date __________________

Address ____________________________ Phone __________________

Witness ____________________________ Date __________________

Address ____________________________ Phone __________________

Consult with an attorney when setting up all legal documents.
Organ Donation:

I hereby make an anatomical gift to be effective upon my death:

Any needed organ parts: (initials) ____________________________________________

The following body parts: __________________________________________________

______________________________________________________

Limitations: ______________________________________________________________________

Donor’s signature: _______________________________ Date: __________

Witness signature: _______________________________ Date: __________

It is recommended that you seek legal council regarding current laws as they apply to Living Will Declarations.

Life Insurance Policies:

Insurance Company: _______________________________ Policy #: ______________________
Agent: __________________ Phone: __________________
Beneficiary: ________________________________ Phone: __________________

Insurance Company: _______________________________ Policy #: ______________________
Agent: __________________ Phone: __________________
Beneficiary: ________________________________ Phone: __________________

Insurance Company: _______________________________ Policy #: ______________________
Agent: __________________ Phone: __________________
Beneficiary: ________________________________ Phone: __________________

Bank Accounts/investments:

Savings Account # ____________________________ with: ____________________________

Savings Account # ____________________________ with: ____________________________

Checking Account # ____________________________ with: ____________________________

Checking Account # ____________________________ with: ____________________________

IRA/Keogh Account # ____________________________ with: ____________________________

Money Market Account # ____________________________ with: ____________________________

Stocks (stock name/where invested):

___________________________________________________________________________
Veteran’s Benefits: Service # or SS #

Veteran’s Benefits are not paid automatically. They must be claimed within two (2) years of the final burial. If the deceased is an honorably discharged veteran from the Air Force, Army, Navy, Marines, Coast Guard or National Guard, he or she may be entitled to a number of death benefits and allowances. Since the Veterans Administration and the U.S. Congress change these benefits and allowances from time to time, you are encouraged to check with your local Veterans Administration Office for the latest information, or check with the Veterans Administration in Washington, D.C.

When filing for veterans benefits, the following documents will be required:

- Discharge papers (DD214)
- Service serial number
- A certified copy of the death certificate
- Veteran’s marriage certificate
- Birth certificates of veteran’s minor children

Social Security Benefits:

At the time of death, most families are eligible to receive a lump sum cash benefit from the Social Security Administration. There may be other benefits in cases where the decedent had minor children. Check with the Social Security Administration to find out what benefits are available. All benefits must be applied for, and application for same is usually done through the help of your funeral director.

It is also suggested that any person liable for payments to social security in the form of deduction from paychecks check with the Social Security Administration on a periodic basis to be sure that the payroll deductions are being properly credited to your account. There is a time frame in which corrections must be made. Call 1-800-772-1213 for more information (Social Security Administration).

When filing for social security benefits, the following documents will be required:

- Death certificate
- Birth certificate of the deceased
- Social security card of deceased
- Marriage certificate (copy)
- Birth certificate of the applicant
- Birth certificates of minor children
- Disability proof for children over 18
- Receipted funeral bill
Information Needed
For Indiana State Department of Health
Certificate of Death
(husband)

Legal name (First, Middle, Last):

Maiden Name:

Sex:  ☐ Male  ☐ Female

Hispanic Origin:

Race:

Date of birth:

Social Security Number:

Education (Highest Level Completed):

Birthplace:  City: ___________________ State: ______  Country: ___________________

Father’s Legal Name:

Mother’s Legal Name:

Mother’s Maiden Name:

Armed Forces:  ☐ Yes  ☐ No  ☐ Unknown  Branch: ___________________

Occupation:

Name of Spouse:

Spouse’s Maiden Name:

Information is for the private use of Calumet Park Funeral Chapels and Rendina Funeral Home for the purpose of applying for a death certificate. One completed form should be submitted with every pre-need funeral service contract. The contract reference number is ______________ dated __________________.
Information Needed
For Indiana State Department of Health
Certificate of Death
(wife)

Legal name (First, Middle, Last): ________________________________

Maiden Name: _____________________________________________

Sex:   ☐ Male   ☐ Female

Hispanic Origin: ____________________________________________

Race: _____________________________________________________

Date of birth: _____________________________________________

Social Security Number: _____________________________________

Education (Highest Level Completed): __________________________

Birthplace: City: __________________________ State: _______ Country: ____________

Father’s Legal Name: _______________________________________

Mother’s Legal Name: _______________________________________

Mother’s Maiden Name: _____________________________________

Armed Forces:   ☐ Yes   ☐ No   ☐ Unknown   Branch: __________________________

Occupation: _______________________________________________

Name of Spouse: ___________________________________________

Spouse’s Maiden Name: _____________________________________

Information is for the private use of Calumet Park Funeral Chapels and Rendina Funeral Home for the purpose of applying for a death certificate. One completed form should be submitted with every pre-need funeral service contract. The contract reference number is ________________ dated ________________.
Funeral Preferences

**Husband** - Name: ___________________________
Funeral home: __________________________________________
Type of service: ________________________________________
Type of casket: ________________________________________
Cemetery: _____________________________________________
Final disposition: ______________________________________
Clergy/person to officiate: _______________________________
Clothing: _____________________________________________
Favorite flower: _______________________________________
Psalm or other passage or excerpt from literature: ___________

**Wife** - Name: _____________________________
Funeral home: _______________________________________
Type of service: ______________________________________
Type of casket: _______________________________________
Cemetery: ___________________________________________
Final disposition: _____________________________________
Clergy/person to officiate: ______________________________
Clothing: ___________________________________________
Favorite flower: ______________________________________
Psalm or other passage or excerpt from literature: ___________

*Relatives or friends who can assist the family in making arrangements:*
Name: ___________________________________________ Relationship: ___________
Address: _________________________________________ Phone: ___________

Name: ___________________________ Relationship: ___________
Address: ___________________________ Phone: ___________

Name: ___________________________ Relationship: ___________
Address: ___________________________ Phone: ___________
The Funeral Planning Declaration
What you need to know before you sign

What is it?

A Funeral Planning Declaration is a legally binding document allowing a person to direct how their body is to be disposed of at the time of their death and what services are to be held. It is provided for by Indiana law, IC 29-2-19.

The instructions given in a Funeral Planning Declaration supersede and override the wishes of all others including your immediate family. A Funeral Planning Declaration is not for everyone.

Who should not execute a Funeral Planning Declaration?

If you want to allow your family to plan the funeral services that will be most meaningful to them, you do not want to execute a Funeral Planning Declaration. It will only restrict them in what they want to do.

Without a funeral planning declaration, the law provides that the right of disposition falls to your family. Your husband or wife first, then your adult children, then parents, then the next degree of kinship to inherit.

If you simply want to express your wishes to them but still allow them to make the final decisions, you might consider doing this through conversation or a letter to your family.

Who should execute a Funeral Planning Declaration? It is most appropriate for those who:

• Do not have any immediate family to carry out funeral planning and disposition arrangements.
• Have strong feelings as to what should happen upon their death.
• Have wishes that are likely to be objected to by their family because those wishes break from family or religious tradition.
• Anticipate conflict between family members as to what should be done.

In order to be valid and to be assured your wishes will be carried out:

• You must be at least 18 years of age and of sound mind to execute a declaration.
• Indicating your wishes is not sufficient. You must name a person (designee) to carry out the wishes in the event the original designee is unavailable or unable to act. You can not name your funeral director as your designee.
• The declaration must be signed and must be witnessed by competent witnesses over the age of 18 who are not related to you and who will not be entitled to part of your estate.
• You must provide a means of funding your wishes. One way this can be done is to execute and fund a pre-need contract as provided for under Indiana law (IC 30-2-13). Your funeral director can assist you in doing this.
• You can not expect your wishes to be carried out if they are impossible, impractical, or illegal. Also bear in mind that church or cemetery regulations may restrict what can be done. If you have an unusual request, you should check to see if it is possible before requesting it.
• The existence of the declaration must be known and it must be made available at the time of death. Do not include it in your Will or store it in a lock box or safe deposit box. Give a copy to your designee or other trusted friend or family member. Leave a copy with the funeral home you have requested to carry out the service details.
• This information is not meant to replace competent legal advice. Contact your attorney if you have any questions or concerns about a Funeral Planning Declaration before you sign one.

© Copyright 2009 Indiana Funeral Directors Association. All Rights Reserved.
FUNERAL PLANNING DECLARATION

This declaration is made this ____________ day of ____________________, ____________.

I, ________________________________, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my instructions concerning funeral services, ceremonies, and the disposition of my remains after my death in accordance with Indiana Law (IC 29-2-19).

I hereby declare and direct that after my death _______________________________ (name of designee) shall, as my designee, carry out the instructions that are set forth in this declaration. If my designee is unwilling or unable to act, I nominate _______________________________ as an alternate designee.

I hereby declare and direct that after my death the following actions be taken as indicated by my initialing or making my mark before signing this declaration:

(1) Disposition: My body shall be: (choose one)

   _____ Buried — I direct that my body be buried at ________________________________ Cemetery.
   _____ I own a cemetery space there. (Lot/Space ________________________________)
   _____ I do not own a space in that cemetery.
   _____ I have no cemetery preference and leave that decision to my designee.

   _____ Cremated — I then direct that my cremated remains be disposed of as follows:
   _____ Scattered at ________________________________
   _____ Buried at ________________________________
   _____ Given to and retained by ________________________________
   _____ I have no preference. This decision is up to my designee.

   _____ Entombed — I direct that my body be entombed at ________________________________ Cemetery.
   _____ I do/do not (mark one) own a mausoleum crypt in that cemetery.
   _____ I intentionally make no decision concerning the disposition of my body, leaving the decision to my designee named above.

(2) Services: My service arrangements shall be:

Obtained from ________________________________ Funeral Home of ________________________________, Indiana - or - _____ I have no funeral home preference.

I direct that the following ceremonial arrangements be made:

   _____ Funeral service in funeral home chapel
   _____ Funeral services at ________________________________ Church/Synagogue
   _____ Graveside services at ________________________________ Cemetery
   _____ I have no special preference and leave that decision to my designee

(3) Memorial and Merchandise:

I direct the following selection of grave memorial or marker: (Subject to cemetery regulation)

   _____ Upright monument ________________________________
   _____ Flat marker ________________________________
   _____ I have no preference and leave that decision to my designee

   Special inscription or artwork ________________________________
I direct that the following merchandise and other property be selected:

- Casket
- Vault or grave liner
- Cremation urn
- I have no preference and leave these decisions to my designee.

In addition to the instructions listed above, I request the following:

If it is impossible to make an arrangement specified in subdivisions (1) through (3) because a funeral home or other service provider is out of business, impossible to locate, or otherwise unable to provide the specified service; or if the specified arrangement is impossible, impractical, or illegal, I direct my designee to make alternate arrangements to the best of the designee’s ability.

It is my intention that this declaration be honored by my family and others as the final expression of my intentions concerning my funeral and the disposition of my body after my death. I understand the full import of this declaration.

Signed

Address ___________________________ City ________________, IN Zip __________

Witnesses to signature:

The declarant is personally known to me, and I believe the declarant to be of sound mind. I did not sign the declarant’s signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant’s estate. I am competent and at least eighteen (18) years of age.

Witness ___________________________ Date __________
Witness ___________________________ Date __________

Notary Information:

This form is in compliance with IC 29-2-19, Effective July 1, 2009. This form has been reproduced for your convenience. However, Calumet Park Cemetery and Funeral Chapel and all of its employees are not responsible for the accuracy of the language used herein. It is the responsibility of the declarant to seek legal counsel prior to signing a document of this magnitude. This Funeral Planning Declaration will be honored when properly signed, witnessed and notarized. Signing of this form supersedes all other priorities, including a Health Care Power of Attorney with no restrictions.
Right of Disposition in the State of Indiana Reviewed in 2018

Order of Priority to Control Disposition

The highest level of the order of priority according to the Right of Disposition law is considered to be the legal authority and is recognized by Calumet Park Cemetery as the person authorized to sign for a final disposition, whether interment, entombment or inurnment, or any other method of final disposition of human remains.

The order of priority as written into Indiana Code 25-15-9-18 (2016 updated) is as follows:

1. An individual granted the authority to serve in a Funeral Planning Declaration executed by the decedent under IC 29-2-19 (July 2009), but instructions must be funded.
2. An individual with a Health Care Power of Attorney (IC 30-5-5-16) that grants disposition rights.
3. Spouse of the decedent at the time of decedent’s death.
4. Decedent’s surviving adult child (18 years or older) and there being no surviving spouse. If more than one surviving child, any may be eligible if all have been notified. When conflict arises, new law allows for majority rule. If doubt on the part of Calumet Park as to legal authority, a court order may be required.
5. Decedent’s surviving parent; either parent if decedent is survived by both parents.
6. The decedents surviving sibling, brothers and sisters (majority rules if more than one - possible need for court order if two survive and there is a known disagreement).
7. The individual in the next degree of kinship (IC 29-1-2-1) to inherit the estate (order of inheritance laws - grandchildren, nieces and nephews, grandparents, aunts and uncles in said order of priority).
8. Stepchild if none of the persons described in 1-7 above are available as defined in IC 6-4.1-1-3(f).
9. The person appointed by the courts to administer the decedent’s estate and must be appointed as such by the court having jurisdiction (IC 29-1) over a decedent’s estate.
10. If none of the persons above are available, any other person willing to act and arrange for final disposition of the decedent’s remains, including a funeral home with a prepaid funeral plan executed under IC 30-2-13 and attests in writing that they have made a good faith effort to locate any living individuals described above in 1-9.
11. In the case of an indigent or other individual whose final disposition is the responsibility of the state or township, the following applies: if none of the persons identified in 1-10 is available, a public administrator, including a responsible township trustee, the coroner or a state appointed guardian may act as the authorizing agent. However, when this is your only alternative, a court order will be required for CPC and affiliates to proceed with the final disposition as allowed at IC 25-15-9-18, (11) (C) (2) (h) (1)
To our loved ones...

We have completed this Family Estate Planning Kit as a means of expressing our love and concern for you. It is our sincere desire to make our wishes regarding final arrangements known to you in order to ease some of your stress at the time of our death.

In this Kit we have recorded certain vital statistics and other helpful information that will be needed to complete our final arrangements. Where possible, we have both arranged and paid for the goods and services that would be necessary to have our final wishes carried out.

We sincerely hope you will find these arrangements satisfactory and that they will help you retain a warm memory of the wonderful years we have spent together.

God bless you...

__________________________
Signature

__________________________
Signature

__________________________
Date
The following information will be needed when you meet with your funeral director:

1. Legal name of deceased
2. Date of birth
3. Place of birth
4. Social Security Number
5. Father’s full name
6. Mother’s full name ( Maiden name )
7. Burial clothing including undergarments (shoes optional)
8. Recent photograph
9. Clergy name and phone number
10. Copy of military discharge ( DD214 or equivalent ) when applicable
11. Any applicable life insurance policies along with the telephone number of your insurance agent
12. Name of cemetery/deeds and contracts

When death occurs at home, your first call should be to the police unless the deceased has been under hospice care.

FAMILY OWNED & OPERATED

Calumet Park Cemetery
(219) 769-8803
2305 W. 73rd Avenue
Merrillville, IN 46410

Calumet Park Funeral Chapel
(219) 736-5840
7535 Taft Street
Merrillville, IN 46410

Kendina Funeral Home
(219) 980-1141
5100 Cleveland Street
Gary, IN 46408

Calumet Park Funeral Chapel
(219) 940-3791
370 N. County Line Road
Hobart, IN 46342

Find us on Facebook at mycalumetpark