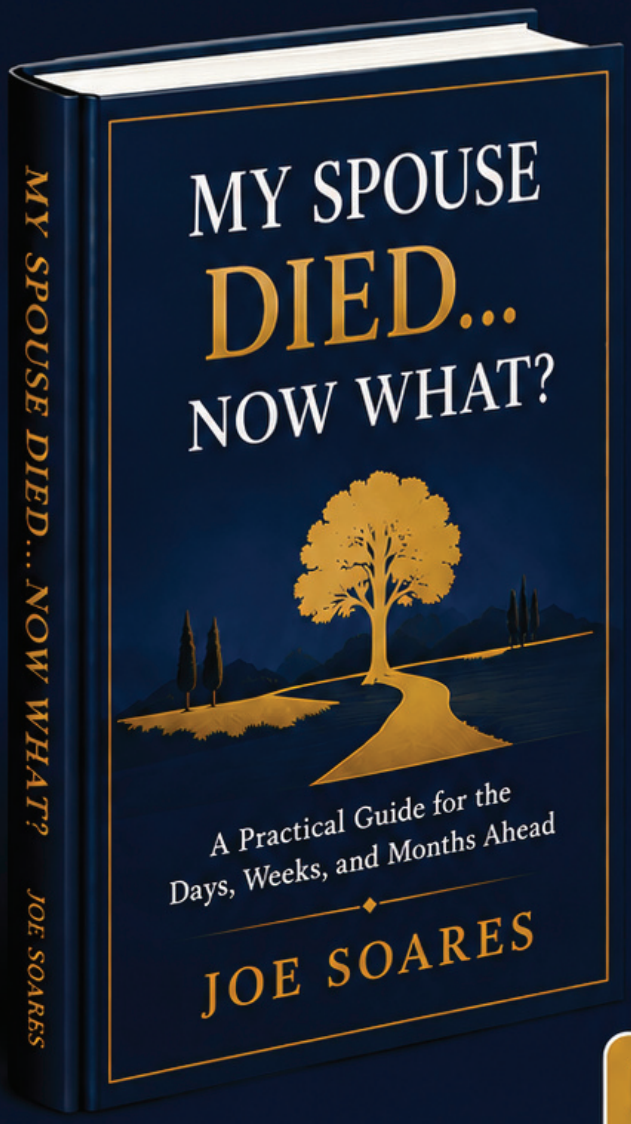
MY SPOUSE DIED... NOW WHAT?



TAX AND PORTABILITY RESOURCES

COMPANION RESOURCE

Supplemental Materials for Taxes, Portability, and Estate Planning

SUPPLEMENTAL COMPANION RESOURCE

For readers of My Spouse Died... Now What?

JOE SOARES

JoeSoaresMusic.com

This Companion Resource is provided as supplemental material for readers of ***My Spouse Died... Now What?***

These materials are provided for educational and organizational purposes only and are not legal, tax, or financial advice. Laws and government forms change over time. Always verify current requirements with the appropriate government agency or a qualified professional.

JOE SOARES

JoeSoaresMusic.com

Personal Information Worksheet

This worksheet is for your information only. Share it with your spouse or trusted person and keep it updated. Store it in your Important Documents Binder.

BASIC INFORMATION

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____

State Issued: _____ Expiration Date: _____

Passport Number: _____

Passport Expiration Date: _____

Address: _____

_____

City: _____ State: ____ ZIP: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

FAMILY INFORMATION

Spouse's Full Name: _____

Date of Birth: _____

Marriage Date: _____

Children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Other Dependents:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

TIPS

- Review this information at least once a year and update as needed.
- Make sure your spouse or trusted person knows where this information is kept.
- Do not share your Social Security number or account numbers unless absolutely necessary.
- Keep this worksheet with other important documents in a secure location.

EMPLOYMENT INFORMATION

Employer: _____

Job Title: _____

Work Phone: _____

Work Email: _____

Date Started: _____

Retirement Plan Provider: _____

Plan Account Number: _____

HEALTH INFORMATION

Primary Doctor: _____

Phone: _____

Health Insurance Company: _____

Policy Number: _____

Group Number: _____

Medicare Number: _____

Medicare Part: ☐ A ☐ B ☐ C ☐ D

Prescription Plan: _____

ADDITIONAL NOTES

_____

_____

_____

_____

_____

_____

_____

_____

IMPORTANT: *This worksheet is not a legal document. It is a place to record important information for your reference only. Always keep your original legal documents in a safe place.*

MASTER CONTACT LIST – BLANK WORKSHEET

IMPORTANT PEOPLE, PROFESSIONALS & ORGANIZATIONS

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all important people, professionals, and organizations related to the estate. Include contact information, relationship or purpose, and notes about their role. Attach additional pages if more space is needed.

#	NAME / ORGANIZATION	RELATIONSHIP OR PURPOSE	ADDRESS	PHONE		EMAIL	NOTES / ROLE IN ESTATE
				MOBILE	OTHER		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

CATEGORIES TO CONSIDER

- Family Members
- Attorneys
- Accountants / Tax Professionals
- Financial Advisors
- Banks / Trust Companies
- Insurance Agents
- Clergy / Spiritual Advisors
- Close Friends / Neighbors
- Other Important Contacts

SUMMARY (Page 1 of 2)

Total Contacts Listed on Page 1: _____

Critical Contacts (Key to Estate): _____

Professional Advisors: _____

Family / Personal Contacts: _____

Other Organizations: _____

"Plans fail for lack of counsel, but with many advisers they succeed."

Proverbs 15:22 (KJV)

"Well done, good and faithful servant."
Matthew 25:23 (KJV)

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

MASTER CONTACT LIST – BLANK WORKSHEET

IMPORTANT PEOPLE, PROFESSIONALS & ORGANIZATIONS (CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all important people, professionals, and organizations related to the estate. Include contact information, relationship or purpose, and notes about their role. Attach additional pages if more space is needed.

#	NAME / ORGANIZATION	RELATIONSHIP OR PURPOSE	ADDRESS	PHONE		EMAIL	NOTES / ROLE IN ESTATE
				MOBILE	OTHER		
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

NOTES

- Keep this list updated during the estate process.
- Share necessary information with your executor or trusted family member.
- Store a copy with important estate documents.
- Add continuation pages if more space is needed.

SUMMARY (Page 2 of 2)

Total Contacts Listed on Page 2: _____

Critical Contacts (Key to Estate): _____

Professional Advisors: _____

Family / Personal Contacts: _____

Other Organizations: _____

GRAND TOTAL (Pages 1 & 2)

Total Contacts (Pages 1 & 2): _____

Critical Contacts (Key to Estate): _____

Professional Advisors: _____

Family / Personal Contacts: _____

Other Organizations: _____

"Well done, good and faithful servant."
Matthew 25:23 (KJV)

DEATH CERTIFICATE TRACKER – BLANK WORKSHEET

TRACK ALL DEATH CERTIFICATES ORDERED, RECEIVED, DISTRIBUTED, AND WHERE COPIES ARE STORED

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: Order multiple certified copies of the death certificate. You will need originals for many institutions. Track each copy from the time it is ordered until it is distributed or stored.

1. CERTIFICATE ORDER DETAILS

Full Name of Decedent:	Date of Death:
Place of Death (City, County, State):	
Social Security Number (Last 4 Digits):	Date of Birth:
County / State Where Certificate Ordered:	Vital Records Office or Agency:
Date Ordered:	Ordered By:

Method Ordered: ☐ In Person ☐ Mail ☐ Online ☐ Other: _____

Quantity Ordered: | Cost Per Certificate: $_____ | Total Cost: $_____

Special Handling / Rush Service: ☐ Yes ☐ No | Tracking / Confirmation No.: _____

Notes: _____

2. DEATH CERTIFICATE INVENTORY & DISTRIBUTION LOG

COPY NUMBER	DATE RECEIVED	DATE DISTRIBUTED	RECIPIENT / INSTITUTION (Who Received It)	PURPOSE / REASON (Why It Was Needed)	MAILED / DELIVERED (Y / N)	RETURNED RECEIPT (Y / N)	NOTES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

COMMON PLACES DEATH CERTIFICATES ARE NEEDED

- Social Security Administration
- Banks / Financial Institutions
- Insurance Companies (Life, Health, Auto, Home)
- Retirement Plan Administrators
- Employer (Final Payroll, Benefits)
- DMV / Vehicle Title Transfer
- Real Estate / Title Companies
- Probate Court
- Other Government Agencies

TIPS

- Order more than you think you'll need.
- Keep several certified copies in reserve.
- Never sign or alter a death certificate.
- Provide certified copies, not photocopies.
- Track each copy so you know where it is at all times.

"Precious in the sight of the Lord is the death of his saints."

Psalm 116:15 (KJV)

"Well done, good and faithful servant." Matthew 25:23 (KJV)

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

DEATH CERTIFICATE TRACKER – BLANK WORKSHEET

TRACK ALL DEATH CERTIFICATES ORDERED, RECEIVED, DISTRIBUTED, AND WHERE COPIES ARE STORED (CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

2. DEATH CERTIFICATE INVENTORY & DISTRIBUTION LOG (CONTINUED)

COPY NUMBER	DATE RECEIVED	DATE DISTRIBUTED	RECIPIENT / INSTITUTION (Who Received It)	PURPOSE / REASON (Why It Was Needed)	MAILED / DELIVERED (Y / N)	RETURNED RECEIPT (Y / N)	NOTES
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

3. REMAINING & STORED CERTIFICATES

Number of Copies Remaining in Reserve: _____

Location Stored (Safe, File Drawer, Fireproof Box, etc.): _____

Are Copies Scanned / Digitally Saved? ☐ Yes ☐ No

Location of Digital Copies: _____

Secure Storage Notes: _____

IMPORTANT REMINDERS

- Death certificates have security features and raised seals.
- Some institutions require an original certified copy.
- International use may require an apostille or authentication.
- Fees may apply for each additional copy.

SUMMARY (Page 2 of 2)

Total Copies Ordered: _____

Total Copies Distributed: _____

Copies Remaining: _____

Total Cost Incurred: $_____

Additional Pages Used: _____

ADDITIONAL NOTES

_____

_____

_____

_____

_____

"Well done, good and faithful servant." Matthew 25:23 (KJV)

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

TELEPHONE CONTACT LOG – BLANK

CARTER WSTATE

Record all telephone conversations regarding the estate.

ESTATE INFORMATION

Decedent:	William "Bill" Carter
Date of Death:	May 7, 2025
Surviving Spouse:	Helen Carter
Prepared By:	_____
Date Prepared:	_____

INSTRUCTIONS: Write down every call made or received about the estate. Include the date, time, who you spoke with, and a brief summary of what was discussed or decided.

#	DATE MM/DD/YY	TIME AM / PM	CONTACT / COMPANY	PHONE # / NUMBER	PURPOSE OF CALL	SPOKE WITH (Name / Title)	SUMMARY OF CONVERSATION / ACTION TAKEN	FOLLOW-UP NEEDED?	FOLLOW-UP DATE
1	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
2	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
3	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
4	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
5	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
5	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
7	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
6	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
8	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
9	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
10	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
11	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
12	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
14	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
15	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____

NOTES

- Write everything down while on the call.
- Ask for the name of the person you speak with.
- Note any promised follow-up or deadlines.
- Keep copies of any information received.
- Follow up on any item marked "Yes" in the Follow-Up Needed? column.

CALL SUMMARY (Page 1 of 2)

Total Calls Made on Page 1: _____

Total Follow-Ups Needed on Page 1: _____

Follow-Ups Completed on Page 1: _____

Still Outstanding on Page 1: _____

"Commit thy way unto the Lord; trust also in him; and he shall bring it to pass." Proverbs 3:5–6 (KJV)

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

TELEPHONE CONTACT LOG – BLANK WORKSHEET

(CONTINUATION)

Record all telephone conversations regarding the estate.

ESTATE INFORMATION

Decedent: William "Bill" Carter

Date of Death: May 7, 2025

Surviving Spouse: Helen Carter

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: Write down every call made or received about the estate. Include the date, time, who you spoke with, and a brief summary of what was discussed or decided.

#	DATE MM/DD/YY	TIME AM / PM	CONTACT / COMPANY	PHONE "NUMBER"	PURPOSE OF CALL	SPOKE WITH (Name / Title)	SUMMARY OF CONVERSATION / ACTION TAKEN	FOLLOW-UP NEEDED?	FOLLOW-UP DATE
16	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
17	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
18	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
19	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
19	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
21	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
22	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
23	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
24	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
25	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
26	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
27	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
28	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
29	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
30	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____

NOTES

- Write everything down while on the call.
- Ask for the name of the person you speak with.
- Note any promised follow-up or deadlines.
- Keep copies of any information received.
- Follow up on any item marked "Yes" in the Follow-Up Needed? column.

CALL SUMMARY (Page 2 of 2)

Total Calls Made on Page 2: _____

Total Follow-Ups Needed on Page 2: _____

Follow-Ups Completed on Page 2: _____

Still Outstanding on Page 2: _____

"Commit thy way unto the Lord; trust also in him; and he shall bring it to pass." Proverbs 3:5–6 (KJV)

SOCIAL SECURITY ADMINISTRATION
APPLICATION FOR SOCIAL SECURITY BENEFITS
FORM SSA-1724

PLEASE PRINT OR TYPE

Form Approved
OMB No. 0960-0575
Expires 12/31/2026

SECTION 1 – INFORMATION ABOUT THE DECEASED WORKER

1. Name of Deceased Worker (First, Middle Initial, Last)

2. Social Security Number ___ - ___ - _____

3. Date of Birth (MM/DD/YYYY) ___/___/_____

4. Date of Death (MM/DD/YYYY) ___/___/_____

5. Place of Birth (City and State or Foreign Country)

6. Was the deceased worker married at the time of death?
☐ Yes ☐ No

7. If "Yes," provide name of spouse (*First, Middle Initial, Last*)

8. Did the deceased worker ever file for Social Security benefits?
☐ Yes ☐ No ☐ Unknown
If "Yes," what type of benefit? ☐ Retirement ☐ Disability ☐ Both

SECTION 2 – INFORMATION ABOUT THE APPLICANT

1. Name of Applicant (First, Middle Initial, Last)

2. Social Security Number ___ - ___ - _____

3. Date of Birth (MM/DD/YYYY) ___/___/_____

4. Relationship to Deceased Worker
☐ Surviving Spouse ☐ Child ☐ Stepchild
☐ Adopted Child ☐ Parent ☐ Step Parent
☐ Other (Explain) _____

5. Current Marital Status
☐ Married ☐ Widowed ☐ Divorced ☐ Never Married

6. Mailing Address (Street or P.O. Box)

City _____ State _____ ZIP Code _____

7. Daytime Telephone Number (___) _____ - _____

8. Email Address (Optional)

SECTION 3 – INFORMATION ABOUT BENEFITS

1. I am applying for benefits as a (Check all that apply):
☐ Surviving Spouse ☐ Parent ☐ Accrued Benefits
☐ Disabled Surviving Spouse ☐ Stepchild ☐ Other (Explain) _____
☐ Child ☐ Adopted Child
☐ Disabled Child ☐ Lump-Sum Death Payment

2. Other persons who may qualify for benefits on this worker's record:

Name (First, Middle Initial, Last)	Social Security Number	Relationship	Date of Birth (MM/DD/YYYY)
	___ - ___ - _____		___/___/_____
	___ - ___ - _____		___/___/_____
	___ - ___ - _____		___/___/_____

SECTION 4 – CERTIFICATION AND SIGNATURE

I certify that (I have read and understand) the information on this form is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Anyone who knowingly makes a false statement or representation of a material fact on this form may be subject to criminal penalties under Federal law (18 U.S.C. 1001) and/or civil penalties (42 U.S.C. 408(a)).

HOW TO SUBMIT THIS FORM

- **Online:** Visit **www.ssa.gov** and sign in to your account.
- **By Mail:** Social Security Administration
  P.O. Box 33010
  Baltimore, MD 21290-3010
- **In Person:** Visit your local Social Security office.
- **Phone:** Call 1-800-772-1213 (TTY: 1-800-325-0778)
  Monday – Friday, 8:00 a.m. – 7:00 p.m. (local time)

PLEASE INCLUDE THE FOLLOWING *(if available)*:

- Original or certified copy of the death certificate
- Proof of your age (e.g., birth certificate, passport, or driver's license)
- Proof of the deceased worker's earnings (W-2s, tax returns, etc.)
- Marriage certificate (if applying as a surviving spouse)
- Birth certificates or proof of relationship for children
- Bank information for direct deposit (optional but recommended)

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

MY SPOUSE DIED...NOW WHAT?
Companion Resource Library

SOCIAL SECURITY BENEFITS COMPARISON WORKSHEET

Use this worksheet to compare the Social Security benefit options available to you. The amounts quoted by Social Security are estimates based on the information in their system at the time of your call. Final amounts may change.

1. Your Information

Your Name: _____ Date of Birth: _____

Spouse's Name (Deceased): _____ Date of Birth: _____

Date of Death: _____ Social Security Claim Number (Deceased): _____

Your Social Security Claim Number: _____

2. Benefit Options Quoted by Social Security

Ask the representative to explain each option, the eligibility rules, and any factors that may affect the amount.

Benefit Option *(As explained by the representative)*	Monthly Amount *(Estimate)*	Notes / Important Details *(Rules, requirements, limitations, etc.)*
My Own Retirement Benefit Benefit based on my own work record.	$ _____	
Survivor Benefit Benefit based on my spouse's work record.	$ _____	
Restricted Survivor Benefit (prior to Full Retirement Age) If applicable.	$ _____	
Survivor Benefit at Full Retirement Age	$ _____	
Survivor Benefit (Delayed Retirement Credits) If you delay past your Full Retirement Age.	$ _____	
Additional Benefits (Example: Caring for child under 16 or disabled child)	$ _____	
Other Option (Explain)	$ _____	

REMEMBER: Social Security pays benefits in arrears, not in advance. The payment you receive this month is usually for the previous month.

January	February	March
Work/Entitlement for January →	Payment Received in February →	Payment Received in March

3. Representative Information

Representative Name: _____

Office/Location (if known): _____

Phone Number: _____ Ext: _____

Date of Call: _____ Time of Call: _____

Confirmation Number (if provided): _____

4. Questions to Ask

- ☐ Am I eligible for any other benefits not listed above?
- ☐ How will my benefit change if I wait to start receiving it?
- ☐ Are there any actions I need to take to protect my benefit?
- ☐ Do I need to complete an application or file any forms?
- ☐ Is there anything else I should know about my benefits?
- ☐ Other _____

GOD IS WITH YOU EVERY STEP OF THE WAY.
Take one step at a time and allow others to help you when you need it.

Use this worksheet each time you speak with Social Security so you can compare, review, and make wise, informed decisions.