

# Personal Affairs Workbook and Survivor Guide to Benefits

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This guide provides an introduction to the most important issues that loved ones face during difficult times. Please fill in the information and have it available for your spouse. Be assured that the Casualty Office assistance is not limited to the subjects covered here. If you need additional help, please ask and it will be provided. Your first contact at time of death for either spouse is the Casualty Assistance Officer.

## Who to Contact

Nearest Casualty Assistance Officer in Ark-La-Tex Area:

Name: Mr. David Day

Location: Barksdale AFB, LA

Phone/FAX/Cell: 318-456-2212

To find the nearest Casualty Officer outside local area:

Army: 1-800-626-3317

Marine: 1-800-847-1597

Navy: 1-800-368-3202

Air Force: 1-877-353-6807

**PERSONAL AFFAIRS WORKBOOK**  
**AND**  
**A SURVIVOR'S GUIDE TO BENEFITS**

**A complete record of your personal information and financial situation will prove to be a valuable asset to your survivors and help them handle the many subjects that need attention in the event of your death. This workbook will help you put your affairs in order and aid your survivors as they deal with the paperwork and notifications that follow.**

**Prepared by Col. Steve dePyssler, USAF Retired.**

**Director Retiree Activities Office (RAO)**

**And**

**CMSgt Herman Nock, USAF Retired**

**Volunteer, Retiree Activity Office (RAO)**

**MAIL: 2FSS/RETIREE OFFICE**

**800 KENNEY AVE**

**BLDG T-4353, ROOM 24**

**BARKSDALE AFB, LA 71110**

**E-MAIL: [RAO@barksdale.af.mil](mailto:RAO@barksdale.af.mil).**

**PHONE: 318-456-5976 or 318-456-4480**

**TOLL FREE: 1-866-544-2412**

**FAX: 318-456-3520**

**YOUR RECOMMENDATIONS OR COMMENTS THAT WOULD MAKE THIS A BETTER WORKBOOK FOR MILITARY RETIREES AND THEIR DEPENDENTS WOULD BE APPRECIATED.**

***This workbook is of no value unless it is filled in***

## **PERSONAL AFFAIRS INFORMATION**

**Lessons learned by Col Steve dePyssler, USAF (Retired) after assisting over 2,500 widows and widowers since 1978:**

- **Every retiree and spouse should have a “Letter of Instructions” which supplements the will with items not normally in a will. The items that should be covered is the disposition of the remains by donation (cheapest), cremation or burial. It should cover information on funeral home, cemetery, memorial, military honors, casket, cost and obituary. Also disposition of vehicles, jewelry, collections, clothing, guns and whatever else you think the family needs to know.**
- **You need an easy to read listing of all your assets to include your present income, sources and phone numbers.**
- **Extremely important that the monthly income of the widow/widower be included to show sources such as, Social Security, SBP, VA DIC, IRA 401K’s, annuities and income coming from assets, as bonds, CD’s stocks, etc. Extremely important, especially for widows to know what her income will be after the death of her husband.**

**CHAPTER 1–MILITARY RETIREE PERSONAL INFORMATION**

Name: \_\_\_\_\_ Retired Grade: \_\_\_\_\_  
(First) (Middle) (Last)

Address: Street \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Service Number: \_\_\_\_\_ VA Claim number, if applicable \_\_\_\_\_

Date and type of retirement:

\_\_\_\_\_ 20 + years E-mail address \_\_\_\_\_

\_\_\_\_\_ Reserve Spouses Name: \_\_\_\_\_

\_\_\_\_\_ Disability Spouses Maiden Name: \_\_\_\_\_

Spouses Birth date: \_\_\_\_\_ Place: \_\_\_\_\_

Your place/date of birth: \_\_\_\_\_ Date: \_\_\_\_\_  
(City) (State) (Zip code)

Naturalization (if Applicable)

\_\_\_\_\_  
By (Designation and location of court granting naturalization)

Parents Names: (Not required if deceased)

First name Middle name Last DOB Place of birth

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Your marriages:

First Name Middle Last Name Place Date

1st To whom:

\_\_\_\_\_

2nd To whom:

\_\_\_\_\_

3rd To whom:

\_\_\_\_\_

(If marriage terminated show reason, place and date(s) below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Children:**

| <u>Name</u> | <u>DOB</u> | <u>Street /City</u> | <u>State</u> | <u>Zip Code</u> |
|-------------|------------|---------------------|--------------|-----------------|
| _____       | _____      | _____               | _____        | _____           |
| _____       | _____      | _____               | _____        | _____           |
| _____       | _____      | _____               | _____        | _____           |
| _____       | _____      | _____               | _____        | _____           |
| _____       | _____      | _____               | _____        | _____           |
| _____       | _____      | _____               | _____        | _____           |

**Family Records Location:**

Birth certificates: His - Located at \_\_\_\_\_  
Hers – Located at \_\_\_\_\_

Papers and certificates:      Locations of documents checked below:  
\_\_\_ Adoption Papers: \_\_\_\_\_  
\_\_\_ Naturalization Papers: \_\_\_\_\_  
\_\_\_ Marriage Certificate: \_\_\_\_\_  
\_\_\_ Divorce decree: \_\_\_\_\_

(Divorce decree, death certificates or certified copies thereof in case of either spouse)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Important Papers:**

     I have a will. It is dated \_\_\_\_\_ and is located at \_\_\_\_\_

     I do not have a will

Lawyers Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

**Personal Lawyer or trusted friend:** Name of person who may be consulted in regard to my personal or business affairs.

Lawyer: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Friend: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

**Power of Attorney for Financial Affairs:**      Yes I have      I do not have

That person is \_\_\_\_\_ Phone No: \_\_\_\_\_

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

**Power of Attorney for Health Care:**      Yes I have      No I do not have

That person is \_\_\_\_\_ Phone No: \_\_\_\_\_

Address \_\_\_\_\_

**Bank or Trust Company:**

Safety Deposit Box:      Yes      No Location of key: \_\_\_\_\_

Name and address of Bank or Trust Company:  
\_\_\_\_\_

## **CHAPTER 2 -MILITARY SERVICE & PAY**

### **Retirement Date**

Date Retired: \_\_\_\_\_ Number of years, \_\_\_\_\_ months, \_\_\_\_\_ days served, \_\_\_\_\_

### **Military Records**

### **Location of record**

\_\_\_\_ Retirement Orders \_\_\_\_\_

\_\_\_\_ Separation Papers (DD214) \_\_\_\_\_

\_\_\_\_ Awards & Decorations \_\_\_\_\_

Note: the only essential document needed is your DD-214, Report of Separation, which is required by the Funeral Director for getting burial flag from the Post Office. If not found, retirement order will suffice.

### **Military Retired Pay:**

Keep the last statement of pay record and where filed. The statement contains extremely valuable information on allotments for insurance premiums and more. List all allotments:

\_\_\_\_ Insurance Premiums \_\_\_\_\_

\_\_\_\_ Bonds \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

### **Survivor Benefit Plan (SBP)**

\_\_\_\_ Yes      \_\_\_\_ No

Current 55% annuity amount shown on last pay statement:

As of date: \_\_\_\_\_ Annuity: \_\_\_\_\_

Retired Serviceman's Family Protection

\_\_\_\_ Yes      \_\_\_\_ No      Annuity amount: \_\_\_\_\_ shown on last pay statement.

I have waived all or part of my military pay in favor of Department of Veterans Affairs (VA) Disability Compensation or combined Civil Service Payment.

\_\_\_\_ Yes      \_\_\_\_ No

**CHAPTER -3 MEDICAL**

**RETIREE**

Check One: Company: Cost:  
Tricare - Prime: \_\_\_\_\_ \$ \_\_\_\_\_  
Tricare - Standard: \_\_\_\_\_ \$ \_\_\_\_\_  
Tricare - For-Life: \_\_\_\_\_ \$ \_\_\_\_\_

**Doctors: (His)** Name                      Address                      Phone No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPOUSE**

Check One: Company: Cost:  
Tricare - Prime: \_\_\_\_\_ \$ \_\_\_\_\_  
Tricare - Standard: \_\_\_\_\_ \$ \_\_\_\_\_  
Tricare - For-Life: \_\_\_\_\_ \$ \_\_\_\_\_

**Doctors: (Hers)** Name                      Address                      Phone No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Long Term Care (LTC):**

|       | <u>Company</u> | <u>Policy Number</u> | <u>Date Purchased</u> | <u>Premium</u> |
|-------|----------------|----------------------|-----------------------|----------------|
| His:  | _____          | _____                | _____                 | _____          |
| Hers: | _____          | _____                | _____                 | _____          |

Coverage: His: \_\_\_\_\_ Hers: \_\_\_\_\_



**CHAPTER 4- FINANCIAL**

Bank and Credit Union Accounts:

Type of Accounts:

|                      |                 |                       |
|----------------------|-----------------|-----------------------|
| <u>  </u> Individual | <u>  </u> Joint | Account Number: _____ |
| <u>  </u> Individual | <u>  </u> Joint | Account Number: _____ |
| <u>  </u> Individual | <u>  </u> Joint | Account Number: _____ |
| <u>  </u> Individual | <u>  </u> Joint | Account Number: _____ |
| <u>  </u> Individual | <u>  </u> Joint | Account Number: _____ |

IRA — Retirement Account:

|                |                 |              |
|----------------|-----------------|--------------|
| <u>  </u> His  | Location: _____ | Phone: _____ |
| <u>  </u> Hers | Location: _____ | Phone: _____ |

401K — Retirement Account:

|                |                 |              |
|----------------|-----------------|--------------|
| <u>  </u> His  | Location: _____ | Phone: _____ |
| <u>  </u> Hers | Location: _____ | Phone: _____ |

Annuities:

| <u>Type: SPDA/SPIS</u> | <u>\$ Amount</u> | <u>Location</u> | <u>Phone</u> | <u>Date</u> |
|------------------------|------------------|-----------------|--------------|-------------|
| _____                  | _____            | _____           | _____        | _____       |
| _____                  | _____            | _____           | _____        | _____       |
| _____                  | _____            | _____           | _____        | _____       |
| _____                  | _____            | _____           | _____        | _____       |

Pencil in amount as it will change.

**United States Savings Bonds**

Where kept: \_\_\_\_\_ List if desired:

| <u>Value</u> | <u>Serial Numbers</u> | <u>Denominations</u> | <u>Location</u> |
|--------------|-----------------------|----------------------|-----------------|
| _____        | _____                 | _____                | _____           |
| _____        | _____                 | _____                | _____           |
| _____        | _____                 | _____                | _____           |
| _____        | _____                 | _____                | _____           |
| _____        | _____                 | _____                | _____           |

**TRUST(s):** \_\_\_ **Yes**      \_\_\_ **No**

| <u>Kind</u> | <u>Name</u> | <u>Policy Number</u> | <u>Phone</u> |
|-------------|-------------|----------------------|--------------|
| _____       | _____       | _____                | _____        |
| _____       | _____       | _____                | _____        |
| _____       | _____       | _____                | _____        |

**INCOME TAX:**                      Location                      Tax Preparer & Phone number  
\_\_\_ Federal \_\_\_\_\_  
\_\_\_ State \_\_\_\_\_  
\_\_\_ County/Parish \_\_\_\_\_  
\_\_\_ City \_\_\_\_\_

**CREDIT CARDS:**

| <u>Visa/Master Card/Other:</u> | <u>Number</u> | <u>% Interest</u> | <u>\$ Balance</u> | <u>As of date</u> |
|--------------------------------|---------------|-------------------|-------------------|-------------------|
| _____                          | _____         | _____             | _____             | _____             |
| _____                          | _____         | _____             | _____             | _____             |
| _____                          | _____         | _____             | _____             | _____             |
| _____                          | _____         | _____             | _____             | _____             |
| _____                          | _____         | _____             | _____             | _____             |

**Present Monthly Income —Direct Deposits and/or checks:**

| <u>Type of Pay:</u>    | <u>Amount:</u>  | <u>Remarks:</u> |
|------------------------|-----------------|-----------------|
| Military Retired Pay   | \$ _____        | _____           |
| Social Security (His)  | \$ _____        | _____           |
| Social Security (Hers) | \$ _____        | _____           |
| VA Disability          | \$ _____        | _____           |
| IRA—His                | \$ _____        | _____           |
| IRA— Hers              | \$ _____        | _____           |
| Civilian Job           | \$ _____        | _____           |
| Other                  | \$ _____        | _____           |
| Investments:           | \$ _____        | _____           |
| <b>TOTAL:</b>          | <b>\$ _____</b> |                 |

**Surviving Spouse Monthly Income:**

|   | <u>Amount</u>   | <u>Remarks</u> |
|---|-----------------|----------------|
| Social Security (Largest of his or hers): | \$ _____        | _____          |
| Survivor Benefit Plan @55%:               | \$ _____        | _____          |
| VA Dependency & Indemnity Comp.:          | \$ _____        | _____          |
| IRA (His + Hers):                         | \$ _____        | _____          |
| Civilian Job Retirement Income:           | \$ _____        | _____          |
| Investment Income:                        | \$ _____        | _____          |
| <b>TOTAL:</b>                             | <b>\$ _____</b> |                |

**FINANCIAL RECOMMENDATIONS FOR MY WIDOW:**

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**CHAPTER 5 - ASSETS**

**HOME**

Date Built: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Monthly Payments: \$ \_\_\_\_\_

**CARS:**

Mfg Name                      Model Yr      \$Value      Loan Balance      Monthly Payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTO LEASE INFORMATION: \_\_\_\_\_

**BOAT:**

Mfg Name                      Model Yr      Value              Loan Balance      Monthly Payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER PROPERTY OWNERSHIP or INTEREST: (2nd Home, lake cabin, Etc.)**

#1 Type                      Located at              Mortgage/Trust/Deed              Held by

\_\_\_\_\_

Property insured with: Insurance Company      Policy Number              Deed, abstract, mortgage, insurance, contracts & other papers located at:

\_\_\_\_\_

#2 Type                      Located at              Mortgage/Trust/Deed              Held by

\_\_\_\_\_

Property insured with      Insurance Company      Policy Number              Deed, abstract, mortgage, insurance, contracts & other papers located at:

\_\_\_\_\_

**CHAPTER 6 INSURANCE**

**Life Insurance Policies:**

| <u>Insurance Company</u> | <u>Policy number</u> | <u>Death Benefit</u> | <u>Phone number</u> | <u>Policy date</u> |
|--------------------------|----------------------|----------------------|---------------------|--------------------|
| _____                    | _____                | _____                | _____               | _____              |
| _____                    | _____                | _____                | _____               | _____              |
| _____                    | _____                | _____                | _____               | _____              |
| _____                    | _____                | _____                | _____               | _____              |

(Recommend annual check of phone numbers, request policy statement, retain copy of same.)

**Auto Insurance:**

| <u>Vehicle</u> | <u>Company</u> | <u>Policy Number</u> | <u>Cost</u> | <u>Phone number</u> | <u>Renewal date</u> |
|----------------|----------------|----------------------|-------------|---------------------|---------------------|
| _____          | _____          | _____                | _____       | _____               | _____               |
| _____          | _____          | _____                | _____       | _____               | _____               |
| _____          | _____          | _____                | _____       | _____               | _____               |

**Property/Home Insurance:**

| <u>Property</u> | <u>Company</u> | <u>Policy Number</u> | <u>Cost</u> | <u>Phone number</u> | <u>Renewal date</u> |
|-----------------|----------------|----------------------|-------------|---------------------|---------------------|
| _____           | _____          | _____                | _____       | _____               | _____               |
| _____           | _____          | _____                | _____       | _____               | _____               |

Location of policies: \_\_\_\_\_

**Mortgage Insurance:**

| <u>Company</u> | <u>Policy Number</u> | <u>Cost</u> | <u>Phone number</u> | <u>Renewal date</u> |
|----------------|----------------------|-------------|---------------------|---------------------|
| _____          | _____                | _____       | _____               | _____               |
| _____          | _____                | _____       | _____               | _____               |

Location of policies: \_\_\_\_\_

**Health Insurance:**

|           | <u>Company</u> | <u>Coverage</u> | <u>Policy Number</u> | <u>Phone No.</u> |
|-----------|----------------|-----------------|----------------------|------------------|
| ___ His:  | _____          | _____           | _____                | _____            |
| ___ Hers: | _____          | _____           | _____                | _____            |

(Not required if over 65 and on Tricare-For-Life)

**Umbrella Insurance:**

| <u>Company Name</u> | <u>Policy Number</u> | <u>Coverage</u> | <u>Phone No.</u> |
|---------------------|----------------------|-----------------|------------------|
| _____               | _____                | _____           | _____            |

**Burial Insurance:**

\_\_\_ Yes      \_\_\_ No

If yes:      Location                              Coverage

\_\_\_ His: \_\_\_\_\_

\_\_\_ Hers: \_\_\_\_\_

Location of Policies: \_\_\_\_\_

## **CHAPTER 7— VETERANS AFFAIRS (VA)**

A wealth of information concerning compensation and benefits for families of deceased Service Members is available from the Department of Veterans Affairs.

Veterans Benefits Administration  
Telephone: 1-800-827-1000  
<http://www.va.gov>  
Financial Point: 1-888-827-1000

Bereavement Counseling  
Telephone: 202-273-9116

National Cemetery Administration  
Telephone: 1-800-827-1000  
<http://www.cem.va.gov>

Montgomery GI Bill/VEAP Refund  
Telephone: 1-888-442-45 51

Memorial Programs Service  
Telephone: 1-800-697-6947

Survivor Benefits: 1-800-827-1000  
<http://www.vba.va.gov/survivors/index.htm>

Presidential Certificate Program  
Telephone: 202-565-425

Veterans Health Administration  
Telephone: 1-877-222-8387  
<http://www.i.va.gov/health/>

Head Stones and Markers  
Telephone: 1-800-697-6947

### **Nearest VA Service Officer:**

Name                                      Location                                      Phone No.

VA Service-Connected Disability: \_\_\_ Yes \_\_\_ No

Percentage Rating: \_\_\_\_\_%    Combat Related: \_\_\_ Yes \_\_\_ No

Amount \$ \_\_\_\_\_ (As of \_\_\_\_\_)

Receiving CRSC Payments    \_\_\_ Yes    \_\_\_ No

If yes — Location and Award Letter: \_\_\_\_\_

If Award Letter is not found, get from VA Service Officer. Need to know ratings for future reevaluations and widow claim for VA Dependency and Indemnity Compensation (DIC).

Eligible for Agent Orange Disability: \_\_\_ Yes \_\_\_ No (Only if served in country — Vietnam).

## **CHAPTER 8 -SURVIVOR ASSISTANCE**

### **Identification Cards:**

Your spouse should turn in all military ID cards. The survivor assistance officer will help you obtain a new card for your spouse and any eligible children. If your spouse is not near a military base, application forms and instructions for getting new cards can be obtained by mail.

### **Department of Veterans Affairs (VA):**

Your surviving spouse might be eligible for Dependency and Indemnity Compensation (DIC). Contact the nearest VA Service Officer (VASO) , who will apply for \$600 if you have a VA Service-Connected Disability and \$2,000 if death is a result of Service-Connected-Disability. Also, the VASO will apply for DIC, if appropriate.

### **Social Security Administration (SSA):**

A widow at age 60 or 50 if disabled, is entitled to widow's SSA benefits. A Burial Allowance of \$255 is payable. Contact the nearest SSA Office or call 1-866-777-7887 or 1-800-772-1213 to expedite claim. For more information go to [www.ssa.gov](http://www.ssa.gov).

### **Employer Benefits:**

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|           |          |            |
|-----------|----------|------------|
| Employer: | Address: | Phone No.: |
|-----------|----------|------------|

**Survivor Benefits:**      \_\_\_ Yes      \_\_\_ No

### **Probate/Succession:**

Required in Louisiana if you own property assets over \$75,000. Check your state if and when required. Recommend a fixed attorney price rather than an hourly charge. Fair price in Louisiana including court cost is \$1,200.

Your state: Required:      \_\_\_ Yes      \_\_\_ No

### **Agent Card:**

Will you or your spouse need an Agent to do shopping, run errands etc? The first step is getting your family doctor's statement of his/hers letterhead verifying the need. Then take to 2nd Services Squadron, Bldg. 5541, Barksdale AFB, LA for an Agent Card. (318-456-4292)



**Membership in Private Associations and Organizations:**

You may be a member of several organizations that might be helpful to your spouse. It is suggested that you list them below and indicate what assistance, if any your spouse may expect.

Even if you are not a member, some veteran organizations might be able to help. Check off the any of the following organizations listed below and add any others you feel your spouse should contact.

\_\_\_ Air Force Sergeants Association (AFSA):      Phone number: \_\_\_\_\_

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

\_\_\_ American Legion      Phone number: \_\_\_\_\_

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

\_\_\_ American Red Cross:      Phone number: \_\_\_\_\_

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

\_\_\_ Military Officers Association of American (MOAA) Phone number: \_\_\_\_\_

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

\_\_\_ Veterans of Foreign Wars (VFW) Post      Phone number: \_\_\_\_\_

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

Other: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Other: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Names, address, and phone numbers of friends or business associates who may be helpful:

| <u>Name</u> | <u>Address</u> | <u>Phone number</u> |
|-------------|----------------|---------------------|
| _____       | _____          | _____               |
| _____       | _____          | _____               |
| _____       | _____          | _____               |
| _____       | _____          | _____               |

**CHAPTER 9 -FUNERAL & BURIAL**

**Arrangement:**

\_\_\_ Donation of Body: \_\_\_\_\_

\_\_\_ Cremation: \_\_\_\_\_

\_\_\_ Burial: \_\_\_\_\_

**Donation of Body** — Locally, contact LA State Anatomical Board, 318 675-5312 or 318 675-5320. You must have a permission card prior to death. No funeral director involved.

**Funeral Service:**

The funeral director apart from the unique and indispensable services performed, is usually well informed regarding the administration of a military retiree's death.

**Funeral Director:**

| Name   | Address | Phone |
|--|---------|-------|
| Military Ceremony and Honors: ___ Yes ___ No                                     |         |       |
| If yes, advise Funeral Director to arrange with Military or Veteran Honor Guard. |         |       |
| Uniform: _____   |         |       |
| Hymns, Psalms, Scripture, special request: _____                                 |         |       |
| _____  |         |       |
| _____  |         |       |
| _____  |         |       |
| _____  |         |       |
| Flowers: _____   |         |       |
| Open or Closed Casket: ___ Open ___ Closed                                       |         |       |
| Viewing: ___ Yes ___ No  |         |       |
| Memorial Service: ___ Yes ___ No.  |         |       |

**Cemetery:**

\_\_\_ Local: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ Arlington National Cemetery

Telephone: 703-607-8585 <http://arlingtoncemetery.org>

\_\_\_ NWLA Veterans Cemetery, Keithville, La Telephone: 318-925-0612

\_\_\_ Other: \_\_\_\_\_ Phone: \_\_\_\_\_

**Plot:**

\_\_\_ Yes \_\_\_ No.

Name of Cemetery: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Cremation:**

\_\_\_ Yes \_\_\_ No

If cremation is desired, consult your Funeral Director for instructions. Requests for cremation vary from state to state. Some require a letter of authority signed by the deceased. Such a letter should be filed with your personal papers.

**Church and Clergy:**

Depending on religious preference for affiliation, a clergyman may be either essential, or merely of assistance. Families with strong religious ties should consult their clergyman before making funeral arrangements.

Clergyman: \_\_\_\_\_ Phone-Church: \_\_\_\_\_

Address: \_\_\_\_\_ Phone-Home: \_\_\_\_\_

**Honor Guard:**

If you desire a Military Honor Guard, request the Funeral Director to make the arrangements. The Honor Guard will make the presentation of the flag to the widow or family. D-214 will be required by funeral home for the flag.

**Obituary Notice:**

A biographical sketch will be helpful in preparing the obituary news story. A photo should be attached. We suggest you include this at the end of this section. Doing this now will save time and confusion when the need comes. Contact a Funeral Home and get a draft form to fill out and get an estimated cost of the obituary.

**Memorials and Remembrances:**

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**Personal Effects:**

At the discretion of my executor, next of kin or beneficiaries, I suggest that a suitable disposition of my special effects, not otherwise legally specified, might be as follows:

Clothing: \_\_\_\_\_

Firearms: \_\_\_\_\_

Medals: \_\_\_\_\_

Books: \_\_\_\_\_

Special Equipment: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Sword: \_\_\_\_\_

Plaques and Awards: \_\_\_\_\_

Collections: \_\_\_\_\_

Works of Art: \_\_\_\_\_

Stamps/Coin Collections: \_\_\_\_\_

Other: (Enter any additional data)

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## **CHAPTER 10 – ESTATE PLANNING**

- Upon death: Call Casualty Officer, BAFB, Mr David Day 318 456-1212. He will make out documents for Arrears of Pay for month of death. Survivors Benefit Plan (SBP) – if it was taken out, government life insurance and in most cases set up an appointment with Col Steve dePyssler, USAF Retired – Director Retiree Activities Office, BAFB, 318 456-5976.
- For many, the amazing truth is that even fundamental estate-planning strategies are frequently put off until another day. But, nobody is guaranteed another day ! Estate planning is a process of making conscious decisions about accumulating, preserving and disposing of everything you have earned and saved.
- One of the greatest gifts you can leave your survivors is an organized estate. The time you spend now will help your loved ones to cope later, and also insure your wishes will be carried out. Here is a simplified checklist to help you get started on organizing your estate, and depending on your individual situation, you may discover other items to be addressed. It is a good idea to discuss your plans with your loved ones and the executor of your will. You may also want to consult with your legal, financial, and tax advisors.
- Part two of your estate plans are forms that need to be filled out to complete your processing.
  1. **MAKE OR UPDATE YOUR WILL:** If your Louisiana will is dated prior to January 1986 you may need to make a new will as that is the date when major changes were made on inheritance. The will allows you to determine what happens to your estate/money and possessions when you die, and who becomes the guardian of your minor children. Otherwise state laws and courts make the decision for you.  
**WARNING:** Beneficiaries on finance documents take precedent over the will instructions.
  2. **MAKE A LIVING WILL:** This document can speak for you by outlining the medical procedures you want taken if you become too ill to state your wishes yourself.
  3. **CREATE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE:**  
  
This document should be in addition to your “LIVING WILL” and includes more detailed instructions for your health care.
  4. **CREATE A DURABLE POWER OF ATTORNEY FOR FINANCIAL AFFAIRS:**  
  
This document will allow whoever you appoint to make financial decisions if you become incapacitated. Expires at death of granter.

5. **CREATE A LETTER OF INSTRUCTIONS:** This is an extremely important document and should be filed with your Will. The document should spell out your burial instructions, people to contact, who gets items not included in the will –examples , jewelry, cars , collections of stamps, clothes, and more. You can also include a very personal note to your survivors, financial account information and more.
6. **CALCULATE YOUR NEW WORTH AND FINANCES ON THE ENCLOSED FORMS:** If you have substantial worth , talk to a financial advisor or tax person to determine steps to minimize or eliminate state and federal estate taxes.
7. **ESTABLISH A TRUST IF APPROPRIATE:** There are many different kinds of trusts for different purposes but most are for tax savings, avoiding inheritance or for a family member.
8. **PROBATE:** In Louisiana you will have to go through Probate if you own property or have assets over \$75,000. You can fill out a probate worksheet in pencil and have it on file for your executor.
9. **FUNERAL PREPLANNING:** Preplanning can relieve stress on your survivors and give you complete control over the ultimate cost of your funeral and disposition of your remains. For military honors your survivor will need to request military honors from the funeral director.
10. **LIFE INSURANCE:** Have a folder for each policy and indicate names and person to contact. Check at least every other year to insure that the data is still good and amount is current.
11. **HEALTH INSURANCE:** Review health insurance coverage. If survivor is over 65 they should be on Tricare For Life. No other insurance should be necessary as TFL covers everything covered by Medicare. If under 65 , insure that there is supplemental insurance for Tricare Standard coverage. The best coverage for under 65 is Tricare Prime if your are close to a military installation.
12. **SURVIVOR BENEFIT PLAN (SBP):** Insure spouse is aware of coverage and amount of annuity. The annuity amount is shown on your last pay statement.
13. **CIVILIAN EMPLOYMENT:** Contact last civilian employer for death benefits.
14. **COMPUTER RECORDS/FILES:** Insure executor is aware of any financial records in your computer.
15. **LIST LOCATION OF FINANCIAL RECORDS:** List names and location(s) of financial records

16. **PERSONAL INFORMATION:** Have a record of yours and spouses' Social Security, driver licenses, birth dates, marriage, divorce, credit card and more.
17. **SAFE DEPOSIT BOX:** Is not closed and is available to anyone having a key to deposit box.
18. **CURRENT AND SPOUSES INCOME:** List current income and income spouse will receive after death.
19. **VERIFY ACCOUNT OWNERSHIP AND BENEFICIARY DESIGNATIONS:** IMPORTANT. A will cannot override beneficiary designation on financial records.
20. **PROVIDE EASY ACCESS TO YOUR WILL AND POWERS OF ATTORNEY**
21. **COMPLETE FORMS ATTACHED**

## PROBATE/SUCCESSION IN LOUISIANA

- In Louisiana you have to go through probate/succession if you own property or have assets over \$75,000.
- **SMALL SUCCESSION** is when you have no property and gross assets less than \$75,000 **BUT** only applies with **NO WILL**, no immovable property, except immovable which together with all other assets is worth less than \$75,000 and was used as a primary residence and whose sole heirs are spouse, children, parents, brothers or sisters. You still have to file and affidavit, run it in newspapers, file a notice of no opposition. In the opinion of many lawyers you might as well go through the regular procedures which would cost you about \$1,200 for attorney fees which would include their court costs.
- If you live outside Louisiana you have to check for that states laws on probate/succession.
- Do not procrastinate and leave this problem to children as years later they will still have to go through your probate/succession.



**SERVING AS EXECUTOR – LOUISIANA STYLE  
BY PATRICIA MIRAMON**

Louisiana has several distinctive laws which can make the executor job easier. The first of those is the designation of the executor as “Independent.” This allows the executor to sell property and make decisions regarding the management of estate assets without court approval and without approval of other heirs. Additionally, Louisiana allows a non-administered probate which means that if the heirs are all competent and they accept the estate assets, it is not necessary to liquidate the estate before it can be closed. In most cases, such as the surviving spouse being the only adult heir, he or she accepts the assets and agrees to be responsible for any outstanding, usually minimal, debts. Notices to the newspaper are not required, and a non-administered probate can be completed in four to six weeks.

If the heir or heirs are the surviving spouse and/or children it may not be necessary to do a full formal inventory of all of the assets. The executor provides the attorney with a list of all of the assets and debts and a “detailed descriptive list” of assets and debts is file with the court. If the heirs then agree, the judge can order the assets transferred to the heirs without additional delay. It may not be necessary to have a full appraisal done of the house, especially if the surviving spouse does not intend to sell within the year. Further, setting up an estate account may not be necessary if the heir is a joint account holder with the deceased. Life insurance is usually not payable to the estate, but to a beneficiary and does not form part of the estate.

In most cases, the executor is the surviving spouse or one of the adult children of the deceased. The executor fee may be charged, but more commonly, it is not.

As Louisiana has particular laws on probate and the duties of the executor, a Louisiana attorney should be consulted for advice on being an executor of an estate for a Louisiana resident.

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## **CHAPTER 11— ADDITIONAL RESOURCES & PHONE No's**

Army Survivor Benefits

Army Casualty

Tel. 1-800-626-3 317

<http://www.armycasualty.army.mil>

Navy Survivor Benefits

Navy Casualty

Tel. 1-800-368-3202

<http://www.lifelines.navy.mil>

Marine Corps Survivor Benefits Marine

Corps Casualty

Tel. 1-800-847-1597

<http://www.manpower.usmc.mil>

Veterans Benefits Administration

Tel. 1-800-827-1000

TDD: 1-800-829-4833

<http://www.va.gov>

Financial Point: 1-888-243-7351

Montgomery GI Bill/VEAP Refund

Tel. 1-888-442-4551

Survivor Benefits

Tel. 1-800-827-1000

<http://www.vba.gov/survivors/indes/htm>

Veterans Health Administration

Tel. 1-877-222-8387

<http://www1.va.gov/health>

Bereavement Counseling

Tel. 202-273-9116

[Vet.center@HQ.med.va.gov](mailto:Vet.center@HQ.med.va.gov)

Arlington National Cemetery

703-607-8585 or 703-607-8585

<http://arlingtoncemetery.org>

Air Force Survivor Benefits

Air Force Casualty

Tel. 1-800-43 3-0048

<http://ask.afpc.randolph.af.mil>

Coast Guard Survivor or Benefits

<http://www.useg.mil/HQ/psc/sbp.resbp.shtm>

Social Security Administration

Tel. 1-800-772-1213

Expedited Claim Unit.

Tel. 1-866-777-7887 <http://www.ssa.gov>

Defense Finance & Accounting Service  
(DFAS)

Tel. 1-800-321-1080 <http://www.dod.mil/dfas/>

National Cemetery Administration

Tel. 1-800-827-1000 - <http://www.cem.va.gov>

Memorial Programs Service

Tel. 1-800-697-6947

Headstones & Markers:

Tel. 1-800-697-6947

Presidential Memorial Certificate Program

Tel. 202-565-4259

NW Louisiana War Veterans Home

PO Box 8570, Bossier City, LA 71113-8570

Tel. 318-741-2763 FAX 318-741-2783

[www.VetAffairs.com](http://www.VetAffairs.com)

NW Louisiana Veterans Cemetery

7960 Mike Clark Rd, Keithville, La 71047

Tel. 318-925--0612

**Tricare:** General: 1-888-363-9116

North Region: 1-877-874-2273

West Region: 1-888-874-9378

South Region: 1-800-444-5445

Tricare: <http://www.tricare.osd.mil>

Hey Honey, It is later than we think! Let's do what Steve says and get our affairs in order.

