



Akliweá·ke

(A person writing what their wishes are to be.)

This planner was created for Tribal Members to assist them and their loved ones with their estate planning options.

HELPFUL HINTS

Be sure to review this document periodically and make any necessary updates.

This planner is available to complete or print from the Oneida Enrollment Department website at:
<http://www.oneidanation.org/enrollment/>

If you are completing this planner on-line be sure to use "Save As" to save it to the file location of your choice, such as a personal folder on your computer or a flash drive.

It may be a good idea to keep a hard copy or your flash drive in a safety deposit box or fire-proof cabinet.

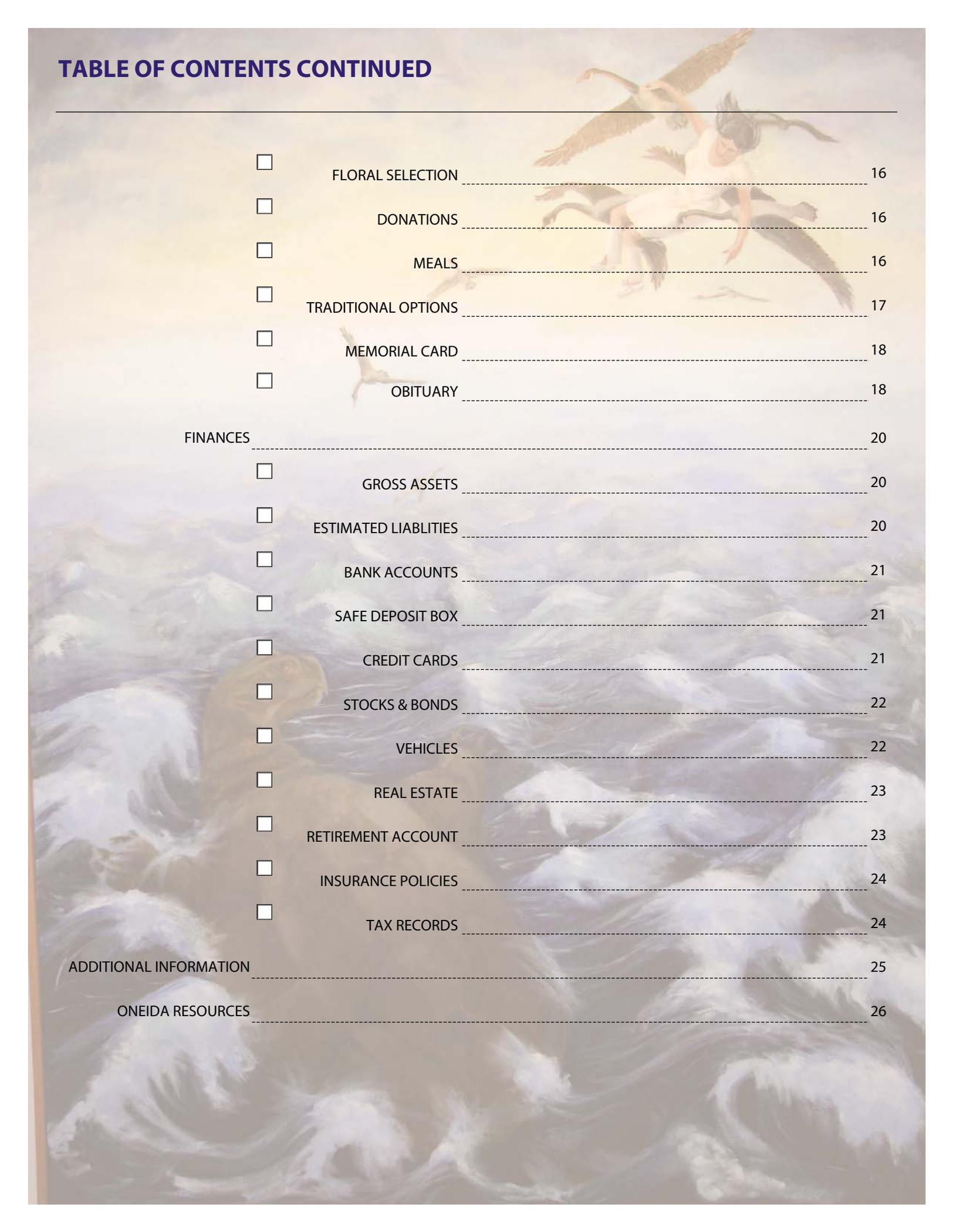
Be sure to provide a family member or friend with a copy of the document or information about where they can find it.

Attach documentation and receipts for any pre-arrangements and purchases.

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MY MESSAGE



SKANAKÓ KA (Are You Peaceful)

Because I care or in some way share my life with you I am documenting what needs to be done for you to make it through this difficult time with as little grief as possible. In these pages I have tried to organize many of the items you should know so your decisions and stress will be minimal and you will be able to be there for each other and support one another during this time of transition.

Your peace of mind is very important to me, and it is my sincere wish to ease your pain and grief by planning and providing you with this information. Please remember the life and the memories we have shared and the love that will remain strong, long after I am gone.

Kanolu'kwasla (I Love All Of You)

Create a personalized message here

PERSONAL INFORMATION



ABOUT ME

Full Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____ Social Security Number: _____

Date of Birth: _____ Birthplace: _____

Tribal Affiliation: _____

Enrollment Number: _____

OTHER NAMES

Indian name, Previous name(s), AKA's, Nicknames

MARITAL HISTORY

Spouse/Significant Other: _____

Date of Marriage: _____

Place of Marriage: _____

Former Marriages:
(Please attach divorce
documents and/or death
certificates)

CHILDREN

PARENTS

Mother's Name:

Father's Name:

SIBLINGS

SPECIAL FRIENDS

Name(s) and Contact Information

--

MEDICAL INFORMATION

Medical Power of Attorney: Yes No

If yes, Name(s): _____

Physician: _____

Specialty: _____

Address: _____

Phone Number: _____

Physician: _____

Specialty: _____

Address: _____

Phone Number: _____

Physician: _____

Specialty: _____

Address: _____

Phone Number: _____

Dentist: _____

Address: _____

Phone Number: _____

Pharmacist: _____

Address: _____

Phone Number: _____

Additional Information

MILITARY HISTORY

Branch of Service:

Rank:

Date Enlisted:

Date Discharged:

(Attach copy of form DD214)

Veteran's Affairs Serial #:

Service During War or Conflict:

Medals/Honors:

Additional Information:

EDUCATION

High School:

Graduation Date:

GED/HSED:

Date Received:

Higher Education Institution:

Degree Earned:

Graduation Date:

Higher Education Institution:

Degree Earned:

Graduation Date:

Higher Education Institution:

Degree Earned:

Graduation Date:

EMPLOYMENT HISTORY

Name of Company: _____

Job Title: _____

Address: _____

Phone Number: _____

Years of Service: _____

Name of Company: _____

Job Title: _____

Years of Service: _____

Name of Company: _____

Job Title: _____

Years of Service: _____

Name of Company: _____

Job Title: _____

Years of Service: _____

SPECIAL INTERESTS

List Special Activities/Interests

IMPORTANT CONTACTS



Name:

Relationship:

Address:

Phone Number:

Name:

Relationship:

Address:

Phone Number:

Funeral Home:

Address:

Phone Number:

Executor of Estate:

Address:

Phone Number:

Spiritual Leader:

Address:

Phone Number:

Financial Advisor:

Address:

Phone Number:

Attorney:

Address:

Phone Number:

Enrollment Department:

Address:

Phone Number:

Social Security Office:

Address:

Phone Number:

Veteran's Affairs Office:

Address:

Phone Number:

Drum Group & Contact:

Phone Number:

Native Singers/Group:

Phone Number:

List Additional Contacts and their contact information here

FUNERAL ARRANGEMENTS



I have made pre-arrangements for my funeral with: _____

I have not made pre-arrangements for my funeral

These are my preferences: Casket Cremation Combination Burial/Cremation Donate Body to Science

SERVICE

Type of Service: Church Longhouse

None Other: _____

Service to be held at: Church _____

Funeral Home _____

Longhouse _____

Grave Side _____

Residence _____

Cremation Preferences: Direct Cremation Visitation Prior to Cremation

Remains at Service Picture No Picture

Remains Not at Service Picture No Picture

Prayer Service: Yes No

Bible Passage:

Special Reading:

Special Music:

CASKET

Casket: Yes No

Specify Type: _____

Exterior Casket Color: _____

Interior Casket Color: _____

Vault or Liner: Yes No (Some cemeteries require you to purchase a vault)

URN

Urn: Yes No

Specify Type: _____

APPEARANCE

Glasses: Yes No

Rosary: Yes No

Hair Dresser: _____

Makeup: _____

Clothing/Jewelry:

SPECIAL ITEMS

I want _____ Draped Folded on/by my casket/urn

Veterans, I want the flag: Draped Folded on/by my casket/urn

Special items I want with me

PALLBEARERS

Name:

Address:

Phone Number:

Alternate Pallbearers

--

BURIAL

Cemetery Burial: Yes No

Type of Burial: Ground Mausoleum Cremation None

If cremation, my preference is: Inurnment Burial Scattering (approval may be required)

Cemetery Name: _____

Address: _____

Phone Number: _____

Cemetery Property Document: Yes No

Plot Number:

Special Burial Instructions

MONUMENT/MARKER

I want a monument/marker: Yes No

If yes: Upright Lawn (flush)

Purchased: Yes No

Installed: Yes No

Specialized Planting Yes No

Specifications (Size, Appearance, etc)

Inscription

FLORAL SELECTION

Flowers: Yes No

My flower preference is: _____

Color of my flowers: _____

DONATIONS

Memorial Donations: Yes No

Please make donations to:

MEALS

Wake Luncheon: Yes No

After Burial Meal: Yes No

Ten (10) Day Feast: Yes No

Spirit Plate: Yes No

Financed by

Community Donations: Yes No

Funeral Home Cash Advance: Yes No

Catered: Yes No

Catered From: _____

Special Food Selections:

TRADITIONAL OPTIONS

Fire Keepers: Yes No

Wiping of Tears: Yes No

Contact: _____

Phone Number: _____

IndianTobacco: Yes No

Sweet Grass: Yes No

Sage: Yes No

White Deerskin: Yes No

White Eagle Plume: Yes No

Spring Water: Yes No

Seamstress Name: _____

Phone Number: _____

Jewelry Designer: _____

Phone Number: _____

Kastowi: _____

Phone Number: _____

Moccasins: _____

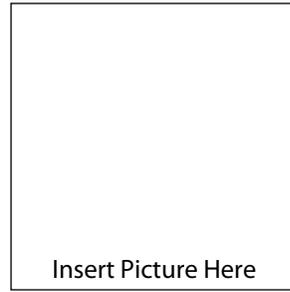
Phone Number: _____

Additional Options

MEMORIAL CARD/BULLETIN

Memorial Card: Yes No

Memorial Card Picture: Yes No



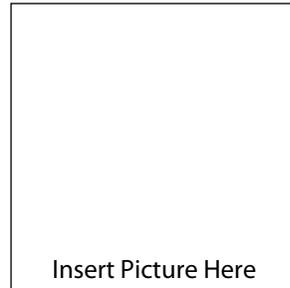
Special Poem/Saying on my Memorial Card or Bulletin

OBITUARY

Post my Obituary in: Local Newspaper Kalihwisaks (Oneida Newspaper)

Email/Facebook/Twitter Other: _____

Obituary Picture: Yes No



Obituary

Include description of burial. Responsibilities of those involved and the purpose of certain actions. (ex. Ten day feast)

FINANCES



GROSS ASSETS

Estimate Fair Market Value

Cash:

Total value of stock/bonds:

Notes Receivable:

Life Insurance(s):

Business Interest:

Total Retirement Acct. Value:

Total Real Estate Value:

TOTAL GROSS WORTH:

Additional Assets

ESTIMATED LIABILITIES

Mortgages:

Bank Loans:

Notes Payable:

Outstanding Taxes:

Other Debts:

TOTAL LIABILITIES:

Additional Liabilities

BANK ACCOUNTS

Bank Name: _____

Address: _____

Phone Number: _____

Account Number: _____

Account Type: Checking Savings

Bank Name: _____

Address: _____

Phone Number: _____

Account Number: _____

Account Type: Checking Savings

Additional Bank Accounts

SAFE DEPOSIT BOX

Location: _____

Location of Keys: _____

CREDIT CARDS

Credit Card Type: _____

Account Number: _____

Credit Card Type: _____

Account Number: _____

Credit Card Type: _____

Account Number: _____

STOCKS, BONDS, OR CD'S

Name of Stock/Bond/CD: _____

Owner: _____

Broker's Name: _____

Address: _____

Phone Number: _____

Location of Certificate: _____

Number of Shares: _____

Face Value: _____

Name of Stock/Bond/CD: _____

Owner: _____

Broker's Name: _____

Address: _____

Phone Number: _____

Location of Certificate: _____

Number of Shares: _____

Face Value: _____

VEHICLES/Boats/Etc.

Make/Model: _____

Location of Title: _____

Make/Model: _____

Location of Title: _____

Make/Model: _____

Location of Title: _____

Additional Vehicles:

--

REAL ESTATE

Address:

Location of Deed:

Address:

Location of Deed:

Address:

Location of Deed:

Additional Real Estate Information

RETIREMENT ACCOUNT

Account Type:

Title:

Account Number:

Account Value:

Asset Held At:

Phone Number:

Account Type:

Title:

Account Number:

Account Value:

Asset Held At::

Phone Number:

INSURANCE POLICIES

Life Insurance Company: EPIC Life Insurance - applies only to Enrolled Members of the Oneida Tribe of Indians of Wi.

Phone Number: (800) 520-5750 extension 32145

Agent: Oneida Enrollment Department

Phone Number: (920) 869-6200 / (800) 571-9902

Policy Number: 11-803478

Amount: \$15,000.00

Beneficiary(ies) See attached Oneida Beneficiary Designation Form/Confirmation Letter

Life Insurance Company:

Phone Number:

Policy Number:

Amount:

Beneficiary(ies):

Health Insurance:

Policy Number:

Phone Number:

Home Owner's Insurance:

Policy Number:

Phone Number:

Auto Insurance:

Policy Number:

Phone Number:

Additional Information:

TAX RECORDS

Location of Tax Info:

Tax Preparer:

Address:

Phone Number:

ADDITIONAL INFORMATION



A large, empty rectangular box with a thin black border, intended for providing additional information.

ONEIDA RESOURCES



Community Health Center	.....	(920) 869-2711
Community Support	.....	(920) 490-3700
Cultural Heritage	.....	(920) 496-5395
Department of Public Works - Parish Hall	.....	(920) 869-1059
Elder Services	.....	(920) 869-2448
Enrollment	.....	(920) 869-6200
Human Resource Benefits	.....	(920) 496-7900
Kalihwisaks	.....	(920) 496-7318
Police Department	.....	(920) 869-2239
Probate Questions	.....	(920) 869-1690
Southeastern Oneida Tribal Services (SEOTS)	.....	(414) 329-4101
Veteran's Office	.....	(920) 869-1133
Oneida Tribe of Indians of Wisconsin	.....	https://oneida-nsn.gov/

OTHER RESOURCES

Indian Law Office of Wisconsin Judicare	.....	www.judicare.org	1-800-472-1638
Aging with Dignity - Five Wishes Form	.....	www.agingwithdignity.org	
WI Department of Health Services	.....	www.dhs.wisconsin.gov/forms/advdirectives/ ADFormsPOA.htm	
Social Security	Email: SocialSecurity.gov	TTY 1-800-235-077	1-800-772-1213

ACKNOWLEDGEMENTS

SHE·KU SWAKWEKU

Bonnie Pigman and Julie Denny of the Oneida Enrollment Department express a special “Yaw^ko” to the following people for sharing in our compassion to provide this valuable tool for the membership. We could not have completed this project without their assistance and are deeply grateful for their contributions in helping to make this document possible.

YAW^KO!

Marsha Skenandore-Community Support, Tina Figueroa-Department of Land Management, Andy Pyatskowitz-former Legal Counsel , Angela Ortiz-Elder Services, Carolyn Miller-Veterans Services , Eric Boulanger-Police Department, Rich Van Boxtel-Police Department, Jeff House-Trust Department, Anita Creswell-WPSIC-EPIC Life Insurance, Greg Steber-Navigator Planning Group-EPIC Life Insurance, Brenda Haen-Community Nursing, Bob Brown-Cultural Heritage, Leander Danforth-Language Revitalization, Joannie Buckley-Internal Services, Michelle Danforth-Anderson-Marketing & Tourism, Virginia Riggs-Community Health, Tonya Webster-Licensing Department, Brooke Doxtator, Enrollment Department , Scott Elm-Tourism Department and various community members who shared their valuable input during strategic development stages.

