

A Guide for End-of-Life Planning

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A Guide for End-of-Life Planning

Overview of Items for Consideration

The purpose of this booklet is to assist you in expressing your wishes regarding what happens at the time of your death. It is intended to assist the grieving and provide them valuable information about the wishes of the deceased.

Death is a difficult subject to discuss; however, we do our best to prepare for death with the assurance and peace-of-mind brought to us by advance preparation of our legal documents. We do not know how our death will occur — suddenly in an accident, through illness or as a natural result of aging. Regardless of how it comes, this booklet will bring comfort in knowing that you are conveying helpful information about yourself to your family, pastors and friends.

The funeral or memorial service recognizes both sorrow and hope as loved ones remember the life of a family member or friend. But for the service to do that, pastors and survivors must know your wishes. One of the most caring legacies you can give those closest to you is a specific set of instructions that will enable them to know your preferences. At first glance, this seems an unwelcome assignment, yet once tackled it is enormously satisfying to pull together all the essential details of your life in a form that will ensure that those who bear the responsibility of making arrangements do so with the knowledge that they are doing as you would have wished. It is wise to take on the assignment now, whatever your age, and to review and update the information annually.

This information should be readily accessible in your home, and it is advisable to inform your family members of its existence.

Funeral or Memorial Service: There are important decisions to be made. The first decision to be made: a funeral or a memorial service? A funeral traditionally takes place within days of a death and includes the closed casket. A viewing, if desired, should be done at the funeral home prior to the service. A memorial service generally follows burial or cremation and can be held at a time when your widely dispersed families and friends can come together. Your pastors, if any, are prepared to help in the decisions and arrangements that need to be made.

If you desire a church funeral, there are some points of interest of which to be aware. Most churches do not charge a fee for a funeral service; however, some people choose to make a contribution to the church. It is also customary for a financial honorarium to be given to the musicians or choir if they participate in the service.

A reception may be arranged at the church following the service.

Funeral Homes: Funeral homes, sometimes called mortuaries, provide important services at a critical time. They are very willing to assist with preplanning (or arranging a prepaid funeral if that is requested) and must by law provide the price of each service they offer. They make arrangements for cremations or burials and for embalming, if necessary. They secure the death certificates along with the many copies the personal representative, also called executor, will need. They will handle the obituary for the newspapers. Funeral homes have facilities for visitation prior to the funeral and a chapel for the funeral or memorial service if this is preferred to a church. They can arrange transportation to the cemetery. When arrangements are thought through calmly in advance, needless expense may be avoided.

Cremation: Cremated remains may be interred in a cemetery or scattered at a cherished site. The service is held in the church either before or after the burial of the ashes.

Burial: It is important to decide on a burial site in advance. Even though some rural or church cemeteries do not charge for a plot, spaces must be reserved. Most cemetery plots must be purchased, and it is very difficult for a family in mourning to make that decision. Cemeteries require full payment to be made before burial. The graveside service is usually attended by family and close friends and includes appropriate scripture and liturgy by the pastor.

Memorial Gift vs. Flowers: Many grieving families today prefer a donation of enduring remembrance in lieu of flowers. Contributions to your favorite charities, professional organizations, and educational institutions are all possibilities.

Hospice: Hospice provides quality palliative care to those facing life-limiting illness and end-of-life issues. These services are available to the patient, their family and the community. Care can take place in the home, in nursing homes, or in the hospital. The hospice team includes the patient's personal physician, Hospice physician, nurses, home health aides, social workers, clergy, trained volunteers and specialized therapists, if needed. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs and other managed care organizations.

Veteran's Benefits: All honorably discharged veterans and their spouses are entitled to burial in a National Cemetery. Benefits include a gravesite in any of the 120 National Cemeteries (with available space), opening and closing of the grave, perpetual care, a Government headstone, a burial flag and a Presidential Certificate at no cost to the family. Cremated remains are buried in national cemeteries in a timely manner with the same honors as casketed remains.

A funeral honors ceremony can also be provided at the church service or graveside, whichever the family specifies. The core elements include the flag folding, flag presentation and the playing of "Taps".

To confirm eligibility or for more information, call: Department of Veterans Affairs at: 1-800-827-1000

On the Internet, visit: <http://www.va.gov>

The nearest local Veterans Cemetery is the Florida National Cemetery, located at:
6502 S. W. 102nd Avenue
Bushnell, FL 33513
352-793-7740

On the Internet: <http://www.cem.va.gov/CEMs/nchp/florida.asp>

Organ and Tissue Donations: If you have a desire to be an organ or tissue donor, it is extremely important that you let your family know and make arrangements now. Organ donation is truly a unique opportunity to save lives, as it is possible for a single donor to donate organs and tissues that may help as many as 60 recipients. It is now possible to transplant 25 different organs and tissues, including corneas, heart, heart valves, liver, kidneys, bone and cartilage, skin, lungs and more. You may fill out a donor card and carry it with you in your wallet or even designate on a driver's license your wishes to be a donor. Please see Uniform Donor Card.

Donating Your Body to Science: The Anatomical Board is the organization in Florida to which persons may donate their bodies. The Anatomical Board has two offices. The main office is located at the University of Florida, College of Medicine, in the Health Science Center. The branch office is located at the University of Miami, School of Medicine.

University of Florida College of Medicine
P.O. Box 100235
Gainesville, FL, 32610-0235
800-628-2594
352-392-3588

University of Miami School of Medicine
Department of Anatomy-R124
P.O. Box 016960
Miami, FL 33101-6960
305-243-6691

On the Internet, visit: <http://www.med.ufl.edu/anatbd/INDEX.html>

Personal Information

The following section will serve as a guide to help you as you record the important facts of your life and set down your wishes for your funeral and disposition of treasured possessions. Feel free to append additional pages.

Name: _____ Social Security Number: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Married: _____ Single: _____ Widowed: _____ Divorced: _____

Place of Birth: _____

Date of Birth: _____ Location of Birth Certificate: _____

Name of Spouse: _____ Date of Marriage: _____

Place of Marriage: _____

Location of Certificate of Marriage: _____

Father's Name: _____ Birthplace: _____ Date of Birth: _____

Mother's Name: _____ Birthplace: _____ Date of Birth: _____

High School Attended: _____ City: _____ State: _____

College/University Attended (Undergraduate): _____

Year of Graduation: _____ Degree Attained: _____

College/University Attended (Graduate): _____

Year of Graduation: _____ Degree Attained: _____

Trade School/Apprenticeship: _____

Work History

Occupation: _____ Length of Service: _____

Date and Place of Retirement: _____

Occupation: _____ Length of Service: _____

Date and Place of Retirement: _____

Most Recent Employer: _____

Name of Contact Person: _____ Telephone Number: _____

Additional Information: _____

Military Service

Branch of Service: _____ Serial Number: _____

Date Entered: _____ Place: _____

Date of Discharge: _____ Place: _____

Location of Discharge Papers: _____

Highest Rank Attained: _____

Awards/Commendations: _____

Do you desire a flag at your funeral service: Yes _____ No _____

Additional Information: _____

Family Information

Your Parents: _____

Your Parents' Address: _____

Your Spouse: _____

Your Spouse's Address: _____

Your Children

1. Son ___ Daughter ___ Name: _____

Address: _____

Telephone Number: _____

2. Son ___ Daughter ___ Name: _____

Address: _____

Telephone Number: _____

3. Son ___ Daughter ___ Name: _____

Address: _____

Telephone Number: _____

4. Son ___ Daughter ___ Name: _____

Address: _____

Telephone Number: _____

Your Grandchildren

1. Grandson ____ Granddaughter ____ Name: _____
Address: _____
Telephone Number: _____
2. Grandson ____ Granddaughter ____ Name: _____
Address: _____
Telephone Number: _____
3. Grandson ____ Granddaughter ____ Name: _____
Address: _____
Telephone Number: _____

Your Great-Grandchildren

1. _____
2. _____
3. _____

Your Brothers

1. Name: _____ Address: _____
City/State/Zip _____ Telephone Number: _____
2. Name: _____ Address: _____
City/State/Zip _____ Telephone Number: _____
3. Name: _____ Address: _____
City/State/Zip _____ Telephone Number: _____

Your Sisters

1. Name: _____ Address: _____
City/State/Zip _____ Telephone Number: _____
2. Name: _____ Address: _____
City/State/Zip _____ Telephone Number: _____
3. Name: _____ Address: _____
City/State/Zip _____ Telephone Number: _____

Additional Relatives

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Honors Received – Professional, Community, Other

Describe any honors you have received:

Organizational Memberships

List and describe memberships in organizations:

Organization: _____	Contact Person: _____
Telephone Number: _____	Length of Membership: _____
Organization: _____	Contact Person: _____
Telephone Number: _____	Length of Membership: _____
Organization: _____	Contact Person: _____
Telephone Number: _____	Length of Membership: _____

Please notify these individuals upon my passing:

Name: _____	Address: _____
Telephone Number: _____	Relationship: _____
Name: _____	Address: _____
Telephone Number: _____	Relationship: _____
Name: _____	Address: _____
Telephone Number: _____	Relationship: _____
Name: _____	Address: _____
Telephone Number: _____	Relationship: _____
Name: _____	Address: _____
Telephone Number: _____	Relationship: _____
Name: _____	Address: _____
Telephone Number: _____	Relationship: _____

Final Arrangements

Religious Affiliation

Do you have any religious affiliation? If yes, please list your religious affiliation: _____

Does your religion provide any instructions, rites, or rituals you would like followed?

If yes, please provide details: _____

Do you attend a specific church? If yes, please provide the address and name of the reverend or pastor, if any: _____

Official arrangements have been made through the following funeral home: _____

If I have not made pre-planning arrangements for my funeral, I prefer the following funeral home: _____

Do you desire a visitation/viewing prior to the funeral? Yes _____ No _____

Do you desire the casket open for viewing? Yes _____ No _____

If yes, open for whom? Only family _____ Anyone _____ No preference _____

Please provide specific details regarding clothing, jewelry to be worn, eyeglasses on or off, and any other details: _____

If organs are being donated, have you completed a Donor Card? Yes _____ No _____

Location of Donor Card: _____

Disposition of the Body: Burial _____ Cremation _____

If you desire to be cremated, would you prefer the ashes to be scattered or buried?

Scattered _____ Buried _____

Location of Scattering: _____

If body is to be buried, give details of your desires.

Cemetery for Burial: _____ Telephone Number: _____

Memorial Garden: _____ Telephone Number: _____

Burial Plot _____ Crypt _____ Mausoleum _____

Do you already own lot spaces? Yes _____ No _____

If yes, give location: _____

Give a brief description of the lot location: _____

Give the location of the deed (should not be in a safe deposit box): _____

Preferred type of grave marker (if already purchased, provide those details) : _____

Preferred inscription: _____

Pallbearers

	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Music

Organ: _____ Vocalist: _____ Choir: _____ No Music: _____

Other Instrument: _____ Congregation Singing: _____

Organist/Vocalist/Musicians Preferred: _____

Favorite Hymns: _____

Service Location

Church: _____ Graveside, Public: _____ Graveside, Private: _____

Minister Preference: _____

Other Speakers: _____

Favorite Poems and Readings: _____

Any Additional Plans for Service: _____

Would you prefer memorial gifts in lieu of flowers? _____

Other Wishes: _____

Would you prefer a Published Obituary? Yes _____ No _____

Newsletters to Notify: _____

[illegible]

Estate Planning Information

Attorney Name: Millhorn & Shanawany Law Firm
Address: 13696 U. S. Highway 441, Suite 200, The Villages, Florida 32159
Telephone Number: 352-205-4995

Have you created any of the following?

Revocable Trust: _____ Date Created: _____
Name of Successor Trustee: _____
Successor Trustee Telephone Number: _____
Name of Alternate Trustee: _____
Alternate Trustee Telephone Number: _____
Location of Document (should not be safe-deposit box): _____

Irrevocable Trust: _____ Date Created: _____
Name of Successor Trustee: _____
Successor Trustee Telephone Number: _____
Name of Alternate Trustee: _____
Alternate Trustee Telephone Number: _____
Location of Document (should not be safe-deposit box): _____

Last Will and Testament: _____ Date Created: _____
Name of Personal Representative: _____
Personal Representative Telephone Number: _____
Name of Alternate Personal Representative: _____
Alternate Personal Representative Telephone Number: _____
Location of Document (should not be safe-deposit box): _____

Durable Power of Attorney: _____ Date Created: _____
Name of Power of Attorney: _____
Power of Attorney Telephone Number: _____
Name of Successor Power of Attorney: _____
Successor Power of Attorney Telephone Number: _____
Location of Document (should not be safe-deposit box): _____

Living Will: _____ Date Created: _____
Location of Document (should not be safe-deposit box): _____

Financial Information

Safe-Deposit Box*

Do you have a safe-deposit box? Yes _____ No _____
Safe-Deposit Box Number: _____ Name of Institution: _____
Institution Address: _____
Institution Telephone Number: _____
Other Information: _____

** A second person, relative or friend, should be authorized to access the box.*

Financial Planning

Name of Financial Planner: _____ Telephone Number: _____
Address: _____

Name of Accountant: _____ Telephone Number: _____
Address: _____

Location of tax records for past three (3) years: _____

Assets

Banking

Name of Financial Institution: _____
Address: _____
Telephone Number: _____
Account Number: _____
Account Owner: _____

Name of Financial Institution: _____
Address: _____
Telephone Number: _____
Account Number: _____
Account Owner: _____

Name of Financial Institution: _____
Address: _____
Telephone Number: _____
Account Number: _____
Account Owner: _____

Location of Supporting Documents: _____

Qualified Plans: (401(k)s, IRA's, Keogh's, and other ERISA Accounts)

** Plan Administrator (This is the custodian of the funds. This may be a former employee, a bank, brokerage firm or insurance company)*

Name of Plan Administrator: _____
Address of Plan Administrator: _____
Account Owner: _____ Account Number: _____

Name of Plan Administrator: _____
Address of Plan Administrator: _____
Account Owner: _____ Account Number: _____

Name of Plan Administrator: _____
Address of Plan Administrator: _____
Account Owner: _____ Account Number: _____

Life Insurance

Insurance Agent _____
Agent Telephone Number: _____

** Policy Owner (The name of the person who owns the policy. This may not be the person on whose life the policy is written)*

Name of Insurance Company: _____
Address of Insurance Company: _____
Policy Owner: _____ Policy Number: _____

Name of Insurance Company: _____
Address of Insurance Company: _____
Policy Owner: _____ Policy Number: _____

Name of Insurance Company: _____
Address of Insurance Company: _____
Policy Owner: _____ Policy Number: _____

Brokerage Accounts: (Do not include IRAs, Annuities or Life Insurance)

** Account Owner (The name of the account owner(s). If married and the account is jointly owned, indicate as "Joint")*

Institution Name: _____
Address: _____
Account Owner: _____
Account Number: _____

Institution Name: _____
Address: _____
Account Owner: _____
Account Number: _____

Institution Name: _____
Address: _____
Account Owner: _____
Account Number: _____

Mutual Funds: (List only mutual funds you own outside of a Brokerage Account or IRA)

** Account Owner (The name of the account owner(s). If married and the account is jointly owned, indicate as "Joint")*

Mutual Fund Name: Institution Name: _____
Address: _____
Account Owner: _____
Account Number: _____

Mutual Fund Name: Institution Name: _____
Address: _____
Account Owner: _____
Account Number: _____

Annuities

** Account Owner (The name of the account owner(s). If married and the account is jointly owned, indicate as "Joint")*

Annuity Company Name: _____
Address: _____
Annuity Owner: _____
Annuity Number: _____

Annuity Company Name: _____
Address: _____
Annuity Owner: _____
Annuity Number: _____

Annuity Company Name: _____
Address: _____
Annuity Owner: _____
Annuity Number: _____

Stocks: List only stocks you own outside of a Brokerage Account or IRA.

Name of Stock: _____ The complete company name, not the common name
Example: _____ "GE" should be listed as "General Electric"
Owner's Name: _____ Name of owner(s) of stock. If married and account is jointly owned,
Indicate "Joint"

Name of Stock: _____
Transfer Agent: _____
Address of Transfer Agent: _____
Owner's Name: _____

Name of Stock: _____
Transfer Agent: _____
Address of Transfer Agent: _____
Owner's Name: _____

Name of Stock: _____
Transfer Agent: _____
Address of Transfer Agent: _____
Owner's Name: _____

Name of Stock: _____
Transfer Agent: _____
Address of Transfer Agent: _____
Owner's Name: _____

Name of Stock: _____
Transfer Agent: _____
Address of Transfer Agent: _____
Owner's Name: _____

* Please attach separate sheet of paper to the back of this document listing all other stocks and any additional assets.

Bonds

Name of Bond: _____
Approximate Value and CUSP: _____
Location of Original Certificate: _____
Address: _____

Name of Bond: _____
Approximate Value and CUSP: _____
Location of Original Certificate: _____
Address: _____

Name of Bond: _____
Approximate Value and CUSP: _____
Location of Original Certificate: _____
Address: _____

Name of Bond: _____
Approximate Value and CUSP: _____
Location of Original Certificate: _____
Address: _____


 **Property: List the Deed or Title location for all real estate, mineral interests, automobiles, boats and other items that bear your name.**

Interests in Personal Business:

Name of Business: _____
Address of Business: _____
Owner/Partner(s) Name(s) and Percent(s) of Interest: _____
Owner/Partner(s) Address(s): _____

Name of Business: _____
Address of Business: _____
Owner/Partner(s) Name(s) and Percent(s) of Interest: _____
Owner/Partner(s) Address(s): _____

Name of Business: _____
Address of Business: _____
Owner/Partner(s) Name(s) and Percent(s) of Interest: _____
Owner/Partner(s) Address(s): _____


 **Debts:** List all credit cards, open credit accounts, and outstanding loans that must be cancelled or have your name removed.

Name of Creditor: _____
Address of Creditor: _____
Account Number: _____
Total Outstanding Balance: _____

Name of Creditor: _____
Address of Creditor: _____
Account Number: _____
Total Outstanding Balance: _____

Name of Creditor: _____
Address of Creditor: _____
Account Number: _____
Total Outstanding Balance: _____

Name of Creditor: _____
Address of Creditor: _____
Account Number: _____
Total Outstanding Balance: _____

 **Monthly Expenses:** List all household expenses that must be paid, whom to pay, where the amount should be paid and the amount to pay. Some expenses you may want to consider are: electric bill, water bill, telephone bill, car insurance, etc.

Websites & Computer Information

Computer:

User ID: _____

Password: _____

Email Account: _____

Email Password: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Website: _____

User ID: _____

Password: _____

Miscellaneous: _____

Special Personal Property Disposition – My “Special” Possessions

Everyone has special possessions that they wish to go to specific people. Please utilize the last page of your Last Will and Testament to designate where these items should go. Please use this page to provide additional instructions. Look around your home and specify who (family, friend, institution) should receive the items that are important to you. This list can help avoid any misunderstandings and preserve family harmony, but remember it is not legally binding. It is only a statement of your wishes. If you have items that are especially valuable, they can be included in your will as “A Separate Writing.” This Separate Writing may be updated from time to time without visiting your attorney to update your will. Some items you may want to consider are: the family china, silver service, favorite painting(s) or artwork, photo albums, jewelry, quilts, medals, musical instruments, etc.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

RIGHT TO DESIGNATE CREMATION IN ADVANCE

Pursuant to Florida Statute Section 732.804, the undersigned hereby requires that cremation be used as my choice of burial procedure.

Sign Name

Print Name

THE STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____, 20____, personally appeared _____ who is known to be the person who is described in and who executed the foregoing instrument, and such person duly acknowledged the execution thereof to be such person's free and voluntary act for the uses and purposes therein mentioned. He/she is personally known to me (or produced _____ as identification).

Witness my hand and official seal this day and year first above written.

Notary Public, State of Florida

Printed Name

My Commission Expires: _____

**ANATOMICAL GIFT
UNIFORM DONOR CARD**

I, the undersigned, hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I willingly give:

A. _____ Any needed organs and/or parts for any purpose.

B. _____ Only the following listed organs and/or parts (Please specify the organs or parts): _____

_____;
and only for purposes of Transplantation _____ Therapy _____
 Medical Research _____ Education _____

C. _____ My body for anatomical study, if needed.

The following are limitations and/or special wishes with regard to this anatomical gift:

Signed by the donor and the following witnesses in the presence of each other on the _____ day of _____, 20____.

DONOR Sign Name

Addresss of DONOR

DONOR Print Name

WITNESS # 1, Sign Name

Address of WITNESS #1

WITNESS # 1, Print Name

WITNESS # 2 Sign Name

Address of WITNESS #2

WITNESS # 2 Print Name

Anatomical Board of the State of Florida

Commonly Asked Questions

1. Can my body be donated if I have a serious disease at the time of my death or die from a crushing injury? No, the Anatomical Board cannot accept bodies of persons dying from crushing injuries, sepsis, or highly communicable diseases (such as hepatitis or AIDS).

2. How long would my remains be used for medical education and research purposes? Medical education and research procedures take up to two years to be completed. If a request has been made for the return of the cremains, we will contact the family at the time that the ashes are available.

3. What happens to my body after the medical studies are complete? Upon completion of medical studies, the bodies are cremated pursuant to Florida Statutes 497.005 and one of two options followed.

(1) The ashes can be returned to the family or location selected by the family for final interment. The Anatomical Board will pay for shipping the ashes, but the cost of interment is the responsibility of the survivors.

(2) If no request has been made for the return of the cremains to the survivors, the Anatomical Board takes responsibility for spreading the cremains over the waters of the Gulf of Mexico.

4. How old do I have to be to donate my body? Enrollment is open to anyone 18 years of age or older.

5. Can I donate someone else's body, for example, that of my wife or husband? This cannot be done while the donor is living unless you hold power-of-attorney. Documentation to this effect will be required. Otherwise, after the individual dies, the nearest living next-of-kin can donate the body by consent.

6. If I move from the State of Florida, what happens to my donation? Notify the Anatomical Board that you wish to withdraw your donation. We will then assist you, if you desire, in contacting a medical school in your new area of residence or you request our list of body donation programs.

7. What happens if I die outside of the State of Florida? If death occurs outside the State of Florida, there are two options.

(1) The Anatomical Board will assist the donor's family in making arrangements to have the remains donated to the nearest medical school or the family may check our list of body donor programs for information on the closest medical school.

(2) If the next-of-kin insists that the body be returned to the Anatomical Board, the survivors must assume responsibility for the embalming and transportation costs. A funeral director in the area where the donor expired should be contacted. The funeral director can then contact the Anatomical Board for specific embalming instructions.

8. Will there be any expense to my family or estate for donating my body to the Anatomical Board?

The expense which must be paid by the next-of-kin or estate of the deceased are all funeral home expenses which include:

(1) The preliminary embalming

(2) Transportation to the University of Florida or the University of Miami School of Medicine.

(3) Charges for these services are determined by individual funeral homes, crematories or mortuaries. You may wish to discuss arrangements with more than one funeral director. The Anatomical Board will assume costs for storage, cremation, and final disposition of the cremains.

9. Am I required to use a specific funeral home to make arrangements for the transportation and handling of my body? At the time of death, the remains must be taken to a funeral home of the family's choice. The funeral director should be told of the wishes of the deceased to have his or her body made available for use in medical education. The funeral director should be told to notify the Anatomical Board prior to transporting the body to Gainesville or Miami.