

End of Life



My Information

NAME _____ SSN# _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

1. Call my family members and close friends

CONTACT _____ PHONE _____

CONTACT _____ PHONE _____

CONTACT _____ PHONE _____

2. Notify my Employer

CONTACT _____ PHONE _____

3. Funeral home for arrangements

CONTACT _____ PHONE _____

MY PREFERENCES _____

4. Call attorney to settle my will

CONTACT _____ PHONE _____

Copy of my will can be found here _____

5. Contact local Social Security office and file a claim immediately to avoid any possibility losing benefit checks

SSN# _____ PHONE _____

6. Notify the following, in addition to mortgage, credit card companies, etc.

TRS MEMBERSHIP ID# _____ TRS MEMBER SERVICES 1-800-223-8778 _____

OTHER _____ PHONE _____

OTHER _____ PHONE _____

7. Primary decision-maker

CONTACT _____ PHONE _____

Where to find important documents

