



ESTATE PLANNING GUIDE



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BECAUSE WE CARE

Few families anticipate the decisions they will be faced with when memorial services are required.

This record of your personal and important information is of great value not only to yourself, but to your family, your attorneys and executors. We live complicated lives in a complicated world which can bring about confusion and expense in the absence of adequate records. This is especially true in settling an estate: information which the deceased could have easily provided must be laboriously worked out. Sometimes the right answers are never found.

Here is a simple yet adequate method of making the necessary facts immediately available to your family or attorney or executor.

This guide is intended to supplement conversations with your close family. It will help you get started with your estate and funeral planning. It cannot replace the value of formalizing your arrangements with a funeral professional from Springfield Funeral Home, nor does it replace any legal, tax or other professional service. It is always wise to seek professional estate planning advice for wills, trusts, powers of attorney, representation agreements, joint ownership and your committee.

RESPONSIBILITY FOR FINAL ARRANGEMENTS

The person named "Executor" or "personal representative" in a legal will is the person in control of funeral and disposition arrangements. If a person passes away without a legal will, the person in control of these arrangements is: (in order of priority)

- a) The spouse of the deceased (CIFS Act defines a spouse as A. a person who is married to another person. B. is united to another person by a marriage that although not a legal marriage, is valid at common law, or C. has lived and cohabited with another person in a marriage-like relationship, including a marriage-like relationship between persons of the same gender, for a period of at least 2 years immediately before the other person's death.)
- b) An adult child of the deceased
- c) An adult grandchild of the deceased
- d) If the deceased was a minor, a person who was a legal guardian of the person of the deceased at the date of death
- e) A parent of the deceased
- f) An adult sibling of the deceased
- g) An adult nephew or niece of the deceased...

As per the Cremation, Interment and Funeral Services Act Part 3 (5) Control of Disposition of Human Remains or Cremated Remains

Pre-Arrangements have been made with:

Springfield Funeral Home Ltd. Kelowna, BC

Phone: 250-860-7077

In calm recognition of the inevitable, I / we have given thought to our personal wishes concerning our final arrangements. I /We feel that making this effort now will surely minimize the emotional strain which may come upon whichever of us survives the other, or on our loved ones. Either of us if left alone, would be burdened by the great pressures of decisions on unfamiliar matters, which if not made now would need to be made then.

Though these wishes may not be legally binding, we trust they will help to avoid confusion, extra expense or the least self-reproach which might arise because of doubts, omissions or commissions.

(For)

- Documented Final Wishes Date: _____
- Quote Received Date: _____
- Funded with a Contract Date: _____

(For)

- Documented Final Wishes Date: _____
- Quote Received Date: _____
- Funded with a Contract Date: _____

A vertical wooden post with a heart-shaped hole cut into its center. The wood has a natural, weathered appearance with visible grain and some staining. At the top of the post, a horizontal wooden beam is attached with two screws. A single screw is also visible on the front face of the post, positioned below the heart hole. The background consists of horizontal wooden planks.

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TABLE OF CONTENTS



My Particulars.....	2
Children.....	4
Family Members.....	5
A Meaningful Goodbye.....	6
Things That Really Matter.....	10
Final Rest.....	12
Location of Important Papers.....	13
Medical History.....	14
Life Insurance.....	15
Retirement Income.....	16
Will.....	17
Credit & Securities.....	18
Organizations & Affiliations.....	19
Special Items Inventory.....	20
Three Steps to Funeral Planning.....	22
Frequently Asked Questions.....	22
Special Instructions & Information.....	24
Notes.....	25

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MY PARTICULARS

BIRTH CERTIFICATE REQUIRED DURING MEMORIAL ARRANGEMENTS

Name as shown on Birth Certificate: _____

MARRIAGE CERTIFICATE REQUIRED DURING MEMORIAL ARRANGEMENTS

Goes By / Married Name: _____

Address: _____ Phone: _____

City, Province: _____ Postal Code: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Social Insurance #: _____ B.C. Medical #: _____

Occupation (or retired from): _____

Employer: _____ Type of Business: _____

Father's Name: _____

Birthplace: _____ Date of Birth: _____

Mother's Maiden & Given Name (s): _____

Birthplace: _____ Date of Birth: _____

Married Single Widowed Divorced Other

Full Birth Name of Spouse: _____

Date and Place of Marriage: _____

If APPLICABLE

Full Birth Name of Previous Spouse: _____

Date and Place of Marriage: _____

Date and place of Passing, Separation, or Divorce: _____



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City, Province: _____ Postal Code: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Social Insurance #: _____ B.C. Medical #: _____

Occupation (or retired from): _____

Employer: _____ Type of Business: _____

Father's Name: _____

Birthplace: _____ Date of Birth: _____

Mother's Maiden & Given Name (s): _____

Birthplace: _____ Date of Birth: _____

Married Single Widowed Divorced Other

Full Birth Name of Spouse: _____

Date and Place of Marriage: _____

If APPLICABLE

Full Birth Name of Previous Spouse: _____

Date and Place of Marriage: _____

Date and place of Passing, Separation, or Divorce: _____

CHILDREN

Name: _____ Phone: _____

Current Address: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Name: _____ Phone: _____

Current Address: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Name: _____ Phone: _____

Current Address: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Name: _____ Phone: _____

Current Address: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Name: _____ Phone: _____

Current Address: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

A MEANINGFUL GOOD-BYE

For: _____

Checklist: Have I talked with friends and family regarding the following?

- Letting my family and friends spend time together at the funeral home with my body – for a goodbye prior to my cremation or burial. This important opportunity could be an informal private gathering or formal event.

My Preference: _____

- What I would want to wear for such a goodbye event? (Clothing could be formal or casual favorites.)

Clothing and Jewelry Preference: _____

- Any items that I would like to be cremated / buried with (keep in mind clothing and items should be environmentally friendly; i.e. no rubber or plastic may be cremated).

Items to Accompany my Body: _____

- Am I open to embalming for the purpose of a good viewing experience? Embalming is not as invasive as it used to be. It allows for sanitation and temporary preservation to eliminate odors, swelling, dehydration and discoloring of our bodies.

Request, Decline or Let family decide at time of need: _____

- Music I feel would be meaningful to include in my memorial event, whether as prelude to my service, as part of a video presentation, played as a recording, or in a live performance.

Music Selections: _____



A MEANINGFUL GOOD-BYE

Type of Gathering or Event: _____

Desired Setting:

Church Funeral Home Gravesite Reception Hall Outdoor Space

Name of Location: _____

Reception Location: _____

Burial – Casket Type: _____ Cremation - Urn Type: _____

Final Rest Location Details on Page 12 Cremation - Casket Type: _____

Officiant / Celebrant Preference: _____

Person(s) to Read Tributes: _____

Floral / Décor Preference: _____

In Memory Donations To: _____

Obituary: Name of Paper(s) or Social Networking Sites: _____

Other instructions: _____

PALLBEARERS _____

CATERING AND FOOD IDEAS _____

PERSONAL ITEMS TO PLACE ON DISPLAY _____

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For: _____

Checklist: Have I talked with friends and family regarding the following?

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PALLBEARERS _____

CATERING AND FOOD IDEAS _____

PERSONAL ITEMS TO PLACE ON DISPLAY _____

THINGS THAT REALLY MATTER

For: _____

Special Memories: _____

People Who Made a Difference In My Life: _____

Things of Which I Am Most Proud: _____

Favorite Pastimes, Hobbies, Collections: _____

Favorite Quotes: _____

Favorite Songs: _____

Favorite Books: _____

Things That Made Me Laugh: _____

Things That Made Me Cry: _____

Religious, Spiritual or other Affiliations: _____



THINGS THAT REALLY MATTER

For: _____

Special Memories: _____

People Who Made a Difference In My Life: _____

Things of Which I Am Most Proud: _____

Favorite Pastimes, Hobbies, Collections: _____

Favorite Quotes: _____

Favorite Songs: _____

Favorite Books: _____

Things That Made Me Laugh: _____

Things That Made Me Cry: _____

Religious, Spiritual or other Affiliations: _____



FINAL REST

For: _____

Final Rest Location: _____

Address: _____ Phone: _____

Type of Property:

- Mausoleum Ground Burial Lawn Crypt Urn Columbarium
 Urn Ground Burial Scattering Garden

Design Remarks: _____

Epitaph: _____

For: _____

Final Rest Location: _____

Address: _____ Phone: _____

Type of Property:

- Mausoleum Ground Burial Lawn Crypt Urn Columbarium
 Urn Ground Burial Scattering Garden

Design Remarks: _____

Epitaph: _____



LOCATION OF IMPORTANT PAPERS

Indicate in the blocks the location of the various important papers by inserting the following letters:

(H) Home (Location): _____ **(D)** Safe Deposit Box (Bank)
(W) Work **(S)** Personal Safe **(A)** Attorney **(O)** Other (Specify): _____

<input type="checkbox"/>	Will
<input type="checkbox"/>	Legal Proof of Age or Birth Certificate
<input type="checkbox"/>	Marriage License
<input type="checkbox"/>	Life Insurance Policies
<input type="checkbox"/>	Accident & Health Policies
<input type="checkbox"/>	Property Damage Insurance
<input type="checkbox"/>	Stock Certificates, Bonds, etc.
<input type="checkbox"/>	Copy of Mortgage or Lease

<input type="checkbox"/>	Deed to Home
<input type="checkbox"/>	Bill of Sale on, or Title to, Automobile
<input type="checkbox"/>	Certificate of Entitlement of Cemetery Property
<input type="checkbox"/>	Tax Returns
<input type="checkbox"/>	Receipts or Canceled Cheques
<input type="checkbox"/>	Citizenship Papers, If Naturalized
<input type="checkbox"/>	Military Discharge Papers
<input type="checkbox"/>	Other Important Documents or Valuables

Information regarding Vacation Properties, Storage Facilities or additional Land Ownership:

BANKING

Bank: _____ Branch: _____

Type of Account: _____

Bank: _____ Branch: _____

Type of Account: _____

Bank: _____ Branch: _____

Type of Account: _____

Additional Information: _____

I own a SAFE Located at: _____

Combination information located: _____



MEDICAL HISTORY

This information is very important for your spouse, children and grandchildren as physicians often ask for it. It is also suggested you keep an updated copy of your medical records for your family.

For: _____

I have had medical treatment for:

Cancer: _____ Type: _____
Diabetes: _____ Type: _____
Circulatory: _____ Type: _____
Heart: _____ Type: _____
Tuberculosis: _____
Kidney Disorder: _____
DNA Banking / Profile: Y N Type: _____ Company: _____

I am allergic to the following:

1. _____ 2. _____
3. _____ 4. _____

Physician: _____ Phone: _____
Address: _____ Additional Remarks: _____

For: _____

I have had medical treatment for:

Cancer: _____ Type: _____
Diabetes: _____ Type: _____
Circulatory: _____ Type: _____
Heart: _____ Type: _____
Tuberculosis: _____
Kidney Disorder: _____
DNA Banking / Profile: Y N Type: _____ Company: _____

I am allergic to the following:

1. _____ 2. _____
3. _____ 4. _____

Physician: _____ Phone: _____
Address: _____ Additional Remarks: _____

LIFE INSURANCE

Name of Company: _____ Policy No.: _____

Primary & Contingent Beneficiary: _____ Original Amount of Policy: _____

Double Indemnity: Yes No Waiver of Premium: Yes No Disability Income: Yes No

Name of Company: _____ Policy No.: _____

Primary & Contingent Beneficiary: _____ Original Amount of Policy: _____

Double Indemnity: Yes No Waiver of Premium: Yes No Disability Income: Yes No

Name of Company: _____ Policy No.: _____

Primary & Contingent Beneficiary: _____ Original Amount of Policy: _____

Double Indemnity: Yes No Waiver of Premium: Yes No Disability Income: Yes No

Name & Address of Life Underwriter Agent familiar with my Life Insurance: _____

TRAVEL & OUT OF PROVINCE INSURANCE

(THIS MAY BE THROUGH A CREDIT CARD OR A PART OF ANOTHER INSURANCE POLICY YOU MAY HOLD. LOOK INTO YOUR SECURITIES, EXTENDED LIFE OR BCAA POLICIES)

Name of Company: _____ Policy No.: _____

Primary & Contingent Beneficiary: _____ Original Amount of Policy: _____

Double Indemnity: Yes No Waiver of Premium: Yes No Disability Income: Yes No

Name of Company: _____ Policy No.: _____

Primary & Contingent Beneficiary: _____ Original Amount of Policy: _____

Double Indemnity: Yes No Waiver of Premium: Yes No Disability Income: Yes No

Name & Address of Life Underwriter Agent familiar with my Other Insurance: _____

RETIREMENT & PENSION INCOME

Company: _____ Type of Plan: _____

Insurer: _____ Policy No.: _____

Primary & Contingent Beneficiary: _____ Maturity Date: _____

Amount Payable: _____ Special Provisions: _____

Company: _____ Type of Plan: _____

Insurer: _____ Policy No.: _____

Primary & Contingent Beneficiary: _____ Maturity Date: _____

Amount Payable: _____ Special Provisions: _____

Company: _____ Type of Plan: _____

Insurer: _____ Policy No.: _____

Primary & Contingent Beneficiary: _____ Maturity Date: _____

Amount Payable: _____ Special Provisions: _____

Name & Address of Individual Familiar With My Retirement Income Plans: _____

INCOME SPLITTING AND TAXES

Notes: _____

WILL

For: _____

I have a Will: Yes No Will Dated: _____ Will Location: _____

Executor: _____ Phone: _____

Address: _____

Email: _____

Alternative or Co-Executor: _____

Lawyer: _____ Phone: _____

Address: _____

Although my Executor has authority to make funeral arrangements, the following people will have valuable input to my memorial arrangements: _____

For: _____

I have a Will: Yes No Will Dated: _____ Will Location: _____

Executor: _____ Phone: _____

Address: _____

Email: _____

Alternative or Co-Executor: _____

Lawyer: _____ Phone: _____

Address: _____

Although my Executor has authority to make funeral arrangements, the following people will have valuable input to my memorial arrangements: _____



CREDIT & SECURITIES

For: _____ Name of Credit Card Issuer: _____

Phone: _____ Expiry: _____

For: _____ Name of Credit Card Issuer: _____

Phone: _____ Expiry: _____

For: _____ Name of Credit Card Issuer: _____

Phone: _____ Expiry: _____

SECURITIES

STOCKS, BONDS, R.I.F.F's, R.R.S.P.'S, MUTUAL FUNDS, ANNUITIES, ETC.

For: _____ Type of Security: _____

Financial Company & Advisor: _____

Phone: _____ Location of Certificates: _____

For: _____ Type of Security: _____

Financial Company & Advisor: _____

Phone: _____ Location of Certificates: _____

For: _____ Type of Security: _____

Financial Company & Advisor: _____

Phone: _____ Location of Certificates: _____

For: _____ Type of Security: _____

Financial Company & Advisor: _____

Phone: _____ Location of Certificates: _____



ORGANIZATIONS & AFFILIATIONS

For: _____

Name of Organization: _____

Office or Position, Past or Present: _____

Name & Telephone # of Contact to be Notified: _____

Death Benefits Payable: _____ Yes No

For: _____

Name of Organization: _____

Office or Position, Past or Present: _____

Name & Telephone # of Contact to be Notified: _____

Death Benefits Payable: _____ Yes No

For: _____

Name of Organization: _____

Office or Position, Past or Present: _____

Name & Telephone # of Contact to be Notified: _____

Death Benefits Payable: _____ Yes No

For: _____

Name of Organization: _____

Office or Position, Past or Present: _____

Name & Telephone # of Contact to be Notified: _____

Death Benefits Payable: _____ Yes No

SPECIAL ITEMS INVENTORY

It is important to maintain an inventory of your personal property. Stolen items can more easily be restored and bequests can be more clearly identified. Be sure to record the appropriate ID / Serial Numbers when available. Also, it is recommended that you photograph your valuables, especially jewelry. The engraving of your Social Insurance Number on your property makes it easier to recover if stolen.

Item	Description Identifying Marks	Serial / I.D. Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

SPECIAL ITEMS INVENTORY

18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____

THREE STEPS TO FUNERAL PLANNING

THREE STEPS TO FUNERAL PRE-PLANNING

Talk with your family: Start the conversation about your wishes. Arrangements you make for yourself will no longer impact you after your death, but will have a major impact on your family. Be open to input and recognize the possibility that what you think will be best for your family could actually make things harder for them at the time. The plans you make will affect how they cope with and come to terms with their loss. Good funeral pre-planning anticipates what will best help them say goodbye in honoring your life.

Get organized: The next step is to meet with a funeral professional in your home or at the funeral home. They are trained to help you evaluate the options available and will help you develop a plan that makes sense for you and your family.

Pay for the arrangements: The funeral will have to be paid for eventually.

The question is: pay now or have someone else pay later?

Only you can decide based on your financial status. Most people decide to pre-pay to make things easier for their families. Your funeral professional will walk you through the various options so you can determine what works best for you. If you choose to pre-pay, your funeral professional will draw up a contract itemizing the costs and payment terms.

FREQUENTLY ASKED QUESTIONS

Why should I pre-pay my funeral?

Pre-paying your funeral ensures that there are funds available to cover the cost of your wishes and alleviates your family from the stress of accessing funds upon your death. In addition, pre-paying your funeral effectively eliminates emotional overspending and frees your family to focus on the aspects of the funeral that matter most to them.

If I pre-pay my funeral, is my money safe?

Yes. All licensed funeral establishments in British Columbia who sell legal pre-arrangement contracts are required to hold funds in either a Trust Account or an Insurance Funded Policy. There are extensive laws regulating pre-arrangement sales in BC including the Business Practices and Consumer Protection Act and the Cremation, Interment and Funeral Services Act.

What if I change my mind about my pre-arrangements?

As your life circumstances change, so can your pre-arrangements. In fact, it is prudent to review your pre-arrangements every 5 – 10 years to ensure your plan still makes sense for you and your family.

Does anyone have the right to change my funeral plans after I have pre-paid?

No. When you pre-pay your own funeral, you have a contract between you and the funeral home. As such, only you or your personal representative can make changes.

FREQUENTLY ASKED QUESTIONS

Your pre-arrangements can be altered by your executor after you die, but your stated preference for burial or cremation cannot be altered unless the executor has reason to believe that compliance with the preference would be unreasonable or impracticable or cause hardship, and he or she would need to apply to the courts to alter your contracted request.

What happens if I pass away while travelling?

The most important thing to remember if a death occurs while travelling is to contact the funeral home in your home town. They can advocate for you and alleviate much of the worry and confusion that can occur during this particularly stressful time. Also, you should check with Springfield Funeral Home to discuss a Travel Insurance Plan. These plans are inexpensive, are good for your lifetime and cover the costs to bring your body back to your home town.

I received mail from an insurance company or bank about purchasing a funeral plan. Is this the same as a pre-paid funeral?

Not necessarily. You should never purchase any kind of “funeral or final expense plan” before talking with a representative from a licensed funeral home. Often, these types of solicitations are offering a final expense insurance policy and are not a pre-paid funeral at all. A pre-paid funeral will always involve an itemized pre-paid contract with a licensed funeral establishment. If you are unsure if an establishment or representative is licensed, then you should ask to see the license. It is important to deal only with a licensed funeral establishment to ensure that you have a pre-paid contract that qualifies as an EFA (Eligible Funeral Amount) which ensures that all interest earned in the pre-paid fund grows tax exempt.

QUESTIONS ABOUT EXECUTORSHIPS

I want to name an executor for my estate. Where do I begin?

It is all about choices. You can choose to have a family member, friend or third party professional handle the settlement of your estate. There are many options available: from a professional handling everything to ease the burden on your family and friends, to co-executor services where the estate settlement is handled by both a family member/friend and a professional.

What are the duties of an executor?

An executor’s duties vary depending on the complexity of the estate. Some duties include: locating, reading and interpreting the will, gathering the estate’s assets (financial, insurance, pensions) and administering the estate (closing out accounts, locating missing beneficiaries, distributing of personal effects, etc...)

Is there assistance for my chosen executor?

Executors have the right to seek assistance and still retain their decision-making authority. An executor can get help from trust companies, lawyers and accountants.



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