

PART THREE



“WAIT—DON’T DIE YET!”
GUIDEBOOK

Welcome to your guidebook! All it takes is just five minutes each day to secure the peace of mind that comes with knowing your loved ones won’t be left stressed out and thinking “I wish I had known....”

Feel free to skip to the section that is relevant to your season of life. When you have all the tasks in that section completed, that’s it! You can put this guidebook out of sight and out of mind until the next season arrives.

I suggest you use a pencil or a writing utensil that erases, as some of the information and dates will need to be updated as you go. I also highly recommend keeping a log in a notebook; you never know when those extra notes will save your sanity. Finally, don’t underestimate the power of an organized file system. The appendix has a description of the system I have used for our family’s important documents. Taking pictures of documents on your smartphone is always a good idea.

Note: If you have bought this book in the e-book version, to download a printed version of the guidebook, go to www.annetekam.com/guidebook

WAIT—Don't Die Yet!

Your name	
Date guidebook was initiated	__ __ / __ __ / __ __ __ __
Date guidebook was last reviewed	__ __ / __ __ / __ __ __ __
My spouse is aware this document exists and knows its location*	Yes No
My children are aware this document exists and know its location*	Yes No

** If your spouse or children are not aware, educate them as soon as possible.*

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BEFORE

Guidance for what to do when everyone is healthy (if possible)

Emergency Contacts	
Name	
Relationship	
Address	
Phone Number	
Email	
<hr/>	
Name	
Relationship	
Address	
Phone Number	
Email	
<hr/>	
Name	
Relationship	
Address	
Phone Number	
Email	
<hr/>	
Name	
Relationship	
Address	
Phone Number	
Email	

FINANCIAL AND LEGAL

Legal Documents	
Do you have the following legal documents finalized and filed?	
Will	Yes No
Trust	Yes No
Advanced Directives	Yes No
Power of Attorney	Yes No
Other:	Yes No
Date ALL documents completed	___ / ___ / _____
Date next review due (as recommended by your attorney)	___ / ___ / _____
Location of documents	
Attorney Information	
Name of attorney	
Name of law firm	
Address	
Phone Number	
Email	

Will	
Date done	___ / ___ / _____
Date last reviewed	___ / ___ / _____
Name of executor(s) of will	
Is the executor aware?	Yes No
Date made aware	___ / ___ / _____
Trust	
Date done	___ / ___ / _____
Date last reviewed	___ / ___ / _____
Name of trust (official name)	
Did you ask your attorney about what items to include or not to include in your trust?	Yes No
List of items in trust	

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MUST DO

Meet with attorney. Date done: ___ / ___ / _____

Finalize documents. Date done: ___ / ___ / _____

File documents. Date done: ___ / ___ / _____

Have attorney review documents. Date last reviewed: ___ / ___ / _____

FOR CONSIDERATION

Consider changing power of attorney ahead of time to name a third person (e.g., child and their spouse), if you are comfortable doing that. Date done: ___ / ___ / _____

Finances	
Name of accountant	
Name of firm	
Address	
Phone Number	
Email	
Taxes	
Location of tax returns	
Date tax returns last filed	___ / ___ / _____

Income <i>Review your finances and list all individual and combined steady monthly income.</i>	
Date last reviewed	___ / ___ / _____
Name	
Monthly salary, if still employed	Amount: _____ From (company name): _____
Pension	Amount: _____ From (company name): _____
Annuity	Amount: _____ From (company name): _____
IRA	Amount: _____ From (company name): _____
Roth IRA	Amount: _____ From (company name): _____
Social Security	Amount: _____ From (company name): _____
If not receiving RMD (required minimum distribution), list date it needs to be taken	___ / ___ / _____
Name	
Monthly salary, if still employed	Amount: _____ From (company name): _____
Pension	Amount: _____ From (company name): _____
Annuity	Amount: _____ From (company name): _____
IRA	Amount: _____ From (company name): _____
Roth IRA	Amount: _____ From (company name): _____

Social Security	Amount: _____ From (company name): _____
If not receiving RMD (required minimum distribution), list date it needs to be taken	___ / ___ / _____
Other combined income (e.g., real estate)	
Other: _____	Amount: _____ From (company name): _____
Other: _____	Amount: _____ From (company name): _____
Other: _____	Amount: _____ From (company name): _____
Total Income	Amount: _____ As of: ___ / ___ / _____
Is income in your household direct deposited?	Yes No
Which source of income is direct deposited?	
Which account does the direct deposit go to? (bank and account number)	

MUST DO

Ask your accountant how many years of tax returns you should be saving

Date done: ___ / ___ / _____

Save tax returns

Date last filed: ___ / ___ / _____

Bank Accounts	
<i>List all financial institutions where you have accounts, including credit unions</i>	
Institution	
Branch	
Address	
Phone number	
Contact person (if any)	
Account number	
Type of account	Savings Checking
	Individual Joint
Minimum balance required (if any)	
Is the account in a trust?	Yes No
Institution	
Branch	
Address	
Phone number	
Contact person (if any)	
Account number	
Type of account	Savings Checking
	Individual Joint

Minimum balance required (if any)	
Is the account in a trust?	Yes No
Institution	
Branch	
Address	
Phone number	
Contact person (if any)	
Account number	
Type of account	Savings Checking
	Individual Joint
Minimum balance required (if any)	
Is the account in a trust?	Yes No
Institution	
Branch	
Address	
Phone number	
Contact person (if any)	
Account number	
Type of account	Savings Checking

	Individual	Joint
Minimum balance required (if any)		
Is the account in a trust?	Yes	No
<hr/>		
Institution		
Branch		
Address		
Phone number		
Contact person (if any)		
Account number		
Type of account	Savings	Checking
	Individual	Joint
Minimum balance required (if any)		
Is the account in a trust?	Yes	No
<hr/>		
Location of bank statements		
Location of checkbooks and checkbook register		
Location of extra checks and deposit slips		

MUST DO

Give spouse or next of kin passwords for online access to finances (bank accounts, credit union, bitcoin, utilities, insurance, investments).

Date done: ___ / ___ / _____

Compile list of important files in the computer and instructions on how to open files (e.g., Computer/Peter (L:)/properties/Waikalani).

Date done: ___ / ___ / _____

Document every entry in checkbook with information on who the check is written to and what it is for (e.g. general excise tax license, property tax, homeowners or car insurance).

Date agreed: ___ / ___ / _____

Keep checkbook updated and balanced every month so there is no question how much cash is available in bank account, especially if that account is needed to pay bills.

Date agreed: ___ / ___ / _____

FOR CONSIDERATION

List one of your children or other next of kin as an account holder. If you decide to do this, check with your attorney about any liability issues.

Date done: ___ / ___ / _____

Some banks require minimum amount in account or may charge fee. Make note of this next to bank's name if you are aware.

Date done: ___ / ___ / _____

Bills	
Location of bills	
Who does the finances in the family?	
Does your spouse or next of kin know how to pay the bills if needed?	Yes No

<p>Is your spouse or next of kin on the checking account and allowed to write checks?</p>	<p>Yes No</p>
<p>Does your spouse or next of kin know how to write checks and balance a checkbook?</p>	<p>Yes No</p>
<p>If no, make time to teach them and write down date that you taught them.</p>	<p>___ / ___ / _____</p>
<p><i>List all bills that are paid (utilities, internet, phone, home, subscriptions, etc.) and circle payment method</i></p>	
	<p>Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____</p>
	<p>Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____</p>
	<p>Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____</p>
	<p>Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____</p>
	<p>Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____</p>
	<p>Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____</p>

	Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____
	Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____
	Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____
	Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____
	Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____
If bills are not listed as autopay by bank or autopay by credit card or <i>not listed at all above</i> , this means you need to pay it by a physical check and send in payment. Is this clear?	Yes No

MUST DO

Save important bills (e.g., property taxes, life insurance premiums, homeowner's insurance, etc.).

Date agreed: ___ / ___ / _____

Add spouse or next of kin to all utility accounts.

Date done: ___ / ___ / _____

Give spouse or next of kin passwords to any online accounts.

Date done: ___ / ___ / _____

FOR CONSIDERATION

Set up autopay for all bills.

Date done: ___ / ___ / _____

Credit Cards	
Credit card company	
Credit card number	
Primary card holder(s)	
Type of card	Credit Debit
<hr/>	
Credit card company	
Credit card number	
Primary card holder(s)	
Type of card	Credit Debit
<hr/>	
Credit card company	
Credit card number	
Primary card holder(s)	
Type of card	Credit Debit
<hr/>	
Credit card company	
Credit card number	
Primary card holder(s)	
Type of card	Credit Debit
<hr/>	
Credit card company	
Credit card number	

Primary card holder(s)	
Type of card	Credit Debit
Credit card company	
Credit card number	
Primary card holder(s)	
Type of card	Credit Debit
Credit card company	
Credit card number	
Primary card holder(s)	
Type of card	Credit Debit

MUST DO

Make copies of front and back of all credit and debit cards and let spouse or next of kin know where they are located.

Date done: ___ / ___ / _____
 Location of copies: _____

Communicate with spouse or next of kin about the financial status of your credit cards and monthly balances.

Date done: ___ / ___ / _____

Pay off credit card bills every month and avoid paying only the minimum.

- Already doing this
- Attempting to do this
- I need help with this!

FOR CONSIDERATION

Look into companies that can assist with taking control of your money, if you need extra help.

Date done: ___ / ___ / _____

Check with your financial advisor if you are no longer using credit cards and are thinking about cancelling them, as it may affect your credit score.

Date done: ___ / ___ / _____

Home	
Is your home in a trust?	Yes No
Home inventory <i>(list of valuable items in your home, including original purchase date and price if possible)</i>	
Photos of home inventory taken	Yes No
Location of photos	
Mortgage	
Is there a mortgage on this home?	Yes No
Company	
Address	
Phone Number	
Current mortgage balance	Balance: _____ As of: __ __ / __ __ / __ __ __ __
Original mortgage amount borrowed	
Interest rate	
Number of years to pay mortgage off	
Mortgage payment per month	
If mortgage has been paid off, location of deed	

Home Insurance	
Company	
Agent	
Address	
Phone number	
Email	
Location of insurance papers	
Appraisal	
Date of last appraisal	
Location of appraisal documents	

MUST DO

Make sure all insurance policy premiums are up to date and file the latest policy with effective dates visibly noted (e.g., write on the outside of the envelope “Home insurance: 2/15/18–2/15/19”).
 When new policy is filed, shred old policy. Date last done: ___ / ___ / _____

Keep all home improvements receipts on file. Date last done: ___ / ___ / _____

Ask your attorney whether the home should be in a trust. Date done: ___ / ___ / _____

Make duplicate house keys and let spouse or next of kin know where they are stored. Date done: ___ / ___ / _____
 Location of keys: _____

Loans <i>(not including mortgage loans)</i>	
Location of loan contracts	
Date last reviewed	___ / ___ / _____
Institution	
Type of loan	
Amount of loan	
Payment per month	
Current balance	Balance: _____ As of: ___ / ___ / _____
Maturity date	
Institution	
Type of loan	
Amount of loan	
Payment per month	
Current balance	Balance: _____ As of: ___ / ___ / _____
Maturity date	
Institution	
Type of loan	
Amount of loan	

Payment per month	
Current balance	Balance: _____ As of: ___ / ___ / _____
Maturity date	
Institution	
Type of loan	
Amount of loan	
Payment per month	
Current balance	Balance: _____ As of: ___ / ___ / _____
Maturity date	

FOR CONSIDERATION

Consider consolidating loans to one loan with a lower interest rate Date done: ___ / ___ / _____

Investments	
Location of investment records	
Date last reviewed	___ / ___ / _____
Stocks and Bonds	
Name of company	
Stockbroker	
Address	

Phone number	
Email	
Location of stock certificate	
Stock assigned to	
<hr/>	
Name of company	
Stockbroker	
Address	
Phone number	
Email	
Location of stock certificate	
Stock assigned to	
<hr/>	
Name of company	
Stockbroker	
Address	
Phone number	
Email	
Location of stock certificate	
Stock assigned to	

Other Investments (not including property) <i>(CDs, gold, oil and gas, etc.)</i>	
Name of company	
Type of investment	
Account number	
Financial advisor	
Address	
Phone number	
Email	
Beneficiary	
Name of company	
Type of investment	
Account number	
Financial advisor	
Address	
Phone number	
Email	
Beneficiary	
Name of company	
Type of investment	

Account number	
Financial advisor	
Address	
Phone number	
Email	
Beneficiary	

MUST DO

Find out if there are beneficiaries to these accounts and add in above if so Date done: ___ / ___ / _____

Real Estate <i>(not including primary residence)</i>	
Location of records	
General excise tax number on file	
If property is in a trust, EIN (tax ID) number on file	
Date last reviewed	___ / ___ / _____
Property address	
How is the title held?	<input type="radio"/> Joint tenancy <input type="radio"/> Tenants in common <input type="radio"/> Tenants by the entirety <input type="radio"/> Sole ownership
Date purchased	___ / ___ / _____

Purchase price	
Is there a mortgage?	Yes No
Name of mortgage company	
Address	
Phone number	
Terms of mortgage	\$_____ / month _____ years _____ % interest rate
Monthly payment	
Homeowners insurance company	
Agent	
Phone number	
Email	
Address	
Is this property in your trust?	Yes No
If this is a rental, do you have a property manager?	Yes No
If yes....	
Name of property manager	
Name of company	
Address	

Phone number	
Email	
If no...	
Name of tenants	
Phone number	
Email	
Monthly rent	Amount of monthly rent: _____ As of: ___ / ___ / _____
Does tenant pay utilities?	Yes No
If yes, which utilities?	
Is there a rental agreement?	Yes No
Rental agreement terms	<input type="radio"/> Monthly <input type="radio"/> Annual <input type="radio"/> Other: _____
Location of rental agreement documents	
Property address	
How is the title held?	<input type="radio"/> Joint tenancy <input type="radio"/> Tenants in common <input type="radio"/> Tenants by the entirety <input type="radio"/> Sole ownership
Date purchased	___ / ___ / _____
Purchase price	
Is there a mortgage?	Yes No

Name of mortgage company	
Address	
Phone number	
Terms of mortgage	\$ _____ / month _____ years _____% interest rate
Monthly payment	
Homeowners insurance company	
Agent	
Phone number	
Email	
Address	
Is this property in your trust?	Yes No
If this is a rental, do you have a property manager?	Yes No
If yes...	
Name of property manager	
Name of company	
Address	
Phone number	
Email	

If no...	
Name of tenants	
Phone number	
Email	
Monthly rent	Amount of monthly rent: _____ As of: ___ / ___ / _____
Does tenant pay utilities?	Yes No
If yes, which utilities?	
Is there a rental agreement?	Yes No
Rental agreement terms	<input type="radio"/> Monthly <input type="radio"/> Annual <input type="radio"/> Other: _____
Location of rental agreement documents	

MUST DO

If the property is owned outright, file deeds, property tax documents, and insurance documents.

Date done: ___ / ___ / _____
Location of documents: _____

Check with your attorney about whether these properties should be in a trust.

Date done: ___ / ___ / _____

Take care of general excise taxes (or make sure the property manager is handling taxes).

Date done: ___ / ___ / _____

Make sure all insurance policy payments are up to date and file the latest policy with effective dates visibly noted (e.g., put annual policy statement in file and write on outside of envelope “address of rental property” and “home insurance 2/15/18–2/15/19”). When new policy is filed, shred old policy.

Date last done: ___ / ___ / _____

Additional Information

- » A good property manager will make life a lot easier. They will find renters, collect rent, and deposit rent payments directly into your bank account every month. They will also do general excise taxes, send monthly statement of expenses, and pay all bills for utilities and other expenses such as property taxes and utilities or set up with renter if they share this expense. When looking for a property manager, look at not only the percentage of rent they charge but also how many properties they manage and whether they do maintenance themselves or outsource everything. If you are scouting for properties, a good property manager can be an incredible asset at spotting defects or good deals.

Retirement Accounts	
Location of records	
Date last reviewed	___ / ___ / _____
Social Security	
Social security recipient	
Social security number	
Social security office phone number	
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Social Security	
Social security recipient	
Social security number	
Social security office phone number	
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Pensions	
Recipient	
Company name	

Address	
Phone number	
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which bank account?	
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No
Recipients	
Recipient	
Company name	
Address	
Phone number	
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which bank account?	
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No
Annuities	
Recipient	
Company name	

Address	
Phone number	
Agent	
Agent's phone and email	
Payments started?	Yes No
If not yet started, date for RMD (required minimum distribution)	___ / ___ / _____
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which account?	
If no, date to start	___ / ___ / _____
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No
Recipient	
Company name	
Address	
Phone number	
Agent	
Agent's phone and email	

Payments started?	Yes No
If not yet started, date for RMD (required minimum distribution)	___ / ___ / _____
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which account?	
If no, date to start	___ / ___ / _____
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No
Recipient	
Company name	
Address	
Phone number	
Agent	
Agent’s phone and email	
Payments started?	Yes No
If not yet started, date for RMD (required minimum distribution)	___ / ___ / _____
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No

If yes, to which account?	
If no, date to start	___ / ___ / _____
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No
Recipient	
Company name	
Address	
Phone number	
Agent	
Agent's phone and email	
Payments started?	Yes No
If not yet started, date for RMD (required minimum distribution)	___ / ___ / _____
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which account?	
If no, date to start	___ / ___ / _____
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No

Recipient	
Company name	
Address	
Phone number	
Agent	
Agent’s phone and email	
Payments started?	Yes No
If not yet started, date for RMD (required minimum distribution)	___ / ___ / _____
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which account?	
If no, date to start	___ / ___ / _____
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No

IRAs and Roth IRAs	
Recipient	
Company name	
Address	

Phone number	
Agent	
Agent's phone and email	
Roth?	Yes No
If not yet started, date for RMD (required minimum distribution)	___ / ___ / _____
Payments started?	Yes No
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which account?	
If no, date to start	___ / ___ / _____
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No
Recipient	
Company name	
Address	
Phone number	
Agent	
Agent's phone and email	

Roth?	Yes No
If not yet started, date for RMD (required minimum distribution)	___ / ___ / _____
Payments started?	Yes No
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which account?	
If no, date to start	___ / ___ / _____
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No
Recipient	
Company name	
Address	
Phone number	
Agent	
Agent’s phone and email	
Roth?	Yes No
If not yet started, date for RMD (required minimum distribution)	___ / ___ / _____

Payments started?	Yes No
Amount per month	Amount per month: _____ As of: ___ / ___ / _____
Direct deposit?	Yes No
If yes, to which account?	
If no, date to start	___ / ___ / _____
Terms	Single Life Joint and Survivor
Is spouse aware of terms?	Yes No

MUST DO

Include any IRAs from previous jobs. Date done: ___ / ___ / _____

Additional Information

- » You are required to take the RMD (required minimum distribution) at age 72. Be aware that, if you do not, you will be penalized by the government. You are also allowed to take payments as early as at age 59.5. Plan ahead with your financial counselor.
- » If there are any young adults living in your home who have an IRA, you should make sure that they have a beneficiary listed. If anything were to happen to them, the IRA will be part of their estate and will need to be settled. This is often overlooked but is important to think about ahead of time.

Life Insurance	
Location of policies	
Date last reviewed	___ / ___ / _____
Policies	
Person insured	

Name of insurance company	
Insurance agent	
Phone	
Email	
Type of life insurance	Term Universal Life Whole Life
Date purchased	
Base death benefit	
Does it include long-term care?	Yes No
Beneficiaries	
Are premiums still being paid?	Yes No
Annual due date	
How much per year	
Until what year, if applicable	
Person insured	
Name of insurance company	
Insurance agent	
Phone	
Email	

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Type of life insurance	Term	Universal Life	Whole Life
Date purchased			
Base death benefit			
Does it include long-term care?	Yes	No	
Beneficiaries			
Are premiums still being paid?	Yes	No	
Annual due date			
How much per year			
Until what year, if applicable			
Person insured			
Name of insurance company			
Insurance agent			
Phone			
Email			
Type of life insurance	Term	Universal Life	Whole Life
Date purchased			
Base death benefit			
Does it include long-term care?	Yes	No	
Beneficiaries			

Are premiums still being paid?	Yes	No
Annual due date		
How much per year		
Until what year, if applicable		
Person insured		
Name of insurance company		
Insurance agent		
Phone		
Email		
Type of life insurance	Term	Universal Life Whole Life
Date purchased		
Base death benefit		
Does it include long-term care?	Yes	No
Beneficiaries		
Are premiums still being paid?	Yes	No
Annual due date		
How much per year		
Until what year, if applicable		

Person insured	
Name of insurance company	
Insurance agent	
Phone	
Email	
Type of life insurance	Term Universal Life Whole Life
Date purchased	
Base death benefit	
Does it include long-term care?	Yes No
Beneficiaries	
Are premiums still being paid?	Yes No
Annual due date	
How much per year	
Until what year, if applicable	

MUST DO

Update your beneficiaries if changes need to be made.

Date last reviewed: ___ / ___ / _____

Check group life insurance policy and status from former employers.

Date done: ___ / ___ / _____

Check any free policies you may be given by financial institutions as a perk and add them to the list above.

Date done: ___ / ___ / _____

Make sure policy premiums are paid on time.

Date agreed: ___ / ___ / _____

FOR CONSIDERATION

Be aware that loans are available at a reasonable rate using cash value from whole life insurance policies if set up properly when purchased. Contact your insurance agent.

Date done: ___ / ___ / _____

Long-Term Care	
Do you have long-term care?	Yes No
Location of documents	
Date last reviewed	___ / ___ / _____
Name of insured	
Name of long-term care company	
Address	
Phone number	
Email	
Agent’s name	
Agent’s phone number	
Agent’s email	
Date policy purchased	
Are premiums still being paid?	Yes No
If no, date policy was paid off	

If yes, amount of premium per year	
Is this a “use it or lose it” policy?	Yes No Not Sure
Does this policy have an inflation factor?	Yes No Not Sure
Does this policy provide for an annuity for the beneficiary if not used up?	Yes No
Beneficiary	
Name of insured	
Name of long-term care company	
Address	
Phone number	
Email	
Agent's name	
Agent's phone number	
Agent's email	
Date policy purchased	
Are premiums still being paid?	Yes No
If no, date policy was paid off	
If yes, amount of premium per year	

Is this a “use it or lose it” policy?	Yes	No	Not Sure
Does this policy have an inflation factor?	Yes	No	Not Sure
Does this policy provide for an annuity for the beneficiary if not used up?	Yes	No	
Beneficiary			

MUST DO

Discuss with your spouse or next of kin how long-term care will be paid for (live with children, hire help, sell home?).

Date done: ___ / ___ / _____

Start researching options for paying for long-term care and what needs to happen.

Date done: ___ / ___ / _____

Additional Information

- » Remember that long-term care premiums are deductible on taxes currently.
- » There are many possibilities for long-term care (inflation factors, built in annuity, insuring couples, etc.), so do your due diligence.

MEDICAL

Vital Statistics	
Name	
Date of birth	
Parents' names	
City of birth	
Social Security Number	
Spouse's name	
Date married	___ / ___ / _____
Divorced?	
If yes, date of divorce	___ / ___ / _____
Remarried?	
If yes, date remarried	___ / ___ / _____
Do you have copies of your...	
Birth certificate?	Yes No
Social security card?	Yes No
Marriage certificate?	Yes No Not Applicable
Divorce decree?	Yes No Not Applicable
If you answered no to any of the above, these can be ordered online.	

Type of record: _____	Date ordered: __ __ / __ __ / __ __ __ __ Date received: __ __ / __ __ / __ __ __ __
Type of record: _____	Date ordered: __ __ / __ __ / __ __ __ __ Date received: __ __ / __ __ / __ __ __ __
Type of record: _____	Date ordered: __ __ / __ __ / __ __ __ __ Date received: __ __ / __ __ / __ __ __ __
Type of record: _____	Date ordered: __ __ / __ __ / __ __ __ __ Date received: __ __ / __ __ / __ __ __ __
Location of documents	
Name	
Date of birth	__ __ / __ __ / __ __ __ __
Parents’ names	
City of birth	
Social Security Number	
Spouse’s name	
Date married	__ __ / __ __ / __ __ __ __
Divorced?	
If yes, date of divorce	__ __ / __ __ / __ __ __ __
Remarried?	
If yes, date remarried	__ __ / __ __ / __ __ __ __
Do you have copies of your...	
Birth certificate?	Yes No

Social security card?	Yes	No	
Marriage certificate?	Yes	No	Not Applicable
Divorce decree?	Yes	No	Not Applicable
If you answered no to any of the above, these can be ordered online.			
Type of record: _____	Date ordered: ___ / ___ / _____ Date received: ___ / ___ / _____		
Type of record: _____	Date ordered: ___ / ___ / _____ Date received: ___ / ___ / _____		
Type of record: _____	Date ordered: ___ / ___ / _____ Date received: ___ / ___ / _____		
Type of record: _____	Date ordered: ___ / ___ / _____ Date received: ___ / ___ / _____		
Location of documents			

MUST DO

Make at least 2 extra copies of all certificates and social security card.

Date done: ___ / ___ / _____

Additional Information

- » Make sure to order copies from official state and government departments, not private sites.
- » Do not laminate your social security card, as it may not be accepted for certain processes (e.g., renewing driver's license).
- » Some birth certificates have white lettering on black background, which does not xerox well and may not be accepted as official. Be safe and order new copies.

Medical History and Care	
Name of individual	
Date last reviewed	___ / ___ / _____
Health insurance plan and member ID number	
Are you an organ donor?	Yes No
Do you have an advanced directive?	Yes No
Location of advanced directive	
Physicians <i>Include dentist, eye doctor, etc.</i>	
Primary care physician name	
Phone number	
Address	
Other physician/specialist name	
Phone number	
Address	
Other physician/specialist name	
Phone number	
Address	
Other physician/specialist name	

Phone number	
Address	
Other physician/specialist name	
Phone number	
Address	
Other physician/specialist name	
Phone number	
Address	
Allergies	
Allergies and reactions to them (foods, medications, etc.)	
Prescriptions	
Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	

Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
<hr/>	
Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
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Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
<hr/>	
Medication	
Dose and frequency	
Taken for (name of condition)	

Ordered by (name of physician)	
Pharmacy	
Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
Pharmacies	
Name of pharmacy	
Phone number	
Address	
Do you have an online account?	Yes No
Pharmacy URL	
Username and password	
Name of pharmacy	
Phone number	
Address	
Do you have an online account?	Yes No

Pharmacy URL	
Username and password	
Name of pharmacy	
Phone number	
Address	
Do you have an online account?	Yes No
Pharmacy URL	
Username and password	
Over-the-Counter Medications and Supplements	
Medication	
Dose and how often taken	
Taken for (name of condition)	
Medication	
Dose and how often taken	
Taken for (name of condition)	
Medication	
Dose and how often taken	
Taken for (name of condition)	

Medication	
Dose and how often taken	
Taken for (name of condition)	
Medical History	
Surgery	
Date	
Doctor	
Surgery	
Date	
Doctor	
Surgery	
Date	
Doctor	
List all medical conditions	

Medical History and Care	
Name of individual	
Date last reviewed	___ / ___ / _____
Health insurance plan and member ID number	
Are you an organ donor?	Yes No
Do you have an advanced directive?	Yes No
Location of advanced directive	
Physicians <i>Include dentist, eye doctor, etc.</i>	
Primary care physician name	
Phone number	
Address	
Other physician/specialist name	
Phone number	
Address	
Other physician/specialist name	
Phone number	
Address	

Other physician/specialist name	
Phone number	
Address	
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Other physician/specialist name	
Phone number	
Address	
<hr/>	
Other physician/specialist name	
Phone number	
Address	
Allergies	
Allergies and reactions to them (food, medications, etc.)	
Prescriptions	
Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
<hr/>	

Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
<hr/>	
Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
<hr/>	
Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
<hr/>	
Medication	
Dose and frequency	
Taken for (name of condition)	

Ordered by (name of physician)	
Pharmacy	
Medication	
Dose and frequency	
Taken for (name of condition)	
Ordered by (name of physician)	
Pharmacy	
Pharmacies	
Name of pharmacy	
Phone number	
Address	
Do you have an online account?	Yes No
Pharmacy URL	
Username and password	
Name of pharmacy	
Phone number	
Address	
Do you have an online account?	Yes No

Pharmacy URL	
Username and password	
Name of pharmacy	
Phone number	
Address	
Do you have an online account?	Yes No
Pharmacy URL	
Username and password	
Over-the-Counter Medications and Supplements	
Medication	
Dose and how often taken	
Taken for (name of condition)	
Medication	
Dose and how often taken	
Taken for (name of condition)	
Medication	
Dose and how often taken	
Taken for (name of condition)	

Medication	
Dose and how often taken	
Taken for (name of condition)	
Medical History	
Surgery	
Date	
Doctor	
Surgery	
Date	
Doctor	
Surgery	
Date	
Doctor	
List all medical conditions	

Pets	
Name of pet(s)	
Birth date(s)	
Veterinarian name	
Address	
Phone number	
Pet sitter name	
Phone number	
Feeding instructions	
Medical conditions and medications	

MISCELLANEOUS

Automobiles	
Auto insurance company	
Name of agent	
Address	
Phone Number	
Email	
Auto Insurance	
Policy number	
Car make, model, and year	
Premiums are paid	Monthly Quarterly Annually
Premiums are paid by	Check Autopay by Bank Autopay by Credit Card If auto paid, which bank or card? _____
Location of documents	
Auto Loan	
Is there an outstanding loan? <i>If yes, complete the rest of this section</i>	Yes No
Financing company	
Name	

Address	
Phone number	
Date of initial financing	
Amount of monthly loan repayment	
Number of years on loan	
Date loan is due to be paid off	___ / ___ / _____
Location of documents	
Auto Lease	
Is the automobile leased? <i>If yes, complete the rest of this section</i>	Yes No
Leasing company	
Name	
Address	
Phone number	
Date leased	
Term of lease	
Amount of monthly lease payment	
Date lease ends	___ / ___ / _____
Location of documents	

WAIT—Don't Die Yet!

Location of certificates of title	
Location of car keys	
<hr/>	
Year	
Make	
Model	
Registered owner(s)	
<hr/>	
Year	
Make	
Model	
Registered owner(s)	
<hr/>	
Year	
Make	
Model	
Registered owner(s)	

MUST DO

Make sure auto insurance payments are up to date. Date done: __ __ / __ __ / __ __ __ __

File latest policy with effective policy date visibly noted (e.g., put annual policy statement in a file and write on the outside of the envelope “Car insurance effective dates: 2/15/18–2/15/19”). Date done: __ __ / __ __ / __ __ __ __

Store keys in an easy-to-find place and keep them there consistently, in case of an emergency.

Location: _____

FOR CONSIDERATION

Before illness strikes, change ownership of vehicles to both spouses or to spouse and child to avoid ownership headaches down the road.

Date done: ___ / ___ / _____

Safety Deposit Box	
Do you have a safety deposit box?	Yes No
Location and branch	___ / ___ / _____
Box number	
Location of key	
Who has access to this?	

MUST DO

If needed, add additional authorized persons.

Date done: ___ / ___ / _____

Home Security System	
Do you have a home security system?	Yes No
If yes...	
Name of company	
Address	

Phone Number	
Security code	

Storage Unit	
Do you have a storage unit?	Yes No
If yes...	
Name of company	
Address	
Phone Number	
Storage unit number	
Location of key	
Additional instructions for accessing the storage unit	

Regular Hired Help	
Do you hire any individuals or companies to provide regular services for the house (yard, house cleaning, etc.)?	Yes No
Name	
Phone number	

Service provided	
Name	
Phone number	
Service provided	
Name	
Phone number	
Service provided	

Clean Up Clutter Checklist	
<p>Go methodically through every room in your home and downsize.</p>	<p>Room: _____ Date done: __ / __ / _____ Room: _____ Date done: __ / __ / _____ Room: _____ Date done: __ / __ / _____ Room: _____ Date done: __ / __ / _____ Room: _____ Date done: __ / __ / _____ Room: _____ Date done: __ / __ / _____ Room: _____ Date done: __ / __ / _____ Room: _____ Date done: __ / __ / _____</p>
Get rid of old keys you no longer use.	Date done: __ / __ / _____
Label all keys using label maker.	Date done: __ / __ / _____
Go through old photo albums and get rid of those you don't want. We all have those boxes of loose photos we'd get to one day.	Date done: __ / __ / _____

<p>Keep inventory of what you have and do not overbuy things on sale to pile up.</p>	<p>Date agreed: ___ / ___ / _____</p>
<p>Keep home in good condition so children don't inherit major construction problem.</p>	<p>Date agreed: ___ / ___ / _____</p>
<p>Use pest control (e.g., Advion) regularly to prevent cockroach and ant problems.</p>	<p>Date agreed: ___ / ___ / _____</p>
<p>Don't hoard items you no longer need (e.g., old bottles and containers, photo albums, dishes never used, clothes).</p>	<p>Date reviewed: ___ / ___ / _____</p> <p><input type="radio"/> I'm doing great with this</p> <p><input type="radio"/> I'm trying but struggling with this</p> <p><input type="radio"/> I need help with this</p>

FOR CONSIDERATION

Read *Being Mortal* by Atul Gawande and discuss with your family. Convey to your family the quality of life you require to still be happy so you are all on the same page.

Date done: ___ / ___ / _____

Read *Life-Changing Magic of Tidying Up* by Marie Kondo

Date done: ___ / ___ / _____

<p>Important Conversations</p> <p><i>Consider seriously that you may have issues within the family once you are sick or pass. Let them know ahead of time what your wishes are, and make them clear before issues arise.</i></p>	
<p>Date last reviewed</p>	<p>___ / ___ / _____</p>
<p>Is spouse able to care for you if you get sick?</p>	<p>Yes No Not Sure</p>

Are you able to move into your children’s home if you or your spouse gets sick?	Yes	No	Not Sure
Do you want to live at home no matter what?	Yes	No	
Are you open to having an aide be there to help out?	Yes	No	
Is a senior living facility an option for you?	Yes	No	
Is a residential care facility an option for you?	Yes	No	
Are you able to afford care in a facility?	Yes	No	Not Sure

Funeral Plan			
Do you have a prepaid funeral plan?	Yes	No	
Is this plan for both spouses if applicable?	Yes	No	N/A
Funeral company			
Address			
Phone number			
Contact person			
Contract number of plan			
Type of plan	Plot	Urn	Niche
Location of plot or niche			

Location of plan documents	
List of what is included in plan	
Preference for burial or cremation?	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation
Service type?	<input type="checkbox"/> Private <input type="checkbox"/> Public
Pallbearers	
Religious affiliation	
Service officiant preferences	
Specific burial instructions (clothing, items, etc.)	
Additional notes if the plan is for both spouses	

MUST DO

Discuss your wishes with your family. Date done: ___ / ___ / _____
Outcome of conversation:

Take an updated photo of yourself. Date done: ___ / ___ / _____
(Funeral home will request this for Location of photo:
identification purposes.)

Make sure funeral plan is on file with Date done: ___ / ___ / _____
social security card and birth certificate. Location of files:

If you or your loved one is a veteran, please read up ahead of time on how to apply for a Veteran’s burial allowance:
<https://www.va.gov/burials-memorials/veterans-burial-allowance/>.

FOR CONSIDERATION

Consider purchasing funeral plan. Date discussed: ___ / ___ / _____
Date done (if done):
___ / ___ / _____

DURING

Guidance for what to do when your spouse's or loved one's health begins to decline.

You will need to start keeping a daily log in one place. A spiral-bound notebook works very well. Keep this in a place where you can easily access it every day. Immediately begin recording everything once a spouse or loved one gets sick, and continue to jot down notes as events happen. Write down the date and details of every event. Do not rely on memory, scraps of loose paper, or Post-it notes, which can easily get misplaced! If you are unable to do this, ask someone to help you with this (child, friend, etc.). It's important that the whole event history be in one place for reference down the road.

Log everything related to your spouse's or loved one's medical care.

- Visits to emergency rooms
- Visits to physician's offices
- Hospital admissions
- Phone calls
- Future appointments as you schedule them
- Progress of spouse daily, especially if the changes are significant
- Important phone numbers
- Reminders to follow up on specific tasks

The log should include enough details so you can see exactly what happened on what day, what event, whom you called, their phone number (write it down when you call them in case you need to call them back), whom you spoke with, what was done, and what needs to be followed up. Be sure to write down names of people who are involved in that event (e.g., name of nurse or doctor, office manager). Do not be embarrassed to ask names of those involved; it is your right.

Use this log also as your to-do list as you think of things that need to be done. Leave an open circle to signify things that need to be done and put a check mark in the circle when it's completed. At a glance, you will be able to see the "open" circles of items that still need following up on.

Use this log as your workbook and log final things into this guide when done.

Additional Information

- » Urinary tract infections in the elderly are very common and can be the cause of sudden bizarre behavior and change in moods.
- » Be aware of a condition called “sundowning” when moods can change with the sun going down.

Hospital Checklist	
Was your spouse or loved one admitted to the emergency room or hospital?	Yes No
Date admitted	___ / ___ / _____
Provided a copy of advanced directives to the hospital?	Yes No
Are you familiar with what is in the advanced directives? <i>(If no, read as soon as possible.)</i>	Yes No
Date to be discharged <i>(be prepared to be given short notice)</i>	___ / ___ / _____
To be discharged to...	<input type="radio"/> Home <input type="radio"/> Hospice care at home <input type="radio"/> Hospice care facility <input type="radio"/> Rehabilitation facility <input type="radio"/> Long-term care facility <input type="radio"/> Residential care home
Social worker name	
Social worker phone number	
Asked social worker about Senior Handbook	Date done: ___ / ___ / _____

Long-Term Care	
Review long-term care plan	Date done: ___ / ___ / _____
Work with a physician to determine qualification and notify company when qualified	Date done: ___ / ___ / _____
Download N-172 disability form (for tax exemption) and give to physician	Date done: ___ / ___ / _____
Name of physician	
Phone number	
Date review done	___ / ___ / _____
Date N-172 form completed	___ / ___ / _____
Date long-term care company notified	___ / ___ / _____
Policy effective date <i>(there may be a waiting period of 30–60 days)</i>	___ / ___ / _____
Notify accountant of nursing care costs, in case they can be claimed on taxes	Date done: ___ / ___ / _____
<p>Six Activities of Daily Living (ADL)</p> <p><i>These will help you determine when to initiate your long-term care policy if you have one. Inability to do two of these ADLs is the normal criteria for qualifying for long-term care.</i></p>	
Is your spouse or loved one able to...	
Bathe self?	Yes No

Dress self?	Yes	No
Feed self?	Yes	No
Transfer from bed to wheelchair and back again?	Yes	No
Go on and off the toilet?	Yes	No
Control one’s bladder and bowel function?	Yes	No

Family Checklist
*Children may need to step in to help with these.
 Keep communication open and work together.*

With permission, go through files and take pictures of important documents and content of wallets. Download these to a separate folder on your computer.	Date done: ___ / ___ / _____	
Initiate successor trustee papers in anticipation of smooth transition while parent is still alert.	Date done: ___ / ___ / _____	
Initiate power of attorney to extend to a trusted second person if second parent is declining (e.g., adding daughter-in-law in addition to son).	Date done: ___ / ___ / _____	
Is trash being taken out?	Yes	No
What are trash pick-up days?		
Is mail being collected?	Yes	No

Are bills being paid?	Yes No
If you have investment properties, is rent being collected?	Yes No
If you have a business or rental, is general excise tax being paid?	Yes No
Is there an active newspaper subscription?	Yes No Date cancelled (if applicable): ___ / ___ / _____
Are there active magazine subscriptions?	Yes No Date cancelled (if applicable): ___ / ___ / _____
Are there active TV or internet services?	Yes No Date cancelled (if applicable): ___ / ___ / _____
If yes, name of company and phone number	
When does their driver's license or state ID need to be renewed? (<i>this may be important for notarizing papers, etc.</i>)	___ / ___ / _____
Setting Up the Home	
Start notebook of reminders and appointments to help parents remember	Date done: ___ / ___ / _____
Purchase a large face clock that shows day, date, and time (e.g., American Lifetime brand)	Date done: ___ / ___ / _____

<p>Purchase a dry erase whiteboard and set it up next to the clock to jot down reminders of events and appointments (e.g., going out to dinner with kids on Saturday 5/5. Pick up at 5:30 P.M.)</p>	<p>Date done: ___ / ___ / _____</p>
<p>Research options for emergency help at home (e.g., Senior First Alert necklace with GPS)</p>	<p>Date done: ___ / ___ / _____</p>

<p align="center">Nursing/Residential Care Home</p>	
<p>Is the home licensed?</p>	<p>Date done: ___ / ___ / _____</p>
<p>Is there a registered nurse available to supervise?</p>	<p>Yes No</p>
<p>What is the caregiver to client ratio? <i>(ideally, this would be 1 to 5 or less)</i></p>	
<p>Is the environment clean?</p>	<p>Yes No</p>
<p>Are individual needs addressed (e.g., favorite foods, ethnic foods, variety, and choices)?</p>	<p>Yes No</p>
<p>How are residents kept occupied?</p>	
<p>Does the facility have skilled nursing care?</p>	<p>Yes No</p>
<p>Are there different levels of nursing care so the resident would be able to stay until their passing?</p>	<p>Yes No</p>

<p>Will the resident have to move when skilled nursing is needed?</p>	<p>Yes No</p>
<p>Take an inventory of belongings when admitted to the rehab facility, hospital, or residential home and sign the form for this.</p>	<p>Date done: ___ / ___ / _____</p>
<p><i>If both parents will no longer be in their home for an extended amount of time</i></p>	
<p>Remember to ask about credit if the resident needs to move facilities or homes and did not stay the whole month.</p>	<p>Date done: ___ / ___ / _____ Date of refund (if applicable): ___ / ___ / _____</p>
<p>Add an adult child on to utility bills as secondary bill payer</p>	<p>Date done: ___ / ___ / _____</p>
<p>Forward all mail to another home (e.g., child's home) and bring power of attorney paperwork to the post office.</p>	<p>Date done: ___ / ___ / _____</p>
<p>Cancel any other subscriptions that will no longer be needed (e.g., Senior First Alert necklace)</p>	<p>Date done: ___ / ___ / _____</p>

AFTER

*Who does the following will depend on the health of the surviving spouse.
Children or next of kin may need to step in and do most of this as needed.*

Remember not to make any major financial decisions for at least a year while grieving.

General Checklist	
If loved one was in a care home or facility, claim belongings	Date done: ___ / ___ / _____
Check with your attorney about retrieving items from the safety deposit box	Date done: ___ / ___ / _____
Have property appraised or check last property tax assessment for valuation/ fair market value in year of death and file appraisal	Date done: ___ / ___ / _____ Appraisal/valuation amount: _____ Location of document: _____
Continue to log all events	Date agreed: ___ / ___ / _____
Continue to pay bills and order extra checks and deposit slips as needed	Date agreed: ___ / ___ / _____
Continue to collect rent and pay general excise taxes	Date agreed: ___ / ___ / _____
Start cars regularly to keep batteries charged	Date agreed: ___ / ___ / _____
File any updated paperwork	Date agreed: ___ / ___ / _____

<p><i>Have loved one's social security number, birth date, date of death, and mailing address readily available when contacting the following:</i></p>	
File death benefit claim with life insurance	Date done: ___ / ___ / _____
Contact companies paying pensions and annuities <i>(you may need to update direct deposit forms)</i>	Date done: ___ / ___ / _____
Contact social security	Date done: ___ / ___ / _____
Contact banks	Date done: ___ / ___ / _____
Contact credit card companies	Date done: ___ / ___ / _____
Contact auto insurance	Date done: ___ / ___ / _____
Contact utility companies <i>(to cancel or to update billing information to surviving spouse and add another person as a backup)</i>	Utility: _____ Date done: ___ / ___ / _____ Utility: _____ Date done: ___ / ___ / _____ Utility: _____ Date done: ___ / ___ / _____ Utility: _____ Date done: ___ / ___ / _____ Utility: _____ Date done: ___ / ___ / _____ Utility: _____ Date done: ___ / ___ / _____ Utility: _____ Date done: ___ / ___ / _____ Utility: _____ Date done: ___ / ___ / _____

Funeral	
Meet with the mortuary or funeral home	Date done: ___ / ___ / _____
Decide on details for funeral service	Date done: ___ / ___ / _____
Bring a set of clothes for your loved one	Date done: ___ / ___ / _____
Retrieve any jewelry you would like to keep	Date done: ___ / ___ / _____
Order at least 10 death certificates (you will need these as proof for a number of things)	Number ordered: _____ Date ordered: ___ / ___ / _____ Date received: ___ / ___ / _____

Notifications			
<i>Notify the following list of people after death, including business contacts</i>			
Name	Relationship	Contact Info	Date done
	Attorney		___ / ___ / _____
	Accountant		___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____

			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____
			___ / ___ / _____

AFTER THE AFTER

Guidance for what to do after both spouses have passed

Final Checklist	
Follow all the guidelines in the “After” section with a focus on the second spouse	Date agreed: ___ / ___ / _____
Notify attorney to review trust terms and follow their instructions	Date done: ___ / ___ / _____
Notify accountant to ask for general guidance and prepare for taxes down the road	Date done: ___ / ___ / _____
Check with your attorney and accountant about putting a notification of death in newspaper in case any debt is owed (<i>this depends on the state but usually needs to be done within 3–6 months</i>)	Date done: ___ / ___ / _____
Check with your attorney about beginning the process of transferring property into beneficiary’s account	Date done: ___ / ___ / _____
Leave bank accounts open for an adequate amount of time to cover any expenses and for all checks to clear	Date done: ___ / ___ / _____
Close bank accounts when cleared by accountant	Date done: ___ / ___ / _____

<p>If applicable, notify property manager and adjust general excise taxes and direct deposits as needed</p>	<p>Date done: ___ / ___ / _____</p>
<p>If not being handled by property manager, continue to collect rental payments and pay general excise taxes</p>	<p>Date agreed: ___ / ___ / _____</p>
<p>Clean out the refrigerator of old food! Do within week of passing</p>	<p>Date done: ___ / ___ / _____</p>
<p>Clean out house (e.g., garage sale, donate to charity, 1-800-GOT-JUNK?)</p>	<p>Date done: ___ / ___ / _____</p>
<p>Hire a professional cleaner for the home as needed</p>	<p>Date done: ___ / ___ / _____</p>

<p style="text-align: center;">Closure</p>	
<p>I have gotten through this journey and now have closure</p>	<p>Yes No</p>
<p>Date guidebook began</p>	<p>___ / ___ / _____</p>
<p>Date guidebook completed</p>	<p>___ / ___ / _____</p>

CONGRATULATIONS!! You have successfully prepared and completed this phase of your life. I hope this guidebook has been helpful in your long journey. Please let me know if you have found this useful by emailing me at: buckwun@aol.com.

*“The steadfast love of the Lord never ceases; his mercies never come to an end; they are new every morning,
great is your faithfulness.”*

Lamentations 3:22–23

Your loved one may not be physically around anymore, but God will sustain you in periods where you need strength and comfort. Rest in Him.