

BTC TRUST & ASSET MANAGEMENT

PLANNING GUIDE



BTC BANK



PLANNING GUIDE

Personally Prepared For:

Because you care enough to plan ahead for those you love.

Using this planning guide to record your final wishes and organize life's many details assures that those closest to you have all they need to handle your affairs, recognize your wishes, and celebrate your life.

This booklet should be readily available to your family and friends at all times, so be sure to notify them of its location.

DO NOT KEEP IN A SAFETY DEPOSIT BOX AT ANY TIME!

To my loved ones,

Out of pure and simple love, I leave you with this gift to guide and assist you through the period ahead.

I wish to spare you any unnecessary expense and the burden of making decisions under the pressure of time and emotion. That's why I have expressed my wishes and provided the information you'll be asked. I have also shared my personal thoughts and memories. May you find as much comfort and meaning in receiving these pages as I found in preparing them.

Signed _____

Date _____

WHERE TO LOCATE IMPORTANT PERSONAL PAPERS

Birth Certificate _____

Marriage Certificate _____

Military Records _____

Business Documents (LLC, Corp, etc.) _____

Stocks and Bonds Certificates _____

Negotiable Papers _____

Trust Fund Information _____

Last Will and Testament _____

Automobile Insurance Policy and Titles _____

Deeds/Deeds of Trust _____

Life Insurance Policies _____

Citizenship Papers _____

Homeowners Insurance Policy _____

Income Tax Report Information and Receipts _____

Retirement (IRA, 401K, etc.) _____

Other _____

Safety Deposit Box and Person Who has Access to it _____

FINANCIAL INFORMATION

Bank Name/Branch _____

Type of Account: Checking Savings

Username _____

Password _____

Bank Name/Branch _____

Type of Account: Checking Savings

Username _____

Password _____

Bank Name/Branch _____

Type of Account: Checking Savings

Username _____

Password _____

Bank Name/Branch _____

Type of Account: Checking Savings

Username _____

Password _____

Bank Name/Branch _____

Type of Account: Checking Savings

Username _____

Password _____

Bank Name/Branch _____

Type of Account: Checking Savings

Username _____

Password _____

CREDIT CARDS

Visa MasterCard American Express Other

Account Number

Exp. Date

Username

Password

Visa MasterCard American Express Other

Account Number

Exp. Date

Username

Password

Visa MasterCard American Express Other

Account Number

Exp. Date

Username

Password

Visa MasterCard American Express Other

Account Number

Exp. Date

Username

Password

Visa MasterCard American Express Other

Account Number

Exp. Date

Username

Password

ONLINE PROFILES

List your email, social media accounts or other important login information.

Account Name

Web Address

Username

Password

Other Information

Account Name

Web Address

Username

Password

Other Information

Account Name

Web Address

Username

Password

Other Information

Account Name

Web Address

Username

Password

Other Information

Account Name

Web Address

Username

Password

Other Information

Account Name

Web Address

Username

Password

Other Information

Account Name

Web Address

Username

Password

Other Information

Account Name

Web Address

Username

Password

Other Information

Combinations/Passcodes (Safe, doors, gun safe, etc.)

PERSONAL RECORD

First

Middle

Last

Street Address

City

State

Zip

Years at Address

Seasonal Residence

Place of Birth

Date of Birth

Country of Citizenship

Social Security Number

Marital Status

Single Married Divorced Widowed

Maiden Name

Spouses Name

Date and Place of Marriage

FATHER

First

Middle

Last

Father's Birthplace

MOTHER

First

Middle

Last

Mother's Birthplace

EDUCATION

Highest Grade Completed:

Elementary/Secondary (0-12) College (1-4 or 5+)

Name of High School

City of High School

College/University Name

Degree

College/University Name

Degree

College/University Name

Degree

College/University Name

Degree

CAREER

Occupation -----

Type of Business/Industry -----

Employer -----

MILITARY

Branch -----

Rank

Serial Number

Location of Military Discharge Papers (DD-214)

Date and Place of Induction

Date and Place of Discharge

I have have not made arrangements.

PERSON IN CHARGE OF FINAL ARRANGEMENTS

First and Last Name

Address

Phone

FINAL WISHES

Funeral Home to Contact

Counselor/Advisor

Address

Phone

PREFERENCES AND REQUESTS

Place of Service

Church Name -----

Funeral Home Name -----

Cemetary Name -----

Other Name -----

Officiant Name -----

Special Instructions -----

Music Selections -----

Readings -----

OBITUARY

Name of Newspaper(s)

Name of Website

Other

Visitation: Yes No Public Private **Casket:** Open Closed

FINAL DISPOSITION

Earth Burial Mausoleum Entombment Cremation/Inurnment

Other (Please Specify) -----

Name of Cemetery/Mausoleum

Address

Description of Burial Property -----

Casket Selection -----

Urn Selection -----

Vault Selection -----

Personalization Choices -----

Headstone or Marker -----

PERMANENT MEMORIAL

Type -----

Inscription -----

Flowers -----

Personal Touches/Items to Display -----

Special Services/Ceremonies (fraternal, military, spiritual, etc.) _____

PERSONAL INSTRUCTION

Clothing _____

Glasses: Stay On Return to Family

Jewelry: Stay On Return to Family

Other _____

Suggested Memorial Contributions _____

PALLBEARES

OTHER REQUESTS

PEOPLE TO NOTIFY OF MY PASSING

Name _____

Relationship _____

Address _____

Phone _____

Email _____

Name _____

Relationship _____

Address _____

Phone _____

Email _____

Name _____

Relationship _____

Address _____

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Relationship _____

Address _____

Phone _____

Email _____

Name _____

Relationship _____

Address _____

Phone _____

Email _____

**The following pages are
perforated for removal to be
given to the funeral home.**

**The next four pages should be completed,
removed, and sent to the funeral home.**

First

Middle

Last

Street Address

City

State

Zip

Years at Address

Seasonal Residence

Place of Birth

Date of Birth

Country of Citizenship

Social Security Number

Marital Status

Single Married Divorced Widowed

Maiden Name

Spouses Name

Date and Place of Marriage

Occupation

Most Recent Employer

Veteran's Serial Number

Rank

Date of Entry into Service

Discharge Date

Father

First

Middle

Last

Father's Birthplace

Mother

First

Middle

Last

Mother's Birthplace

Funeral Home

Funeral Home to Contact

Counselor/Advisor

Address

Phone

I have have not made arrangements.

Place of Service

Church Name -----

Funeral Home Name -----

Cemetary Name -----

Other Name -----

Officiant Name -----

Special Instructions -----

Music Selections -----

Readings -----

Final Disposition

Earth Burial Cremation/Inurnment Mausoleum Donation

Scattering Removal from State Other -----

Pallbearers

Clothing -----

Glasses: Stay On Return to Family

Jewelry: Stay On Return to Family

Other -----

Memorial Contributions -----

Spouse (living or deceased) Name -----

Place of Death

Date

Children and Residences -----

Brothers, Sisters, and Residences -----

Number of Grandchildren -----

Number of Great-Grandchildren -----

Number of Nieces & Nephews -----

Other Requests -----

BTC Bank provides top-quality Trust administration from experienced legal and financial advisors. Our one-on-one personal approach to trust administration, low fees, and local service come together to make the BTC Trust department an intelligent, sound decision.

Here For **COMMUNITY**
Here For **YOUTH**
Here For **AGRICULTURE**
HERE FOR GOOD
FOR OVER 100 YEARS

SCHEDULE AN APPOINTMENT TO TALK
WITH OUR TRUST DEPARTMENT
660-425-7285
BTCBANK.BANK/TRUST

