



DEPARTMENTAL REGULATIONS

CONCORD POLICE DEPARTMENT

PROCEDURE 76
EFFECTIVE DATE: 6/1998
REVISION DATE: 4/2004
REVIEW DATE: 3/2005
I.D. NUMBER: 303

Chief of Police

LINE OF DUTY DEATH

A. POLICY STATEMENT

It is the policy of the Concord Police Department to ensure that the families of Law Enforcement, both immediate and extended, are cared for with dignity and compassion in the event of a line of duty death.

B. PURPOSE

These Department regulations outline the steps the Concord Police Department follows in the case of an officer's line-of-duty death, in order for the Department to fulfill its commitment to the fallen officer and to the officer's family. In some instances, Department personnel may follow these steps when an on-duty officer receives serious injury.

C. PROCEDURES

Line of duty death information packets are provided to all sworn personnel. While it is encouraged that officers complete the packets as described in this policy, doing so is optional. The line of duty death **EMERGENCY INFORMATION PACKAGE** contains a check list of procedures to follow, as well as emergency notification information, and should be retained in your personal locker at Police Headquarters. The line of duty death **EMERGENCY & CONFIDENTIAL INFORMATION PACKAGE** contains personal, financial and other essential information. The department suggests a secure place at your residence or a safe deposit box for storage/filing. Upon the death or great bodily injury of a sworn officer, the CPA Benefits Coordinator and the officer's Unit Commander shall be responsible for retrieval and appropriate dissemination. The following procedures shall be followed in accordance with the line of duty death information packet guidelines:

1. Required Personnel

.1 Department Liaison Officer

.01 The position of Department Liaison Officer is normally assigned by the Chief of Police.

.02 Directs Department personnel and the personnel of visiting law enforcement agencies at the officer's funeral, in accordance with the family's wishes.

.2 Unit Commander

.01 Directs the notification of next of kin.

.3 Notification Officer

.01 The position of Notification Officer is appointed by the Unit Commander.

.02 Informs an officer's family of the line-of-duty death of an officer.

.03 Performs whatever tasks are necessary to assist the family in the hours immediately following notification.

- .4 Notification Team
 - .01 Members of the Notification Team are appointed by the Unit Commander.
 - .02 Accompanies the Notification Officer
 - .03 Provides support to the family
- .5 Hospital Liaison Officer
 - .01 The first officer to arrive at the hospital, facilitates activities at the hospital among the family of the deceased officer and other police officers, medical personnel, and the press.
- .6 Family Liaison Officer
 - .01 The position of Family Liaison Officer is appointed by the Chief of Police.
 - .02 Assists the family fulfill its immediate needs.
 - .03 Represents and communicates the family's needs to the Department throughout the period following an officer's death.
 - .04 In some instances, the officer appointed Notification Officer also serves as Family Liaison Officer.
- .7 Department Benefits Coordinator
 - .01 The position of Department Benefits Coordinator is appointed by the Chief of Police. Usually, the Department Benefits Coordinator is an officer from the Department Personnel Department.
 - .02 Helps the family access the City of Concord benefits due them.
- .8 Association Benefits Coordinator
 - .01 The position of Association Benefits Coordinator is appointed by the CPA President.
 - .02 Works as a liaison with the Family Liaison Officer and the Department Benefits Coordinators
 - .03 Assists in the planning of an officer's funeral.
 - .04 May assist in coordination of family assistance such as meals, child care, housework, etc., by CPA members.
- .9 C.I.S.M. Team Leader
 - .01 Lieutenant or designated C.I.S.M. Team Leader works with Chief of Police to provide necessary peer counseling and referrals to mental health professionals.
 - .02 Coordinates and facilitates the critical incident stress debriefing.
- 2. Notify and support the family
 - .1 The Department notifies an officer's family before the Department releases the name of the officer to the media or any other agency.

- .2 Whenever possible, Department personnel use the telephone as they arrange notification of the family. Police radio broadcasts are often monitored by the media.
 - .01 If the media obtains the name of an injured or deceased officer, advise them to withhold the information pending notification of next of kin.
 - .3 The Department Liaison Officer directs the injured or deceased officer's Unit Commander to form a Notification Team.
 - .4 The Unit Commander selects the Notification Officer and the members of the Notification Team.
 - .01 An emergency notification card (TF 1001), if applicable, should be completed.
 - .02 The Notification Team consists of four officers, one of whom is identified as the Notification Officer.
 - .03 The Unit Commander may designate himself as Notification Officer or as a Notification Team member or may choose not to be part of the Notification Team.
 - .04 An officer who is a close friend of the injured/deceased officer may be the best choice to make the notification to the family.
 - .5 Accompanied by the Notification Team, the Notification Officer requests admission to the family residence.
 - .01 The Notification Officer shall never inform the family on the doorstep.
 - .02 If a family member has a medical problem, arrange for medical personnel to be at the residence at notification.
 - .03 If notification is made at a work site, inform the supervisor. Request his/her help in choosing an area where the family member can be informed.
 - .04 If young children are at home or at school, the Notification Team arranges for the care of young children. The team contacts other family members or close friends. An officer may remain at the residence until relieved by a family member or family friend.
 - .6 In the company of another team member, the Notification Officer notifies the family of an officer's serious injury or line-of-duty death.
 - .01 The Notification Officer recounts in a slow, clear manner, the facts surrounding the incident, and answers all questions to the best of his/her ability.
 - .02 If an officer has died, the Notification Officer speaks plainly and does not use words that may be construed as providing hope or ambiguity
 - .7 Other Notification Team Members provide support and, as necessary, greet other family members.
3. Support the family at the hospital
 - .1 The Notification Officer or another member of the Notification Team shall offer to transport the family to the hospital in a police vehicle and support the family during the time they are at the hospital.
 - .01 If possible, choose a vehicle without a cage.

- .02 If a family member insists on driving, a member of the Notification Team shall offer to accompany the person.
- .2 The Notification Officer or another member of the Notification Team informs the hospital a family member is en route.
- .3 The first police officer to arrive at the hospital, other than the Chief of Police, assumes the duties of Hospital Liaison Officer.
 - .01 If this step is not practical, the first police officer arriving at the hospital designates another officer to assume the responsibilities of Hospital Liaison Officer.
- .4 The Hospital Liaison Officer requests the Patient Services Coordinator—or other appropriate hospital personnel—to designate a waiting area for the officer's family.
- .5 The Hospital Liaison Officer requests a waiting area away from the public and with a telephone for police personnel.
- .6 The Hospital Liaison Officer requests that medical personnel provide the family with information regarding the injured officer before releasing the information to other parties.
- .7 The Family Liaison Officer consults with the Crimes Persons Unit Commander to determine what information is appropriate for release and updates the family as information is available.
 - .01 It is important for the family to know as much as possible about the incident in which the officer was injured in order to eliminate the possibility of misinformation and rumors.
- .8 If the family is allowed to see the injured officer at the hospital, the Hospital Liaison Officer makes sure a medical representative prepares the family for what they might see and asks that the Notification Officer, or an officer who is a family friend, accompanies the family.
 - .01 If the officer has died, the family should be allowed to view the body, if they so request.
- .9 The Hospital Liaison Officer requests the Patient Services Coordinator to make sure that all medical bills related to the officer's injury be mailed to the Police Department Personnel Office.
 - .01 Under no circumstances should the family receive a bill for medical services.
- .10 The Notification Officer or another member of the Notification Team shall offer to transport the family home from the hospital.
- 4. Meet the family's wishes for the funeral
 - .1 The Family Liaison Officer informs the family about possible funeral arrangements.
 - .01 The Family Liaison Officer informs the family what the Department can offer, if the family chooses to have a police funeral.
 - .001 If the family chooses a police funeral, the Family Liaison Officer explains the entire service.
 - .02 The Associate Benefits Coordinator and one CPA Board of Directors' representative attend all meetings regarding the planning of funeral services.
 - .2 The Family Liaison Officer and the Associate Benefits Coordinator provide the family with as much assistance for the funeral as possible, including overseeing travel and lodging arrangements for out-of-town family members and arranging for meals, child care, and transportation, etc.

- .3 The Department Liaison Officer issues a teletype message to outside law enforcement agencies.
 - .01 Include in the message the following information:
 - .001 Name of deceased
 - .002 Date and time of death
 - .003 Circumstances surrounding the death
 - .004 Funeral arrangements (private or police)
 - .005 Family-requested expressions of sympathy
 - .006 If the family requests a police funeral, include in the teletype message the uniform to be worn and the contact person and phone number for visiting departments to call when confirming their attendance or requesting further information.
 - .4 The Department Liaison Officer directs the funeral activities of the Department and visiting law enforcement agencies, in accordance with the wishes of the family.
 - .01 Directing funeral activities may include:
 - .001 Establishing an itinerary by meeting with the Chief of Police; Bureau Commanders; the funeral director; the family priest or minister; the cemetery director; the Honor Guard; pallbearers and ushers; and the Concord Police Officers Association.
 - .002 Coordinating traffic management with other jurisdictions.
 - .003 Maintaining a roster of all departments attending the funeral, including the number of officers.
 - .004 Acknowledging visiting and assisting departments.
 - .005 Assigning an officer to be present at the family home during the viewing and funeral.
 - .5 The Association Benefits Coordinator arranges a reception following the funeral for Department personnel and personnel from outside agencies.
 - .6 The Department Liaison Officer arranges for the officer's personal belongings to be delivered to the family.
 - .7 The Association Benefits Coordinator informs all law enforcement support and social organizations.
 - .8 The Department Liaison Officer arranges for routine house checks at the home of the officer's family for at least six weeks following the funeral.
 - .9 Coordinate outside agency house checks at the home of the officer's family, if deemed necessary.
5. Make sure the family receives all appropriate benefits
 - .1 The Department Benefits Coordinator makes initial contact with the family a few days after the funeral.
 - .2 The Benefits Coordinator provides the family with a Summary of Benefits provided by the Human Resources Department.

- .01 If there are surviving children from a former marriage, the Benefits Coordinator shall provide the children's guardian with information about the benefits to which the children may be entitled.
 - .3 The Benefits Coordinator contacts Retirement and Risk Management to make sure the family's medical and dental benefits are not revoked.
 - .4 In the days that follow, the Benefits Coordinator makes sure all necessary paperwork is filed for the family to receive benefits.
 - .5 The Benefits Coordinator communicates with the family as long as necessary to make sure the family receives all benefits to which it is entitled.
 - .6 The Associate Benefits Coordinator makes sure the family receives all CPA-related insurance benefits.
 - .7 The Association Benefits Coordinator establishes a trust fund for the family and monitors the trust fund, if one is established.
6. Provide the family with long-term support

The responsibility of the Department and the CPA to an officer's family does not end at an officer's funeral, nor can guidelines be set for what an officer's family might need or how individual Department members may help. Members of the Department must remain sensitive to the needs of the family long after the officer's death. More than half of the surviving spouses can be expected to develop a post-traumatic stress reaction to the tragedy.

- .1 The Family Liaison Officer and the Associate Benefits Coordinator make sure the officer's family is invited to appropriate police and CPA functions.
- .2 Court proceeding attendance
 - .01 If no court proceedings surround the circumstances of the officer's death
 - .001 The Family Liaison Officer relays all details of the fatal incident to the family at the earliest opportunity.
 - .02 If criminal violations surround the death
 - .001 The Family Liaison Officer or an appropriate Department representative informs the family of new developments prior to a press release.
 - .002 The Family Liaison Officer or an appropriate Department representative keeps the family apprised of legal and parole proceedings.
 - .003 The Family Liaison Officer or an appropriate Department representative introduces the family to victim assistance specialists of the court.
 - .004 The Family Liaison Officer or an appropriate Department representative advises the family about court attendance
 - .0001 It is permissible for the family to attend the trial.
 - .0002 Do not discourage attendance.
 - .005 Arranges for investigators to meet the family, if possible.

7. The Chief of Police and an Association representative commemorate the anniversary of the officer's death each year with a note to the family and/or flowers to the officer's grave.
8. The Department Honor Guard visits the grave sites of fallen officers each year on Memorial Day.
9. The Family Liaison Officer continues to have contact with the family and ensures that the needs of the family are met.
10. The Associate Benefits Representative prompts the Northern California Chapter of Concerns of Police Survivors (COPS) to contact the family and offer assistance.

Emergency Information Package

Retained by Officer

(To Be Placed In Locker)

CONCORD POLICE DEPARTMENT

LINE-OF-DUTY-DEATH TASK CHECKLIST

Chief of Police

- Γ Appoint Department Liaison Officer
- Γ Appoint Family Liaison Officer
- Γ Appoint Department Benefits Coordinator

- Γ Continue contact with family; make sure they are included in appropriate Department and CPA events; make sure they are doing all right.

Unit Commander

- Γ Ensure Department notifies the family of a seriously injured or deceased officer in the manner outlined in Department regulations.
- Γ Select the Notification Officer and the Notification Team.
- Γ If possible, properly notify the officer's parents.

Notification Officer

- Γ Inform the family.
- Γ Transport the family to and from the hospital.
- Γ Advise the hospital that a family member is coming.

Hospital Liaison Officer

- Γ Request a waiting area for the officer's family.
- Γ Request a waiting area for police personnel.
- Γ Request medical personnel provide the family with information before other parties.
- Γ Request medical personnel prepare family, if family is to see officer.
- Γ Accompany family to see officer.
- Γ Request all medical bills be mailed to Department.

Family Liaison Officer

- Γ Communicate the wishes of the family to Department.
- Γ Consult with Homicide and inform family at hospital as much as possible about incident.
- Γ Inform the family of the option of a police funeral.
- Γ Assist the family with funeral arrangements.
- Γ Keep the family informed about the investigation.

Department Liaison Officer

- Γ Make sure the Department completes all steps as outlined in these Regulations.
- Γ Direct Unit Commander to form Notification Team.
- Γ Issue a teletype message about the officer's death and funeral arrangements to outside law enforcement agencies.
- Γ Arrange for the officer's personal belongings to be returned to the family.
- Γ Direct the funeral arrangements.
 - Γ Establish an itinerary.
 - Γ Coordinate traffic management
 - Γ Maintain roster of departments attending funeral.
 - Γ Acknowledge visiting and assisting departments.
 - Γ Assign an officer to be present at the family home during the funeral.
- Γ Arrange for routine house checks for at least six weeks after the funeral.

Department Benefits Coordinator

- Γ Provide the family with a **Summary of Benefits** from Personnel.
- Γ Make sure benefit paperwork is submitted.
- Γ Contact Retirement and Risk Management to make sure the family's medical and dental benefits are not revoked.
- Γ Make sure family receives all benefits.

Association Benefits Coordinator

- Γ Coordinate assistance with Family Liaison Officer.
- Γ Inform all law enforcement support and social organizations of the officer's death.
- Γ Assist in planning the officer's funeral.
- Γ Arrange a reception following the funeral.
- Γ Work with the Benefits Coordinator to make sure the family receives all City of Concord benefits.
- Γ Make sure the family receives all CPA-related benefits.
- Γ Establish a trust fund, and monitor the fund, if established.

Line-of-Duty Death/Serious Injury Information

PERSONAL

The information that you provide will be used ONLY in the event of your life threatening injury or line-of-duty death and will be extremely helpful to your family, to the Association, and to the Department in fulfilling your wishes.

Name: _____
 Last First Middle Serial#

Address: _____ City: _____

Home Phone #(s): _____

Social Security Number: _____

Birthdate: _____ Place of Birth: _____

Current Assignment: _____ Supervisor: _____

Spouse

Name: _____

Address: _____ City: _____

Spouse's Employer: _____

Address: _____

Phone: _____ Spouses' Pager/Cell Phone #: _____

Hours of Employment: _____ Work Days: _____

Immediate Supervisor or Business Contact: _____

Children:

Name of Child: _____ DOB: _____ Grade: _____

School/Day Care Facility: _____

Address: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

Children (cont'd):

Name of Child: _____ DOB: _____ Grade: _____

School/Day Care Facility: _____

Address: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

Name of Child: _____ DOB: _____ Grade: _____

School/Day Care Facility: _____

Address: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

Name of Child: _____ DOB: _____ Grade: _____

School/Day Care Facility: _____

Address: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

Name of Child: _____ DOB: _____ Grade: _____

School/Day Care Facility: _____

Address: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

(use additional pages, if necessary)

If you are divorced, please provide information about your ex-spouse.

Name: _____

Address: _____ City _____ State _____

Phone: (H) _____ (W) _____

Do you want a police representative to contact your ex-spouse? Yes _____ No _____

IN CASE OF EMERGENCY,
THE FOLLOWING INDIVIDUALS MUST BE CONTACTED

Please list the name, address and telephone numbers of key relatives and friends (parents, in-laws, siblings, etc.). Also, if you are aware of one of these individuals having a serious medical condition that may be adversely affected upon receiving a notification, please indicate on the form.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

(use additional pages, if necessary)

NOTIFICATIONS

WHO DO YOU REQUEST FROM THE DEPARTMENT TO MAKE A NOTIFICATION TO FAMILY MEMBERS?

Name: _____ Name: _____

Name: _____ Name: _____

WHO DO YOU REQUEST TO SERVE AS DEPARTMENTAL LIAISON OFFICER FOR YOUR FAMILY?

Name: _____ Name: _____

IMPORTANT BUSINESS/PERSONAL INFORMATION

Do you wish to have a law enforcement funeral? Yes _____ No _____

Church preference: _____ Religious Affiliation: _____

Clergyman: _____ Phone: _____

Address: _____

Funeral Home to be used: _____

Address: _____

Phone: _____ Pre-paid burial plan: Yes _____ No _____

Contact: _____

Church Service Requested: Yes _____ No _____ Private Only (y/n): _____

Funeral Home Service: Yes _____ No _____ Private Only (y/n): _____

I prefer: Interment: _____ Entombment: _____ Cremation: _____

My choice of cemetery is: _____

I have purchased a plot (y/n): _____ Location of deed: _____

Obituary: Yes _____ No _____

Emergency & Confidential Information Package

Retained by Officer

**(To be placed in a secure location)
(Residence/Safe Deposit Box)**

Emergency and Confidential Information Package

This package is to assist you and your family in the event of an emergency. It provides a “ONE STOP” repository of financial and personal information. The package is meant to save you or your survivors countless hours searching for important documents. ALL members are strongly encouraged to review and complete this package with family members and other concerned parties.

This is the personal and financial diary of _____

The diary was last updated on _____

Portions of the handbook are modeled after “Your Personal/Financial Diary” produced by Concerns of Police Survivors, Inc. (C.O.P.S.).

PERSONAL INFORMATION/DOCUMENTS

Birthdate: _____ Place of Birth: _____

My Birth Certificate is recorded at (City, County, State): _____

It is located at: _____

Social Security Number: _____

I was married in: _____

On: _____ To: _____

Children: _____

I was divorced on: _____ State of: _____

I was married in: _____

On: _____ To: _____

Children: _____

I was divorced on: _____ State of: _____

Marriage license(s) located at: _____

City, County, State: _____

Divorce decree(s) located at: _____

City, County, State: _____

Children's birth certificates located at: _____

City, County, State: _____

Children's adoption papers located at: _____

City, County, State: _____

Children's Names

Date of Birth

Residence

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IN CASE OF EMERGENCY,
THE FOLLOWING INDIVIDUALS MUST BE CONTACTED**

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Add'l Information: _____

(use additional pages, if necessary)

IMPORTANT BUSINESS/PERSONAL CONTACTS

Unit: _____ Immediate Supervisor: _____

Commanding Officer: _____

Unit telephone(s): _____ Other: _____

Spouse's Employer: _____

Address: _____

Phone: _____ Spouses' Pager/Cell Ph#: _____

Hours of Employment: _____ Work Days: _____

Immediate Supervisor or Business Contact: _____

Location: _____ Phone: _____

Personal Physician: _____

Location: _____ Phone: _____

Clergyman: _____ Phone: _____

Religious Affiliation: _____

Attorney: _____ Phone: _____

Dentist: _____ Phone: _____

(It is recognized that you may have more than one insurance agent/carrier for health, auto, home, and life insurance. You may wish to attach additional pages, if necessary)

Type: _____ Insurance Agent: _____

Insurance Company: _____

Phone: _____

Type: _____ Insurance Agent: _____

Insurance Company: _____

Phone: _____

Type: _____ Insurance Agent: _____

Insurance Company: _____

Phone: _____

FINANCIAL/REAL ESTATE/PROPERTY

Accountant: _____ Phone: _____

Banker/Bank Name: _____

Branch/Location: _____ Phone: _____

Checking Account #: _____ Bank: _____

Signatories are: _____

Checkbook is kept at: _____

Checking Account #: _____ Bank: _____

Signatories are: _____

Checkbook is kept at: _____

Savings Account #: _____ Bank: _____

Signatories are: _____

Location of Passbook: _____

Savings Account #: _____ Bank: _____

Signatories are: _____

Location of Passbook: _____

Savings Account #: _____ Bank: _____

Signatories are: _____

Location of Passbook: _____

Credit Union Account #: _____

Name of Credit Union: _____

Signatories are: _____

Credit Union Account #: _____

Name of Credit Union: _____

Signatories are: _____

Broker: _____

Investment Company: _____

Phone: _____

Certificate of Deposit #: _____ Bank: _____

Signatories are: _____

Location of Certificate: _____

Certificate of Deposit #: _____ Bank: _____

Signatories are: _____

Location of Certificate: _____

Financial (cont'd):

Certificate of Deposit #: _____ Bank: _____

Signatories are: _____

Location of Certificate: _____

Safe Deposit Box #: _____ Bank: _____

Deposit Box Accessible to: _____

Key is Kept at : _____

Investment/Stock Portfolio is Located at: _____

Bonds Portfolio is Located At: _____

IRA Certificate and File is Located at: _____

Additional Certificates/Portfolios/Bonds, etc: _____

Credit Cards

I have credit cards with the following companies:

<u>Name</u>	<u>Account #</u>	<u>Location of Statements</u>	<u>Is Insurance Provided?</u>
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Tax Returns

Copies of my income tax returns are located at: _____

All worksheets and evidence in support of the returns are attached to the returns:

Yes _____ No _____ Worksheets are located at: _____

Real Estate

My residence address is: _____

I own my own residence: Yes _____ No _____

My landlord is: _____

Ownership Title bears the name(s) of: _____

Financial (cont'd):

The mortgage on the property is held by: _____

The mortgage payment records are located at: _____

The mortgage agreement carries life insurance coverage: Yes _____ No _____

Homeowner's and Mortgage Insurance:

<u>Company</u>	<u>Contact</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Homeowners insurance papers are located at: _____

The insurance broker is: _____

Tax paperwork on my property is located at: _____

I own additional real estate properties at: (list addresses)

Deeds, mortgage information, tax documents and payment records are located at:

Trust Funds

I have established a living trust for the benefit of: _____

It was established on: _____ Located at: _____

The Trustees are: _____

The attorney who drew up the Agreement is: _____

I am a beneficiary under a trust established by: _____

Papers are located at: _____

Financial (cont'd):

If I die, my heirs are beneficiaries of trust funds established by:

Papers are located at: _____

Personal Debtors and Creditors

The following owe money to me: _____

Exclusive of secured loans, I owe to the following: _____

Documents regarding debts and creditors are located at: _____

Copies of originals located at: _____

Aside from real estate, I have the following loans: _____

Are there any lawsuits you are involved in either as a plaintiff or defendant?

Yes _____ No _____ Name of attorney: _____

Phone: _____

In the event there is no attorney involved, where can documents pertaining to lawsuits be located? _____

Financial (cont'd):

Automobiles, Trailers, Boats, or other Motor Crafts and Insurance

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Reg. To</u>	<u>Status of Ownership</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Pertaining to vehicle # _____

Name of Insurance Company: _____

Policy #: _____ Agent: _____

Phone: _____

(use additional page for insurance information)

Other Insurance

Often credit cards, credit unions, travel agencies, etc. carry insurance policies on clients. List various sources that provide this benefit.

MY WILL

I DO NOT HAVE A WILL. _____ (Often times families incur additional emotional, legal, and financial burdens when a loved one dies without having executed a will. You are encouraged to address this issue as soon as possible.)

I HAVE A WILL THAT IS LOCATED AT: _____

The attorney who handled my will is: _____

at the law firm of _____

Phone: _____

My last will is dated: _____

It is located: _____

The Executor is: _____

ORGAN DONATION

_____ I do not want any of my organs donated.

_____ I would like to have my organs donated for transplant.

_____ I would like to donate the following organs for transplant/research:

SPECIAL FINAL REQUESTS

In the event that you do not have a will or there are issues that have not been addressed in the will, you may have wishes that you would like to have honored. Please remember that these wishes are not binding on your survivors. This is how I would like insurance settlement money to be spent:

This is how I would like real estate to be handled: _____

These are my prized possessions and how I would like them to be distributed:

Special Requests (cont'd):

I would like my clothing and other personal effects distributed in this manner:

Other special wishes: _____

FUNERAL DETAILS

Church preference: _____ Religious Affiliation: _____

Clergyman: _____

Funeral Home to be used: _____

Phone: _____ Pre-paid burial plan: Yes _____ No _____

Contact: _____

Church Service Requested: Yes _____ No _____ Private Only (y/n): _____

Funeral Home Service: Yes _____ No _____ Private Only (y/n): _____

I prefer: Interment: _____ Entombment: _____ Cremation: _____

My choice of cemetery is: _____

I have purchased a plot (y/n): _____ Location of deed: _____

Obituary: Yes _____ No _____

Please list the following in my obituary: _____

I served in the Armed Forces: _____ Branch: _____

Rank held: _____ Dates of Service: _____

Discharge Papers located at: _____

I am entitled to Veterans Benefits: Yes _____ No _____

I am entitled to Military Honors: Yes _____ No _____

Membership in Social Organizations: _____

I would like a "Lodge" service: Yes _____ No _____

By: _____

Flowers: Yes _____ No _____ Disposal of flowers: _____

Donations in lieu of lowers to: _____

Musical selections: _____

Funeral Details (cont'd):

Special Requests for Service (speakers, readers, etc.): _____

If the United States flag is placed on the casket, to whom should it be presented following the services?

Do you wish that your badge be presented to a family member (if so, who?): _____

Please list memberships in law enforcement, religious, or community organizations that may provide assistance to your family.

1. _____

2. _____

3. _____

OTHER CONSIDERATIONS

This diary was planned to save as much heartache as possible immediately following the death of a loved one. All the planning and preparation won't save a family serious heartache if someone chooses to keep information about their life from family members. Occasionally after someone dies, family members are shocked to find that there are other children from outside the marriage and other significant individuals.

To relieve your spouse and other family members, it is suggested that you write a letter to be opened upon your death that will tell your family about the issues you felt you could not discuss with them during your lifetime. The letter should be left in the care of an individual that you are confident will safeguard and forward it if required.

It is also suggested that you make a videotape sharing family remembrances and thoughts. This will prove to be of great value to your children.

ADDITIONALLY, WE RECOMMEND THAT YOU DISCUSS WITH YOUR SPOUSE, FAMILY MEMBERS, OR SIGNIFICANT OTHERS THE BENEFICIARY LISTINGS YOU HAVE CHOSEN ON VARIOUS INSURANCE POLICIES. THIS MAY HELP TO ALLEVIATE THE FAMILY UPHEAVALS AND DISCORD THAT SERIOUSLY AFFECT THE GRIEF PROCESS WHEN FAMILY MEMBERS DOUBT THAT YOU MEANT TO LEAVE BENEFITS TO THE PEOPLE WHO RECEIVED THOSE BENEFITS.

OTHER:

IS THERE SOMEONE IN PARTICULAR THAT YOU GIVE PERMISSION TO GO THROUGH YOUR LOCKER, DESK, OR WORK AREAS? DISPOSITION OF YOUR PROPERTY?

Additional Request(s)/Comments: _____

Signature: _____

Date: _____