

BTC Trust & Asset Management

PLANNING GUIDE



TRUST & ASSET

MANAGEMENT SERVICES

A SUBSIDIARY OF 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	

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's 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+)

Country of Citizenship

Social Security Number

College/University Name(s)

Degree(s)

College/University Name(s)

Degree(s)

College/University Name(s)

Degree(s)

College/University Name(s)

Degree(s)

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

Street Address

City

State

Zip

FINAL WISHES

Funeral Home to Contact _____

Name

Counselor/Advisor

Address

Phone

PREFERENCES AND REQUESTS

Place of Service

Church Name _____

Funeral Home Name _____

Cemetery 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 Stays On Return to Family

Other _____

Suggested memorial contributions _____

Pallbearers

_____	_____
_____	_____
_____	_____

Other Requests

Please be sure to notify these people of my passing:

Name _____

Relationship _____

Address _____

Phone _____

Email _____

Name _____

Relationship _____

Address _____

Phone _____

Email _____

Name _____

Relationship _____

Address _____

Phone _____

Email _____

Name _____

Relationship _____

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Name _____

Relationship _____

Address _____

Phone _____

Email _____

Name _____

Relationship _____

Address _____

Phone _____

Email _____

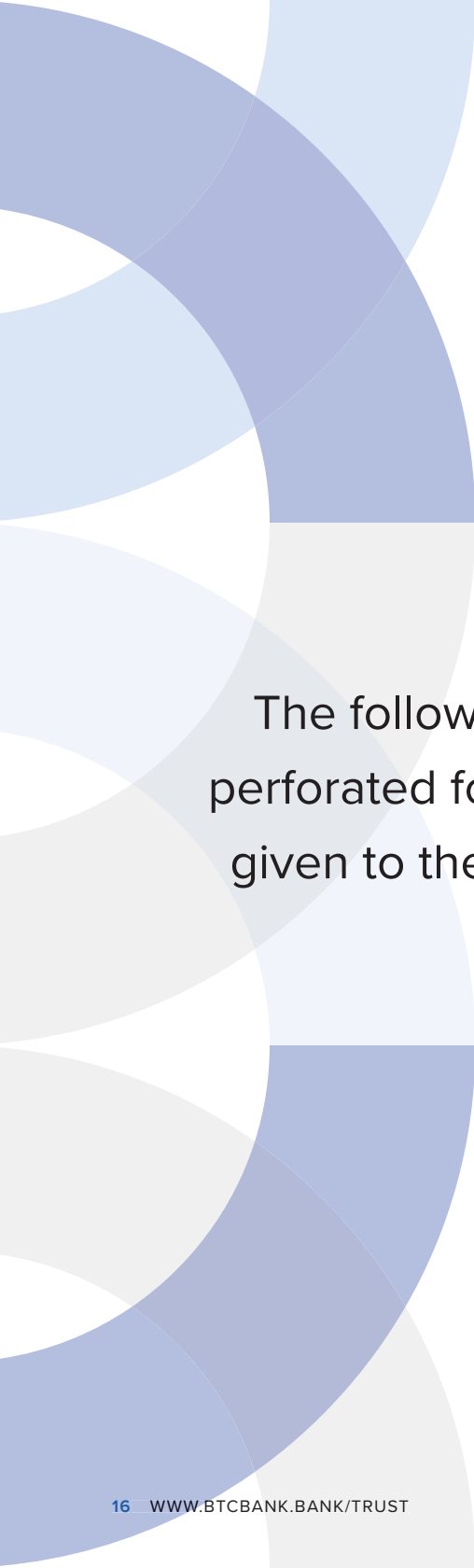
Name _____

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's 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 to Contact

Name Counselor/Advisor

Address Phone

I have have not made arrangements.

Place of Service

Church Name _____

Funeral Home Name _____

Cemetery 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 Stays On Return to Family

Other _____

Spouse (living or deceased) Name _____

Place of Death _____ Date _____

Children and Residences _____

Number of Grandchildren, Great-Grandchildren, Nieces, and Nephews _____

Brothers, Sisters, and Residences: _____

Other Requests _____



A LOCAL PARTNER YOU CAN COUNT ON

BTC is now providing 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.

SCHEDULE AN APPOINTMENT TO TALK
WITH OUR TRUST DEPARTMENT

660-425-7285

VIEW OUR TRUST AND ADMINISTRATION SERVICES
SCAN THE CODE BELOW



WWW.BTCBANK.BANK/TRUST