



DistinctiveLife™
Cremation and Funeral Services

TRANSITIONAL CARE GUIDE

GETTING STARTED

TRANSITIONAL CARE GUIDE

This guide is provided by Distinctive Life to help guide you as you handle the critical tasks following the loss of a loved one.

Download and save this document. As you enter information, the subsequent pages will get filled in with the same information so it is handy for each step of the process.

Your Name: _____

Name of Deceased: _____

Date of Birth of Deceased: _____

Deceased Date: _____

Deceased's Relationship to You: _____

Deceased's Social Security Number: _____

Estate Identification Number: _____

This guide is intended to assist you in handling important steps after the death of a loved one. It should not be used as a replacement for legal, financial or other professional counsel. We encourage you to contact your legal and/or financial advisor.

Distinctive Life specifically disclaims any liability, loss, or risk, personal or otherwise, incurred as a consequence, either directly or indirectly, by commission or omission, from the use and/or application of all or any portion of the Transitional Care Guide.

OVERVIEW: LOCATE IMPORTANT DOCUMENTS

These items should be located to access information and close accounts:

- Birth certificate
- Social Security and pension information
- Marriage certificate
- Honorable discharge papers (DD-214) for a veteran and VA Claim Number
- Will, trust and letter of instruction
- Pre-need planning paperwork from funeral home
- Cemetery arrangements – deeds to plots, mausoleums or niches
- Life insurance policies
- List of retirement, bank and brokerage accounts (with account and access information)
- Contact information for attorney, accountant, financial planner and stockbroker
- List of retirement, bank and brokerage accounts (with account and access information)
- Username and passwords to online accounts (bill pay, email, Facebook, etc.)
- Health insurance policies
- Deeds and titles to property
- Titles and warranties to cars, motorcycles, boats, etc.
- List of stored valuables (e.g. jewelry)
- Safe combinations
- Automobile title and registration papers
- Stock certificates
- Recent income tax and W-2 forms
- Loan and installment payment books and contracts
- Safety deposit box key

COORDINATE WITH ADVISORS

TASK 1: CONTACT ATTORNEY

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Attorney Name: _____

Phone Number: _____

Deceased's Social Security Number: _____

CALL SUBJECT: DEATH NOTIFICATION, WILL READING AND OBTAINING COPIES

This call script presumes you are contacting an attorney with whom you and/or the deceased maintained an ongoing relationship. If you are contacting a prospective attorney to help you with your legal matters, simply introduce yourself and explain your situation. You may also wish to ask for references and confirm that the attorney/firm carries malpractice insurance.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your firm of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your support with several matters, including:

- The Will (and Codicil)
- Letters of Authority for Personal Representative (aka Executor)
(Assigned by the Court to the "Survivor" to act on the Deceased's behalf)
- Probate (Register of Wills)
- Taxes
- Insurance
- Guardianship
- Other Common Items

Can you tell me when would be a good time to schedule a meeting? Also, can you give me an idea of the costs that will be involved for your services, and an indication of what documents you will need?

COORDINATE WITH ADVISORS

TASK 2: CONTACT ACCOUNTANT

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Accountant Name: _____

Phone Number: _____

Deceased's Social Security Number: _____

Estate Identification Number: _____

CALL SUBJECT: NOTIFY OF DEATH AND REQUEST FINANCIAL DOCUMENTS

This call script presumes you are contacting an accountant and/or tax/financial advisor with whom you and/or the deceased maintained an ongoing relationship. If you are contacting a prospective accountant to help you with your legal matters, simply introduce yourself and explain your situation. You may also wish to ask for references.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your firm of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your support with several matters, including:

- Current Tax Return (Payments/Refunds)
- Past Tax Return (Payments/Refunds)
- Review of Financial Affairs/Accounting Activities
- Coordination with an Attorney
- Ongoing Relationship
- Other Common Items

Can you tell me when would be a good time to schedule a meeting? Also, can you confirm that your office is willing to provide financial services for the deceased's estate? Please provide an estimate of the costs that will be involved for your services, and an indication of what documents you will need.



COORDINATE WITH ADVISORS

TASK 3: CONTACT FINANCIAL ADVISORS

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION (BOTH INVESTMENTS AND RETIREMENT)

Date: _____

Deceased's Social Security Number: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CONFIRM INVESTMENT/RETIREMENT ACCOUNTS BALANCE AND CLOSURE/TRANSFER

This call script will assist you in contacting financial advisors (investment and retirement) with whom the deceased had existing accounts. You may have to contact several financial advisors since it is common to have up to a dozen individual accounts. In most cases, you will be required to complete standard forms and submit them with specific supporting documents to the financial advisors.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your firm of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your support with several matters, including:

DECEASED'S RETIREMENT ACCOUNTS NUMBERS

· IRA: _____

· Roth IRA: _____

· Employer Pension: _____

· Mutual Funds: _____

· Stocks/Bonds: _____



BENEFITS AND FINANCIALS

TASK 1: CONTACT SOCIAL SECURITY

COMMUNICATION TYPE: PHONE CALL
(verify if we have already completed this task)

REFERENCE INFORMATION

Date: _____

Call 1-800-772-1213

Visit [ssa.gov/bene its/survivors](https://ssa.gov/bene-its/survivors) for more information

You can find your SSA office at secure.ssa.gov/ICON

Contact's Name: _____

CALL SUBJECT: DEATH NOTIFICATION AND INFORMATION ON BENEFITS

This call script will assist you in contacting social security to notify them concerning the death of your loved one. Often, our funeral director will be able to contact social security on your behalf, so it is best to confirm with us before contacting social security.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your firm of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and require your help. I would like to confirm if my _____ is eligible for benefits, and if so, how I proceed to claim their benefits.

BENEFITS AND FINANCIALS

TASK 2: CONTACT VETERAN AFFAIRS

COMMUNICATION TYPE: PHONE CALL OR ONLINE

(verify if we have already completed this task)

REFERENCE INFORMATION

Date: _____

Call 1-800-827-1000

Visit cem.va.gov/burial_benefits for more information

Visit benefits.va.gov/benefits/offices.asp to find the regional benefit location nearest you

CALL SUBJECT: DEATH NOTIFICATION AND INFORMATION ON BENEFITS

This call script will assist you in contacting Veterans Affairs to notify them concerning the death of your loved one. Often, our funeral director will be able to contact Veterans Affairs on your behalf, so it is best to confirm with us before contacting Veterans Affairs.

Below are a few links to access information for the most common benefits:

Burial Allowance: benefits.va.gov/BENEFITS/factsheets/burials/flag.pdf

Burial Flag: vba.va.gov/pubs/forms/VBA-27-2008-ARE.pdf

Markers or Bronze Plaques: va.gov/vaforms/va/pdf/VA40-1330.pdf

CALL SCRIPT

Hello, my name is _____. I am calling to notify your firm of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and require your help. I would like to confirm if my _____ is eligible for benefits, and if so, how I proceed to claim their benefits.



BENEFITS AND FINANCIALS

TASK 3: CONTACT LIFE INSURANCE COMPANIES

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Known Life Insurance Policies: _____

CALL SUBJECT: NOTIFICATION OF DEATH, REQUEST TO PROCESS CLAIM AND ACQUIRE FORM

This call page will assist you in contacting life insurance companies to handle the insurance claims. Most insurance companies prefer you to contact them on the phone and they will walk you through the process.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your firm of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and need some help. Can you please send me the forms I need to complete to file a claim?

SOME OF THE FORMS ARE:

- Death Claim Form
- Copy of Policies/Riders
- Continuance of Benefits Form
- Premium Refund Form
- Change of Beneficiary Form

BENEFITS AND FINANCIALS

TASK 4: GATHER FINANCIAL INSTITUTIONS ACCOUNTS

Date: _____
Institution Name: _____
Account Number: _____
Contact's Name: _____
Phone Number: _____
Notes: _____

Date: _____
Institution Name: _____
Account Number: _____
Contact's Name: _____
Phone Number: _____
Notes: _____

Date: _____
Institution Name: _____
Account Number: _____
Contact's Name: _____
Phone Number: _____
Notes: _____

BENEFITS AND FINANCIALS

TASK 4: GATHER FINANCIAL INSTITUTIONS ACCOUNTS

Date: _____

Institution Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

Notes: _____

Date: _____

Institution Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

Notes: _____

Date: _____

Institution Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

Notes: _____

BENEFITS AND FINANCIALS

TASK 5: CONTACT FINANCIAL INSTITUTIONS

COMMUNICATION TYPE: PHONE CALL

Copy this page as needed for additional financial institutions.

REFERENCE INFORMATION

Date: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CONFIRM ACCOUNT AND LOAN STATUS, TRANSFER ACCOUNT OWNERSHIP AND/OR CLOSE AN ACCOUNT, CANCEL DIRECT DEBITS/DEPOSITS AND OBTAIN SAFETY DEPOSIT BOX CONTENTS

This call script will assist you in contacting financial institutions (banks, savings & loans, credit unions) with whom the deceased had existing accounts. You will likely want to determine account and loan status, transfer account ownership, cancel direct debits, and obtain safety deposit box contents. In most cases, you will be required to complete standard forms and submit them with specific support documents to the financial institutions. If you are uncertain about any aspect of transferring account ownership, be sure to consult your attorney and/or financial advisor.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your firm of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your support with several matters, including:

- Confirming Account(s) Status
- Confirming Loan(s) Status
- Canceling ATM/Debit Services
- Transferring Account Ownership
- Obtaining Safety Deposit Box Contents
- Other Common Items

Can you please review these matters with me now, and send me a copy of all relevant savings and loan information, account transfer information, and safety deposit box documents? If not, when would be a better time to call back, or do I need to meet with you in person?



INVESTMENTS AND TITLES

TASK 1: CONTACT AUTO INSURANCE COMPANY

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Deceased's Social Security Number: _____

Insurance Company: _____

Contact's Name: _____

Phone Number: _____

Car Make, Model, VIN: _____

CALL SUBJECT: CANCEL OR TRANSFER COVERAGE

This call script will assist you in contacting auto insurance company(s) with whom the deceased had existing policy coverage. You will want to remove the deceased's name from the policy(s). In addition, you may want to transfer coverage to another individual or cancel coverage of an auto that has been sold. Inquire whether a refund is due to the deceased's estate.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your agency of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your help reconciling the account. Specifically, I would like to:

- Cancel coverage as of: _____
- Remove the deceased's name from the policy
- Add the following names to the policy: _____
- Collect refunds due to the estate

Can you please review these matters with me now, and send me instructions to take care of this matter? If not, when would be a better time to call back, or do I need to meet with you in person?

INVESTMENTS AND TITLES

TASK 2: CONTACT AUTO LOAN/LEASE COMPANY(IES)

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Deceased's Social Security Number: _____

Auto Loan/Lease Account Number: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CANCEL OR TRANSFER COVERAGE

This call script will assist you in contacting auto loan and/or lease companies with whom the deceased had accounts. In the case of a lease, you may wish to cancel the agreement and arrange to return the car or remove the deceased's name from the agreement and amend the agreement accordingly.

In the event of a loan, you will want to determine the status of the account and determine if the loan is covered by insurance. If you are uncertain about some aspect of the lease or loan agreement, consult your attorney and/or financial advisor.



INVESTMENTS AND TITLES

TASK 2: CONTACT AUTO LOAN/LEASE COMPANY(IES)

CALL SCRIPT

Hello, my name is _____. I am calling to notify your agency of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your help.

If it is a lease:

- Cancel lease agreement
- Transfer to the following name: _____
- Schedule return of the vehicle

If it is a loan:

- Determine loan status
- Transfer to the following name: _____
- Schedule return of the vehicle

Can you please review these matters with me now, and send me instructions to take care of this matter? If not, when would be a better time to call back, or do I need to meet with you in person?

INVESTMENTS AND TITLES

TASK 3: CONTACT CREDIT CARD COMPANY(IES)

COMMUNICATION TYPE: LETTER

REFERENCE INFORMATION *(duplicate for each credit card)*

Date: _____

Credit Card Company Name: _____

Credit Card Company Address: _____

Contact's Name: _____

LETTER SUBJECT: NOTIFICATION OF DEATH

A print-ready version of the letter is available in the appendix

RE: Notification of Death

To Whom It May Concern:

I am writing to report the death of my _____, _____ who passed away on _____. Specifically, I am writing in reference to the following credit card:

Credit card number: _____ Expiration Date: _____

I would ask you to please:

- Cancel the card
- Remove the deceased's name from the account and reissue the card in my name
- Change the billing address to:

Name of responsible party: _____

Address: _____

City, State, Zip: _____

In addition, please advise me:

- As to whether the account balance is covered by insurance
- With regard to the balance on this account as of the Date of Death

If you have questions or require any additional information, please do not hesitate to contact me at _____, or the address above.

Sincerely,

INVESTMENTS AND TITLES

TASK 4: CONTACT MORTGAGE COMPANY(IES)

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION *(repeat for each open mortgage)*

Date: _____

Deceased's Social Security Number: _____

Loan Account Number: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CONFIRM ACCOUNT AND LOAN STATUS, TRANSFER ACCOUNT OWNERSHIP OR CANCEL LOAN AND CANCEL AUTOMATIC WITHDRAWALS

This call page will assist you in contacting the mortgage company or financial institution with whom the deceased had existing mortgage loan(s). You will likely want to determine account and loan status, transfer account ownership, or cancel direct debits. In most cases, you will be required to complete standard forms and submit them with specific support documents to the financial institutions. If you are uncertain about some aspect of transferring account ownership, consult your attorney and/or financial advisor.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your agency of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your help.

- Confirming account(s) status
- Confirming loan(s) status
- Canceling ATM/debit services
- Transferring account ownership
- Other: _____

Would it be possible for you or another representative to review these matters with me now, and send me a copy of all relevant savings and loan information, account transfer information, and safety deposit box documents? If not, when would be a better time to call back or set a time to meet?



INVESTMENTS AND TITLES

TASK 5: CONTACT EMPLOYERS

COMMUNICATION TYPE: LETTER

REFERENCE INFORMATION *(duplicate for each employer)*

Date: _____

Company Name: _____

Company Address: _____

Company City, State, Zip Code: _____

Contact's Name: _____

Phone Number: _____

LETTER SUBJECT: NOTIFICATION OF EMPLOYEE DEATH

(a print-ready version of the letter is available in the appendix)

RE: Notification of Employee Death
To Whom It May Concern:

I am writing to report the death of my _____, _____ who passed away on _____. I am handling the business affairs and require your assistance. I have attached the following documents for your reference:

- Death Certificate
- Deceased's Employee ID Number: _____

In return, could you please send me the following information and statements:

- Pension or retirement plans
- Gross amount of salary paid since the beginning of the current year
- Life insurance coverage due
- Company-owned items to be returned (computer, office keys, car, etc.)
- Other: _____

Also, could you please contact me regarding the removal of the deceased's personal belongings from the workplace. If you have questions or require any additional information, please do not hesitate to contact me at _____, or the address above.

Sincerely,

OUTSIDE COMMITMENTS

TASK 1: CONTACT HEALTHCARE PROVIDERS



COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Deceased's Social Security Number: _____

Deceased's Date of Birth: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: NOTIFYING OF DEATH AND RECONCILE ACCOUNTS

This call script will assist you in contacting healthcare facilities, organizations and other providers (nursing home, hospice care, home healthcare aides, physicians) who cared for the deceased. In the case of a healthcare facility, you will want to coordinate the pick-up of the deceased's personal belongings. You will also want to confirm the status of the deceased's account with the facility. In the case of a physician or specialist, you will want to cancel any appointments previously scheduled. In addition, you will want to request the deceased's medical records.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your agency of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and require your help. Specifically, I would like to:

- Confirm status of account(s)
- Cancel previously scheduled appointments
- Collect the deceased's personal belongings/records

Can you please inform me of when I can arrange a time to come in and collect the records and belongings, and if there are any open account balances?

OUTSIDE COMMITMENTS

TASK 2: CONTACT MEMBERSHIPS AND COMMITMENTS

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Deceased's Social Security Number: _____

Deceased's Date of Birth: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CANCEL MEMBERSHIP, APPOINTMENTS AND COMMITMENTS

This call script will assist you in contacting establishments as a courtesy such as libraries, frequently visited restaurants, golf or bowling clubs, country clubs and art museums.

CALL SCRIPT

Hello, my name is _____. I am calling to notify you of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and require your help. Specifically, I would like to:

- Cancel standing memberships and commitments
- Transfer membership to the following name: _____
- Request refund due to the estate
- Other: _____

Can you please inform me of when I can arrange a time to come in and collect the records or if you can send them to me via email?

OUTSIDE COMMITMENTS

TASK 3: CONTACT PERIODICAL SUBSCRIPTIONS

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Deceased's Date of Birth: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CANCEL MEMBERSHIP, APPOINTMENTS AND COMMITMENTS

This call script will assist you in contacting periodicals (newspapers, magazines, newsletters) with whom the deceased had a subscription. You will want to cancel the subscription if appropriate and coordinate any refund due to the estate. Or, you may change the billing and/or mailing addresses.

*The U.S. Postal Service will forward magazines (via a change-of-address form) for 60 days. **One Switch** will permanently forward residential magazine subscriptions at no cost. Call **One Switch** toll-free at 1-888-255-7982.*

CALL SCRIPT

Hello, my name is _____. I am calling to notify you of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your help. Specifically, I would like to:

- Cancel standing memberships and commitments
- Transfer subscriptions to the following name: _____
- Request refund due to the estate
- Other: _____



OUTSIDE COMMITMENTS

TASK 4: CONTACT SERVICE LEAGUES

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Deceased's Date of Birth: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CANCEL SUBSCRIPTIONS, CHANGE MAILING ADDRESS

This call page will assist you in contacting those who the deceased has regularly scheduled appointments or visits with.

CALL SCRIPT

Hello, my name is _____. I am calling to notify you of the death of my _____, _____ who passed away on _____.

I am presently in the process of organizing and handling the deceased's business affairs and want to let your group be aware of their death. Specifically, I would like to:

- Cancel standing memberships and commitments
- Transfer subscriptions to the following name: _____
- Request refund due to the estate
- Remove deceased from mailing list
- Provide tax letter detailing the deceased's contributions
- Provide account status of deceased's gift or pledge

If you have any questions or require any additional information, please do not hesitate to contact me at _____, or the following address:

Name: _____

Address: _____

City, State, Zip Code: _____

SERVICES AND PROVIDERS

TASK 1: CONTACT PLACE(S) OF WORSHIP

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: NOTIFYING RELIGIOUS ORGANIZATIONS OF DEATH

You will want to contact the deceased's church, synagogue, spiritual advisor or place of worship to notify them about their death, if they haven't already been contacted.

CALL SCRIPT

Hello, my name is _____. I am calling to notify you of the death of my _____, _____. I am presently in the process of notifying all organizations my _____ was part of.

I'd like to remind you that if my _____ was involved in any leadership or volunteer roles that you will need to remove their name from the list and will need to fill the now open position.

If it is available, I would like their death to be noted in the monthly newsletter or any written communication for parishioners or friends to be notified if they have not received the news as of yet.

A memorial in the honor of my _____ can be sent to _____.

The visitation will be held at _____ on _____

at/from _____. The service will be held at _____ on

_____ at _____.



SERVICES AND PROVIDERS

TASK 2: CONTACT UTILITY COMPANIES

REFERENCE INFORMATION

TELEPHONE COMPANY

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

ELECTRIC COMPANY

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

HEAT

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SERVICES AND PROVIDERS

TASK 2: CONTACT UTILITY COMPANIES

CABLE/INTERNET COMPANY

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

CELL PHONE PROVIDER

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

WATER AND SEWER COMPANY

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SERVICES AND PROVIDERS

TASK 2: CONTACT UTILITY COMPANIES

WASTE MANAGEMENT

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SECURITY ALARM COMPANY

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SERVICES AND PROVIDERS

TASK 2: CONTACT UTILITY COMPANIES

COMMUNICATION TYPE: PHONE CALL

CALL SUBJECT: CANCEL SERVICE OR CHANGE BILLING STATUS

This call script will assist you in contacting utility companies (telephone, gas, electric, water/sewer, cable television, internet provider) with whom the deceased had contracted services. You will want to inquire about canceling service, transferring the account to another name, or changing the billing address. In addition, confirm account status and payment plans.

CALL SCRIPT

Hello, my name is _____. I am calling to notify your company of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your help reconciling the account. Specifically, I would like to:

- Cancel services as of: _____
- Remove the deceased's name from the account
- Add the following names to the account: _____
- Change the billing address to: _____
- Please send an updated statement detailing account balances or refunds to the estate

SERVICES AND PROVIDERS

TASK 3: CONTACT POSTAL SERVICE

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Locate your postal office at www.usps.com

CALL SUBJECT: CHANGE MAILING ADDRESS/CANCEL OR EMPTY POST OFFICE BOX

It may be necessary to forward mail from the deceased's mailing address and/or obtain items from a Post Office Box. The U.S. Postal Service website (www.usps.com) provides an online change-of-address form and a post office locator.

To change a mailing address online, click the "Change Address" link on the main page. You may be charged a fee so you will need a credit or debit card handy for this service. However, you may also visit any post office and complete a change-of-address form. This is free of charge.

In addition, the website provides a post office locator. Click the "Find USPS Locations" link on the main page. This will provide an option to search post offices by street or zip code. The results will include local telephone numbers for the offices.

Obtaining entry to a Post Office Box for the deceased requires proof of Power of Attorney or a copy of the Will and identification for the executor. You must present these documents to the Post Office to obtain entry.

CALL SCRIPT

Hello, my name is _____. I am calling to notify you of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your help with forwarding mail and closing any Post Office Boxes.

I would like to come down to the local post office to do this, but want to confirm what is needed from me to forward the mail and close any Post Office Boxes.



SERVICES AND PROVIDERS

TASK 4: CONTACT SERVICE PROVIDERS

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Deceased's Social Security Number: _____

Deceased Account Number: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CANCEL APPOINTMENTS WITH SERVICE PROVIDERS

This call script will assist you in contacting those who the deceased has regularly scheduled appointments or visits with (See appendix for full list: barber, hairstylist, nail salon, spa, fitness center, masseuse).

CALL SCRIPT

Hello, my name is _____. I am calling to notify your company of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your help reconciling the account. Specifically, I would like to:

- Cancel standing reservations, appointments, or membership
- Transfer memberships to the following name: _____
- Request refund due to estate
- Other: _____

SERVICES AND PROVIDERS

TASK 5: MAINTENANCE PROVIDERS

COMMUNICATION TYPE: PHONE CALL

REFERENCE INFORMATION

Date: _____

Deceased's Social Security Number: _____

Deceased Account Number: _____

Contact's Name: _____

Phone Number: _____

CALL SUBJECT: CANCEL APPOINTMENTS WITH SERVICE PROVIDERS

This call script will assist you in contacting those who the deceased has regularly scheduled appointments or visits with (See appendix for full list: barber, hairstylist, nail salon, spa, fitness center, masseuse).

CALL SCRIPT

Hello, my name is _____. I am calling to notify your company of the death of my _____, _____. I am presently in the process of organizing and handling the deceased's business affairs and will need your help reconciling the account. Specifically, I would like to:

- Cancel standing reservations, appointments, or membership
- Transfer memberships to the following name: _____
- Request refund due to estate
- Other: _____

SERVICE PROVIDERS LISTING

BARBER

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

HAIRSTYLIST

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

NAIL SALON

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SERVICE PROVIDERS LISTING

SPA

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

FITNESS CENTER

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

MASSEUSE

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SERVICE PROVIDERS LISTING

PET SITTER

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

ADULT DAY CARE

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

CHILD CARE

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SERVICE PROVIDERS LISTING

LAWN AND SPRINKLER MAINTENANCE

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SNOW REMOVAL

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

POOL MAINTENANCE

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

SERVICE PROVIDERS LISTING

PEST CONTROL

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____

DELIVERY SERVICE

Date: _____

Company Name: _____

Account Number: _____

Contact's Name: _____

Phone Number: _____





DistinctiveLife™
Cremation and Funeral Services

APPENDIX

FULL LETTERS TO MAIL
SERVICE AND MAINTENANCE PROVIDERS LISTINGS

RE: Notification of Death

To Whom It May Concern:

I am writing to report the death of my _____, _____ who passed away on _____. Specifically, I am writing in reference to the following credit card:

Credit card number: _____ Expiration Date: _____

I would ask you to please:

- Cancel the card
- Remove the deceased's name from the account and reissue the card in my name
- Change the billing address to:

Name of responsible party: _____

Address: _____

City, State, Zip: _____

In addition, please advise me:

- As to whether the account balance is covered by insurance
- With regard to the balance on this account as of the Date of Death

If you have questions or require any additional information, please do not hesitate to contact me at _____, or the address above.

Sincerely,

RE: Notification of Employee Death

To Whom It May Concern:

I am writing to report the death of my _____, _____ who passed away on _____. I am handling the business affairs and require your assistance. I have attached the following documents for your reference:

- Death Certificate
- Deceased's Employee ID Number: _____

In return, could you please send me the following information and statements:

- Pension or retirement plans
- Gross amount of salary paid since the beginning of the current year
- Life insurance coverage due
- Company-owned items to be returned (computer, office keys, car, etc.)
- Other: _____

Also, could you please contact me regarding the removal of the deceased's personal belongings from the workplace. If you have questions or require any additional information, please do not hesitate to contact me at _____, or the address above.

Sincerely,
