

When a loved one passes, it can be difficult to manage the associated logistics. Below please find a check list to help organize your process of making final arrangements and caring for the estate.

- **WILL:**
 - Locate the deceased's final will and testament. Check the will for any special requests.
- **FUNERAL HOME:**
 - Call funeral home to make arrangements for final disposition and services.
- **SOCIAL SECURITY OFFICE:**
 - Contact *Social Security Office* - Hood Mortuary will notify social security of your loved one's passing through Colorado's electronic death registry. You need to contact the Social Security Office in order to determine existing benefits.
- **VETERANS:**
 - Contact your local Veterans Affairs Office for benefits, if your loved one was a veteran. You will need a copy of the certificate of honorable discharge - DD214.
 - Veterans are entitled to burial benefits including a flag, grave marker (plaque, emblem, stone), and burial in a national cemetery. Communication with necessary offices is required to receive these benefits.
 - If you would like graveside military honors, the local VFW must be contacted.
- **INSURANCE/PENSIONS/EMPLOYMENT:**
 - Find copies of life, health, home mortgage, accident, and other insurance policies. (Most will ask for **death certificate**, policy number, your name, age, address and Social Security number, deceased's name, address, occupation, date and place of birth, and date, place and cause of death)
 - Apply for pension/retirement benefits of the deceased (may require **death certificate**).
 - Contact the deceased's employer, if applicable, to see if you qualify for any death benefits.
 - Check your insurance policies' beneficiaries and make needed changes.
- **JOINT ACCOUNTS, ETC.:**
 - Contact utility companies and remove the deceased's name from all accounts. If the deceased lived in the Durango area call *La Plata Electric Association* and see if you qualify for capital credits.
 - Remove deceased's name from all joint accounts (may require **death certificate**).
 - Provide written notification of death to all credit and loan issuers (check to see if any accounts have *credit life insurance* which pays off outstanding balances in the event of a customer's death).
 - Close any email and social media accounts held by the deceased.
 - Contact medical and dental insurers to stop coverage of deceased.
 - Contact the County Recorder's Office where property is owned to remove the deceased's name from any property deeds (may require a copy of the **death certificate**).
 - Bring a copy of the **death certificate** to the local Department of Motor Vehicles in order to remove the deceased's name from titles of vehicles, motor and mobile homes, and boats.
- **TAX RETURNS:**
 - Send a copy of the deceased's **death certificate** with your next tax return if necessary.

HOOD MORTUARY PRE-ARRANGED FUNERAL INSTRUCTIONS

1261 East 3rd Avenue, Durango (970) 247-2312

2017 Eagle Drive, Pagosa Springs (970) 444-5439

Mailing address: P.O. Box 7 Durango, Colorado 81302

www.hoodmortuary.com

email: info@hoodmortuary.com

Fax 970-247-4225

VITAL STATISTIC INFORMATION

Full Name _____ Social Security # _____

Physical Address _____ Within City Limits? _____

City _____ County _____ State _____ Zip Code _____

Birth Date _____ Birth Place _____

Usual Occupation _____ Type of Industry _____

Marital Status (If Married, Date & Place of Marriage) _____

Spouse _____ Physician _____
(Wife's Maiden Name)

Years of Education _____ Veteran (Branch of Service) _____

Father's Name _____ Mother's Name _____
(Maiden Name)

Next of Kin _____ Relationship _____

Address _____ Phone _____

FUNERAL/MEMORIAL ARRANGEMENT INSTRUCTIONS

Place of Service _____

Clergy _____ Graveside By _____

Music: Requests _____

Vocalist _____ Musician _____

Visitation _____ Public _____ Private _____

Type of Disposition _____ Place of Disposition _____

Block _____ Lot / Section / Tier _____ Grave (s) _____ City & State _____

Casket / Cremation Container _____ Outer Burial Container / Urn _____

Bearers _____

DECLARATION OF DISPOSITION OF LAST REMAINS

I, _____, being of sound mind and lawful age, hereby revoke all prior declarations, wills, codicils, trusts, powers of appointment, and powers of attorney regarding the disposition of my last remains, and I declare and direct that after my death, the following provisions be taken:

1. If permitted by law, my body shall be (initial ONE choice):

_____ Buried. I direct that my body be buried at _____.

_____ Cremated. I direct that my cremated remains be disposed of as follows: _____

_____ Entombed. I direct that my body be entombed at: _____

_____ Other. I direct that my body be disposed of as follows: _____

_____ Disposed of as (name of designee) _____ shall decide in writing. If _____ is unwilling or unable to act, I nominate _____ as my alternate designee.

2. I request that the following ceremonial arrangements be made (initial desired choice or choices):

_____ I request (name of designee) _____ make all arrangements for any ceremonies, consistent with my directions set forth in this declaration. If _____ is unwilling or unable to act, I nominate _____ as my alternate designee.

_____ Funeral. I request the following arrangements for my funeral: _____

_____ Memorial Service. I request the following arrangements for my memorial service: _____

3. Special Instructions. In addition to the instructions above, I request (on the following lines, you may make special requests regarding ceremonies or lack of ceremonies): _____

NOTE: those persons or entities asked to carry out a declarant's intent regarding disposition of last remains and ceremonial arrangements need do so only if the declarant's intent is reasonable under the circumstances. "Reasonable under the circumstances" may take into consideration factors such as a known prepaid funeral, burial, or cremation plan of the declarant, the size of the declarant's estate, cultural or family customs, the declarant's religious or spiritual beliefs, the known or reasonably ascertainable creditors of the declarant, and the declarant's financial situation prior to death.

I may revoke or amend this declaration in writing at any time. I agree that a third party who receives a copy of this declaration may act according to it. Revocation of this declaration is not effective as to a third party until the third party learns of my revocation. My estate shall indemnify any third party for costs incurred as a result of claims that arise against the third party because of good-faith reliance on this declaration.

I execute this declaration as my free and voluntary act, on _____, 20__.

Declarant

