Goodbye, Farewell, So Long:
Important Information for My Family
Concerning My Dying and Memorial

January 2019

“Jesus said . . . ‘I am the resurrection and the life. Those who believe in me, even though they die, will live, and everyone who lives and believes in me will never die.’”
(John 11:25-26.)

Claremont United Methodist Church
211 West Foothill Blvd., Claremont CA 91711
909-624-9021
www.claremontumc.net
Dear Friends,

Thank you for your willingness to think about the details of your dying. By thinking ahead and by making decisions now, you are providing a gift to those who love you. You will ease their pain and sorrow by giving them the information they need. We are especially delighted because we know from experience how many families struggle with choices after their loved one has died precisely because there was no information available.

We also know that filling out all these forms is both tedious and a little scary. Talking about death, let alone planning for death, is something our society frowns upon and tries to hide. So thanks for being bold.

Just a word about theology. (Hey, we’re preachers. Of course, there is going to be theology.) Memorial services and funerals are for the family, not for you. You won’t be there!

We believe that we follow Christ’s pattern; those who have died in Christ are risen up to new life just as he was risen. But we don’t know if that means we actually get to watch our own funeral. This could be creepy. Or it could be a great celebration. Our intuition tells us we might watch the service but with all those we love who are already in Heaven. But we could be wrong. We could be so caught up in the wonder and delights of Heaven that attending our memorial service would seem like seeing a coat we no longer wear.

So the services are for those who miss you terribly and are not yet with you in God’s Country. They will want to honor your memory, have time to share their memories, and have a good cry. Filling out this workbook will help them know what you would prefer.

We have also learned that the manner in which a person dies shapes the grieving process. So the things you share here about your services should be seen as guidelines. As you share this book with your family, hopefully you can give them the freedom to handle variations as needed.

If you have questions about services, or about death and dying itself, or about the many ethical choices involved with the dying process, please do not hesitate to contact us.

Mark Wiley, Pastor
Martha Morales, Associate Pastor
INTRODUCTION

As our pastors acknowledge, it’s hard to think about our own death or the death of a loved one. And sometimes it’s even harder to talk about it. We hope this workbook will help you think about your last wishes, discuss them with your loved ones, and preserve them in an organized way for the future. The workbook may also help loved ones initiate a conversation about last wishes with their parents or other aging loved ones in their lives.

Keep in mind that this is a process. After you have completed the workbook, you may change your mind about some of the information you have listed. Or you might remember something to add. That’s a good thing. You can make changes and have add-ons. But it will take longer than you think to complete this workbook, so begin now.

- Be as specific as possible, adding extra pages if necessary.
- When done, put a copy with your important papers in a safe accessible place.
- Be sure it’s a place you can find.
- Make a copy for your close family members or trusted friend.
- Emphasize they should keep their copy in a safe place.
- If your wishes change, note and date on your copy.
- Let loved ones know about any changes you make.
- Review and update the document every three to five years.

We have included space to list information that many people find useful. You can decide what would be helpful to you and your loved ones.

Finally, be sure to consult your attorney or financial planner on any issue requiring their special expertise.

The CUMC Stephen Ministry Team
January 2019

NOTE: We thank Pasadena First United Methodist Church for sharing their booklet, “My Last Wishes,” which provided the framework for this workbook.
Goodbye, Farewell, So Long . . . .

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MY PERSONAL HISTORY

My Full Name ____________________________________________

Nickname ________________________________________________

Address ________________________________________________

____________________________________________________________________________________

Home Phone _____________________________Cell Phone _____________________________

Email ________________________________________________

Date of Birth ___________Place of Birth ____________________________

Social Security Number ________________________________________

Marital Status:

Single ___ Married __ Separated ___Divorced ___

Spouse's Full Name __________________________________________

Nickname ________________________________________________

Date of Birth _______Place of Birth ____________________________

If Living, Current Address ______________________________________

Date of Death _________Place of Burial __________________________

My Father's Full Name ________________________________________

Date of Birth _________Place of Birth __________________________

If Living, Current Address ______________________________________

Date of Death _________Place of Burial __________________________
My Mother’s Maiden Name _________________________________________________________

Date of Birth __________ Place of Birth ___________________________________________

If Living, Current Address __________________________________________________________

Date of Death __________ Place of Burial ___________________________________________

Names of My Children, Their Spouses, and Places of Residence:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Names of My Grandchildren:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Names of My Great-Grandchildren:
______________________________________________________________________________
______________________________________________________________________________

Other Family Members, Previous Spouses, and/or Closest Friends:
______________________________________________________________________________
______________________________________________________________________________
Previous Cities/Places of Residence:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Significant Relationships:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

My Most Important Values:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Things I’m Proud Of:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Favorite Places I’ve Travelled:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Stories That Are Close To My Heart:
Dates of Military Service: From ________________ To: ________________

Branch ______________________ Serial # ________________________________

Rank at Discharge _________________________________________________

Special Highlights of Military Service: ________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

My Occupations (with dates):
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

My Last Employer Was: ____________________________________________
_______________________________________________________________

Date(s) of Retirement: ____________________________________________
_______________________________________________________________
_______________________________________________________________

Schools I Attended (including certificates or degrees):
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
Other Facts About Me Which I Believe Are Important:

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MY LIVING WILL/ADVANCE HEALTHCARE DIRECTIVE

Cited here are two advance healthcare directive forms ("living wills") that comply with the California Probate Code. These forms allow you to state your end of life wishes and name someone else to make health care decisions if you are unable to do so. You are also free to use a different form. Estate planning attorneys typically include a version of these forms when they prepare or update wills and trusts. If you use a form other than California’s approved online form, it’s prudent to consult an attorney to make sure your wishes are legally binding.

The Advance Health Care Directive Form is free to complete and print out online at www.oag.ca.gov. If signed by two witnesses, this form need not be notarized. The Five Wishes form is available for purchase for $5.00 at www.agingwithdignity.org. Free copies of Five Wishes are available from our Stephen Ministry team and from the MSAG Clinic for those who live at Mt. San Antonio Gardens.

Copies of these forms have the same effect as the original. You should give them to healthcare providers and persons you named to act as your healthcare agent. Hospitals now routinely require very basic advance directives ("DNRs") when you are admitted for medical care. Thus, it’s important to complete your own advance directive before you actually need it.

I have expressed my preferences in an advance healthcare directive: Yes ___ No ___

If yes, where the document can be found __________________________________________________

As stated in that document, my wishes are:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

My agent(s) for healthcare decisions is(are):

_________________________________________________________________________________________________
_________________________________________________________________________________________________
CONSIDERATIONS REGARDING MY PHYSICAL BODY

Name of mortuary/funeral society ________________________________

Address ___________________________________________________

Phone ______________________________________________________

Where papers with mortuary information are located
____________________________________________________________________________________

Arrangements have ____ have not ____ been made.

I have prepaid for the following services with the mortuary: _____________
_____________________________________________________________________________________

At the time of my death, I support ____ do not support ____ donation of my body for other medical purposes.

Arrangements for this type of donation must be made with a medical institution before death.

Name of medical institution: __________________________________________

Phone ________________________________
CONSIDERATIONS REGARDING MY BURIAL

You now have a myriad of choices concerning where you want to be buried. You can be buried in the earth or at sea, or even launched into space. You can have caskets made of wood or metal or copper. You can have ashes scattered or interred in all shapes of containers. This list is not intended to be exhaustive, but only as a starting point to help you think about options. Here are some basic questions:

My preference is to be buried ____ cremated ____

I have no preference regarding cremation or burial ____

If buried, I prefer a “green burial” ____ (See www.greenburialcouncil.org)

If buried, the place where I would like to be buried is:

_________________________________________________________________________________________

Arrangements have ____ have not ____ been made.

Where papers with cemetery information are located_______________________________

If cremated, I would like my ashes:

Scattered at: _________________________________________________________________

Interred at: _________________________________________________________________

State law and federal law restrict where ashes may be scattered or buried. See California Cemetery and Funeral Bureau (www.cfb.ca.gov) or EPA “Burial at Sea” (www.epa.gov)

I would like a casket: ____ I don’t need a casket: ____

I prefer as casket made of: _________________________________________________________

NOTE: In California, embalming is not required before burial or cremation.

My preference is to be embalmed ____ Not embalmed ____.

If you die in another state, do you want your body returned to the mortuary listed above? Yes ____ No ____
NOTE: The viewing of a body used to be considered to be a mandatory public event, as was having the casket at the funeral. Today, viewing – either with the casket open or closed – is considered optional. It is not unusual to have a memorial service with neither casket nor ashes present.

Regarding the viewing of my body, these are my wishes:

Viewing at the mortuary: Yes ___ No ___  At the service: Yes ___ No ___
(In general, the UMC does not favor an open casket at the funeral service itself.)

I prefer an open casket: Yes ___ No ___

Details of viewing and/or embalming or cremation:

Clothing _______________________________________________________________

Glasses on ___ off ___ Jewelry ____________________________________________

Disposition of ashes:

Placed in an urn ___ Cremains returned to family ___

Interred at _____________________________________________________________

Scattered at sea ___ Other (be specific)_______________________________

If the casket will be at the funeral service, names of suggested pall bearers:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Casket to be draped with flowers ___ American flag ___ Pall ____
(Pall is a symbol of our being clothed in Christ at our baptism and at our death. It covers the casket as a sign of equality of all at death.)
At the time of my death, please contact the following:

My church ____________________________________________
Address ____________________________________________
Phone ____________________________________________
Current Pastor ___________________________ Phone ____________

I have ___ have not ___ spoken to the pastor about my wishes

Others to notify of my death:

_________________________________________________________________________________________
_________________________________________________________________________________________
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Funerals/Memorial Services

Let’s get comfortable. We are going to talk about the details you will need to take care of when a loved one dies. Some of you already have first hand experience with the myriad of details and forms … so please bear with us as we try to help those who have no experience.

To be candid, the way a person dies will result in a variety of options and paperwork that is far beyond the scope of this workbook. For example, if a person dies at home out of the blue, call 911. If the loved one is in a health care facility, the management will have their list of protocols and requirement.

Some families don’t want services. That’s okay. It can be a huge cost savings. But pastors know that your grieving process and moving forward will be aided by having a service.

If you decide to have a service, the timing is usually set by when the family can be present and what’s already on the church schedule. (Mortuaries are usually flexible. You are paying them after all.) Calling the pastor before going to the mortuary can be helpful in setting timing.

There are basically two types of services: funerals and memorials. A funeral is a service with the remains of the deceased present in body or cremated form. A memorial service does not include the remains of the deceased and may take place at a time and location apart from when and where the person died. A graveside service is usually short and allows those present to participate in committing the deceased back to the earth. The graveside service may also be separated in time from the funeral or memorial service. For those who choose to not have a funeral or memorial service, but want their body buried, the graveside service may include elements commonly found in a funeral service.

Once you have decided on what kind of service, arrange a meeting with the pastor. He or she can walk you through all the variations and options to plan a service that is meaningful. One thing the pastors will need is a photo of your loved one that can be used on the cover of the bulletin.

The pastors will work with you to make a service personal. At the meeting, they will ask about favorite family stories, favorite music, etc. One suggestion that lately has become extremely popular is to have a show and tell table of things that represent a loved one’s life. This might include a display of digital images. The family sets this up for people to view as they arrive.

The costs of having a service at CUMC are typically around $800. At CUMC, this includes organist, custodian, sound tech, as well as a donation to UMW for a cookie and tea reception.
MY MEMORIAL/FUNERAL SERVICE

Newspapers to receive obituaries:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

IMPORTANT NOTE

The personal information in the previous sections can be useful to write an obituary. However, AARP cautions ("Death Notice Double-Cross," AARP Bulletin, March 2018) that obituaries “can spoon-feed scammers the precise nuggets (of personal information) they need.” Thus, AARP advises that you leave out the decedent’s birth date, middle name, home address, birthplace, mother’s maiden name, and the names of family survivors in obituaries sent to newspapers and posted on the Internet. Tradition is hard to break, but dangers posed by today’s technology may encourage us to find other ways to give notice and memorialize deceased loved ones.

I request that the following pastor(s) participate in my funeral/memorial service, in addition to my current pastor:

Name __________________________________________________________

Contact Information __________________________________________________

Name __________________________________________________________

Contact Information __________________________________________________

I have ___ have not ____ discussed the service with these persons.

Place where the service is to be held: ________________________________

_______________________________________________________________________________________
Family remembrances to be given by:

________________________________________________________

________________________________________________________

Soloist ___________________ Music for soloist ________________

________________________________________________________

Congregational hymns/songs:

________________________________________________________

________________________________________________________

Instrumental music: ________________________________

Scripture passages: ______________________________________

________________________________________________________

Special reader: ________________________________

Poetry or other literature to be read: ______________________

________________________________________________________

Flowers ________________________________

I would like to include the following cultural/family customs __________

________________________________________________________

Other wishes regarding the service: ______________________

________________________________________________________
GRAVESIDE SERVICE

I would like a graveside service: Yes ___ No ___

If there will be a graveside service, my preference is that it be:

before ____ after ____ the memorial service

Private ___ Public ___

If private, names of family and friends to be invited:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I want a pastor to officiate: Yes ___ No ___
MEMORIAL GIFTS

When the church community has been an important part of your life, establishing a lasting memorial is a blessing to both you and the church. Memorial giving honors the loved one, the church, and God. Through memorial giving, you live on in the gifts given in your memory. They also enable the church to complete projects that enhance the church environment and programs. You might consider gifts to the church, community and other organizations important to you. CUMC’s Endowment Committee has prepared a brochure with information on memorial gifts.

I ask that memorial gift(s) be given to the following:

CUMC Memorial Fund ____ Specific CUMC fund: ________________________________

Organization _____________________________________________________________

Address _________________________________________________________________

Organization _____________________________________________________________

Address _________________________________________________________________

Organization _____________________________________________________________

Address _________________________________________________________________
WHO TO CONTACT TO WRAP UP MY AFFAIRS

ADVISORS:

Attorney _____________________________________________

Address/Phone _______________________________________

Accountant __________________________________________

Address/Phone _______________________________________

Executor/Executrix ___________________________________

Address/Phone _______________________________________

Financial Planner _____________________________________

Address/Phone _______________________________________

Other ________________________________________________

My will is located at ___________________________________

My trust is located at ___________________________________

NOTE: If you do not already have a will, or will and trust, this is the time to prepare one. If you have not reviewed these documents in several years, take time to do so. Failure to have an up-to-date will or will and trust will result in delay and avoidable expense in carrying out your wishes.

COMPANIES AND AGENCIES TO NOTIFY:

NOTE: Your family will need at least 10 copies of the death certificate to respond to requirements of insurance companies, and state and federal agencies at the time of your death. It’s less expensive to obtain copies of the death certificate through the mortuary.
INSURANCE COMPANIES TO NOTIFY:

Company ____________________________ Acct # ____________________________
Type of insurance ______________________ Phone __________________________
Address ______________________________________________________________________

Company ____________________________ Acct # ____________________________
Type of insurance ______________________ Phone __________________________
Address ______________________________________________________________________

Company ____________________________ Acct # ____________________________
Type of insurance ______________________ Phone __________________________
Address ______________________________________________________________________

Company ____________________________ Acct # ____________________________
Type of insurance ______________________ Phone __________________________
Address ______________________________________________________________________

OTHER AGENCIES TO NOTIFY

Social Security [information re: death & survivor benefits at www.ssa.gov]
Social Security # __________________________

Department of Motor Vehicles [instructions at www.dmv.ca.gov]
Driver's License # ______________________

Post Office: [instructions re: change of address at www.usps.gov]
State of California [information re: state disability at www.edd.ca.gov]

Other _______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

PENSIONS:
Company/Agency ________________________________ Phone __________________________
Address _______________________________________________________________________________

Company/Agency ________________________________ Phone __________________________
Address _______________________________________________________________________________

Company/Agency ________________________________ Phone __________________________
Address _______________________________________________________________________________

NOTE: In addition to notification of death, these companies and agencies need to be updated on beneficiaries and survivors.

RETIREMENT ACCOUNTS:
Company ________________________________ Phone __________________________
Account # ________________________________
Address _______________________________________________________________________________

Company ________________________________ Phone __________________________
Account # ________________________________
Address _______________________________________________________________________________
SOCIAL MEDIA

NOTE: It's also important to take down social media accounts and not spread news of a loved one's death on the Internet. In addition to the obvious security reasons and danger that someone may exploit the information, such news may cause distress to family and friends who receive it for the first time on social media.

Facebook ___ Login/Password ________________________________

Twitter ___ Login/Password _________________________________

Instagram ___ Login/Password ______________________________

Other ___________Login/Password ____________________________

BANK/CREDIT UNION ACCOUNTS:

NOTE: There are numerous immediate financial demands at the time of a loved one's death. To avoid delay in obtaining access to the loved one's checking account, it may be prudent to add a family member as a signatory on that account unless your loved one has prepared a durable power of attorney.

Name ___________________________Acct # ______________________

Type of Acct _________________________Phone ____________________

Address/Web Site ____________________________
Name ____________________________________________ Acct # ____________________________
Type of Acct ____________________________________ Phone _____________________________
Address/Web Site ___________________________________________________________________

Name ____________________________________________ Acct # ____________________________
Type of Acct ____________________________________ Phone _____________________________
Address/Web Site ___________________________________________________________________

Location of Safe Deposit Box ________________________________

INVESTMENT ACCOUNTS:

Company ____________________________________ Acct # ________________________________
Type of Acct ____________________________________ Phone _____________________________
Address/Web Site ___________________________________________________________________

Company ____________________________________ Acct # ________________________________
Type of Acct ____________________________________ Phone _____________________________
Address/Web Site ___________________________________________________________________

Company ____________________________________ Acct # ________________________________
Type of Acct ____________________________________ Phone _____________________________
Address/Web Site ___________________________________________________________________
REAL ESTATE:

Description or address ________________________________

Location of deed ________________________________

Mortgage? Yes ___  No ___  Loan # ________________________________

Lender ________________________________ Phone ________________________

Description or address ________________________________

Location of deed ________________________________

Mortgage? Yes ___  No ___  Loan # ________________________________

Lender ________________________________ Phone ________________________

TIMESHARES

Company ________________________________ Membership # _________________________

Name ________________________________ City ________________________________

Contact Information ________________________________

Company ________________________________ Membership # _________________________

Name ________________________________ City ________________________________

Contact Information ________________________________

Timeshare Points: Name of Company ________________________________

Membership # ________________________________

Contact Information ________________________________
UTILITIES: [electricity, gas, water, trash, cable TV, internet, cell phone, etc.]

NOTE: Security code may be needed for communication and can be found on page 1 of the bill.

Company ___________________________ Acct # ___________________________

Security Code ______________________ Phone ___________________________

Address/Web Site ____________________________

Company ___________________________ Acct # ___________________________

Security Code ______________________ Phone ___________________________

Address/Web Site ____________________________

Company ___________________________ Acct # ___________________________

Security Code ______________________ Phone ___________________________

Address/Web Site ____________________________

Company ___________________________ Acct # ___________________________

Security Code ______________________ Phone ___________________________

Address/Web Site ____________________________

Company ___________________________ Acct # ___________________________

Security Code ______________________ Phone ___________________________

Address/Web Site ____________________________

Company ___________________________ Acct # ___________________________

Security Code ______________________ Phone ___________________________

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CAR LOAN(S)

Lender ___________________________ Acct # ___________________________
Phone ___________________________
Address/Web Site ___________________________

Lender ___________________________ Acct # ___________________________
Phone ___________________________
Address/Web Site ___________________________

AIRLINE MILES

Airline ___________________________ Acct # ___________________________
Phone ___________________________ Web Site ___________________________

Airline ___________________________ Acct # ___________________________
Phone ___________________________ Web Site ___________________________

Airline ___________________________ Acct # ___________________________
Phone ___________________________ Web Site ___________________________

HOTEL POINTS:

Hotel ___________________________ Acct # ___________________________
Phone/Web Site ___________________________

Hotel ___________________________ Acct # ___________________________
Phone/Web Site ___________________________
WHERE TO FIND IMPORTANT DOCUMENTS

Birth certificate

Children's birth certificates

Marriage certificate

Mortgages & notes

Deeds for real property

Deeds for timeshares

Advance health care directive

Will

Living trust

Durable Power of Attorney

Deed for cemetery property

Mortuary insurance documents

Life insurance policies

Title/pink slips for vehicles

Safe deposit box keys

Other documents

PASSWORDS:

Computer login

Master password for password manager, e.g., Dashlane, Last Pass.

Other
INVENTORY OF SIGNIFICANT PERSONAL PROPERTY

You can help protect your significant personal property by listing it below. Record ID/serial numbers if available. Add extra pages if needed. You may also wish to photograph your valuables, especially jewelry.

You may have already decided whom you want to receive this property and you have set that forth in your will. In that case, this list should reflect what’s in the will. If you make changes, be sure to initial and date those changes.

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ADDITIONAL NOTES AND UPDATES

You should update this document as your circumstances change. Initial and date any changes you make.