# PART THREE

“WAIT – DON’T DIE YET!” GUIDEBOOK

hon

# 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.annettekam.com/guidebook](http://www.annettekam.com/guidebook)

|  |  |
| --- | --- |
| 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 |       |
| **Name** |       |
| Relationship |       |
| Address |       |
| Phone Number |       |
| Email |       |
| **Name** |       |
| Relationship |       |
| Address |       |
| Phone Number |       |
| Email |       |
| **Name** |       |
| Relationship |       |
| Address |       |
| Phone Number |       |
| Email |       |

## Financial And Legal

### Legal Documents

|  |  |
| --- | --- |
| Do you have the following legal document 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 |       |
| **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

Review your finances and list all individual and combined steady monthly income.

|  |  |
| --- | --- |
| 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

List all financial institutions where you have accounts, including credit unions

|  |  |
| --- | --- |
| **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 [ ]        |
| **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 [ ]        |
| 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 [ ]        |
| Is your spouse or next of kin on the checking account and allowed to write checks? | Yes [ ]  No [ ]        |
| Does your spouse or next of kin know how to write checks and balance a checkbook? | Yes [ ]  No [ ]        |
| If no, make time to teach them and write down date that you taught them. |       |
| List all bills that are paid (utilities, internet, phone, home, subscriptions, etc.) and check payment method |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check[ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
|       | [ ]  Check [ ]  Autopay by Bank [ ]  Autopay by Credit CardIf auto paid, which bank or card?       |
| If bills are not listed as autopay by bank or autopay by credit card or *not listed at all above*, 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 [ ]  |
| **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 [ ]  |
| **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 [ ]  |
| **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 canceling them, as it may affect your credit score. | Date done:       |

### Home

|  |  |
| --- | --- |
| Is your home in a trust? | Yes [ ]  No [ ]        |
| Home inventory(list of valuable items in your home, including original purchase date and price if possible) |       |
| 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

(not including mortgage loans)

|  |  |
| --- | --- |
| 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 |       |
| **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 |       |
| **Name of company** |       |
| Stockbroker |       |
| Address |       |
| Phone number |       |
| Email |       |
| Location of stock certificate |       |
| Stock assigned to |       |
| **Name of company** |       |
| Stockbroker |       |
| Address |       |
| Phone number |       |
| Email |       |
| Location of stock certificate |       |
| Stock assigned to |       |
| **Name of company** |       |
| Stockbroker |       |
| Address |       |
| Phone number |       |
| Email |       |
| Location of stock certificate |       |
| Stock assigned to |       |

### Other Investments

(not including property) (CDs, gold, oil and gas, etc.)

|  |  |
| --- | --- |
| **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 |       |
| **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

(not including primary residence)

|  |  |
| --- | --- |
| 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? | Joint tenancy [ ] Tenants in common [ ]  Tenants by the entirety [ ] 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 per month:      As of:       |
| Does tenant pay utilities? | Yes [ ]  No [ ]        |
| If yes, which utilities? |       |
| Is there a rental agreement? | Yes [ ]  No [ ]        |
| Rental agreement terms | Monthly:      Annual:      Other:       |
| Location of rental agreement documents |       |
| **Property address** |       |
| How is the title held? | Joint tenancy [ ] Tenants in common [ ] Tenants by the entirety [ ] 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:      As of:       |
| Does tenant pay utilities? | Yes [ ]  No [ ]        |
| If yes, which utilities? |       |
| Is there a rental agreement? | Yes [ ]  No [ ]        |
| Rental agreement terms | Monthly:      Annual:      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 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 [ ]        |
| **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 |       |
| Type of life insurance | Term [ ] Universal Life [ ] Whole Life [ ]  |
| Date purchased |       |
| Base death benefit |       |
| Does it include long-term care? | Yes | Yes [ ]  No [ ]        |
| Beneficiaries |       |
| Are premiums still being paid? | Yes | 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 |       |
| Does this policy provide for an annuity for the beneficiary if not used up? | Yes [ ]  No [ ]        |
| If yes, amount of premium per year |       |
| Is this a “use it or lose it” policy? | Yes [ ]  No [ ]        |
| Does this policy have an inflation factor? | Yes [ ]  No [ ]        |
| 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 [ ]        |
| Does this policy have an inflation factor? | Yes [ ]  No [ ]        |
| 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.

### Pages for Additional Information

Add additional information here:

## Medical

### Vital Statistics

|  |  |
| --- | --- |
| **Name** |       |
| Date of birth |       |
| Parents’ names |       |
| City of birth |       |
| Social Security Number |       |
| Spouse’s name |       |
| Date married |       |
| Divorced? | Yes [ ]  No [ ]        |
| If yes, date of divorce |       |
| Remarried? | Yes [ ]  No [ ]        |
| If yes, date remarried |       |
| Do you have copies of your… |  |
| Birth certificate? | Yes [ ]  No [ ]        |
| Social security card? | Yes [ ]  No [ ]        |
| Marriage certificate? | Yes [ ]  No [ ]        |
| Divorce decree? | Yes [ ]  No [ ]        |
| 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? | Yes [ ]  No [ ]        |
| If yes, date of divorce |       |
| Remarried? | Yes [ ]  No [ ]        |
| If yes, date remarried |       |
| Do you have copies of your… |  |
| Birth certificate? | Yes [ ]  No [ ]        |
| Social security card? | Yes [ ]  No [ ]        |
| Marriage certificate? | Yes [ ]  No [ ]        |
| Divorce decree? | Yes [ ]  No [ ]        |
| 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

Include dentist, eye doctor, etc.

|  |  |
| --- | --- |
| **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 |       |
| **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 |       |
| **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

Include dentist, eye doctor, etc.

|  |  |
| --- | --- |
| **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 (food, 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 |       |
| **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 |       |
| **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 |       |

#### 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  |       |
| 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 |       |

### Pages for Additional Information

Add additional information here:

## 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?If yes, complete the rest of this section | 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?If yes, complete the rest of this section | Yes [ ]  No [ ]        |
| Leasing company |       |
| Name |       |
| Address |       |
| Phone number |       |
| Date leased |       |
| Term of lease |       |
| Amount of monthly lease payment |       |
| Date lease ends |       |
| Location of documents |       |
| Location of certificates of title |       |
| Location of car keys |       |
| **Year** |       |
| Make |       |
| Model |       |
| Registered owner(s) |       |
| **Year** |       |
| Make |       |
| Model |       |
| Registered owner(s) |       |
| **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 |       |
| Services Provided |       |
| **Name** |       |
| Phone number |       |
| Services Provided |       |
| **Name** |       |
| Phone number |       |
| Services Provided |       |
| **Name** |       |
| Phone number |       |
| Services Provided |       |

### Clean Up Clutter Checklist

|  |  |
| --- | --- |
| Go methodically through every room in your home and downsize. | Room:      Date done:      Room:      Date done:      Room:      Date done:      Room:      Date done:      Room:      Date done:      Room:      Date done:      Room:      Date done:      Room:      Date done:      Room:      Date done:      Room:      Date done:       |
| 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:       |
| Keep inventory of what you have and do not overbuy things on sale to pile up. | Date agreed:       |
| Keep home in good condition so children don’t inherit major construction problem. | Date agreed:       |
| Use pest control (e.g., Advion) regularly to prevent cockroach and ant problems. | Date agreed:       |
| Don’t hoard items you no longer need (e.g., old bottles and containers, photo albums, dishes never used, clothes). | Date reviewed:      I’m doing great with this [ ] I’m trying but struggling with this [ ] I need help with this [ ]  |
| **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:       |

### Important Conversations

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.

|  |  |
| --- | --- |
| Date last reviewed |       |
| Is spouse able to care for you if you get sick? | Yes [ ]  No [ ]        |
| Are you able to move into your children’s home if you or your spouse gets sick? | Yes [ ]  No [ ]        |
| 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 [ ]        |

### Funeral Plan

|  |  |
| --- | --- |
| Do you have a prepaid funeral plan? | Yes [ ]  No [ ]        |
| Is this plan for both spouses if applicable? | Yes [ ]  No [ ]        |
| 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? | Burial [ ]  Cremation [ ]  |
| Service type? | Private [ ]  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. (Funeral home will request this for identification purposes.) | Date done:      Location of photo:       |
| Make sure funeral plan is on file with social security card and birth certificate. | Date done:      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/.](https://www.va.gov/burials-memorials/veterans-burial-allowance/) |
| **FOR CONSIDERATION**Consider purchasing funeral plan. | Date discussed:      Date done (if done):       |

### Pages for Additional Information

Add additional information here:

# 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 happens. 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? (If no, read as soon as possible.) | Yes [ ]  No [ ]        |
| Date to be discharged (be prepared to be given short notice) |       |
| To be discharged to… | Home [ ] Hospice care at home [ ]  Hospice care facility [ ] Rehabilitation facility [ ] Long-term care facility [ ] 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 (there may be a waiting period of 30–60 days) |       |
| Notify accountant of nursing care costs, in case they can be claimed on taxes | Date done:       |

## Six Activities of Daily Living (ADL)

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.

|  |  |
| --- | --- |
| 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? (this may be important for notarizing papers, etc.) |       |

## 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:       |
| 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.) | Date done:       |
| Research options for emergency help at home (e.g., Senior First Alert necklace with GPS) | Date done:       |

## Nursing/Residential Care Home

|  |  |
| --- | --- |
| Is the home licensed? | Date done:       |
| Is there a registered nurse available to supervise? | Yes [ ]  No [ ]        |
| What is the caregiver to client ratio?(ideally, this would be 1 to 5 or less) |       |
| Is the environment clean? | Yes [ ]  No [ ]        |
| Are individual needs addressed (e.g., favorite foods, ethnic foods, variety, and choices)? | Yes [ ]  No [ ]        |
| How are residents kept occupied? |       |
| Does the facility have skilled nursing care? | Yes [ ]  No [ ]        |
| Are there different levels of nursing care so the resident would be able to stay until their passing? | Yes [ ]  No [ ]        |
| Will the resident have to move when skilled nursing is needed? | Yes [ ]  No [ ]        |
| Take an inventory of belongings when admitted to the rehab facility, hospital, or residential home and sign the form for this. | Date done:       |
| If both parents will no longer be in their home for an extended amount of time |
| Remember to ask about credit if the resident needs to move facilities or homes and did not stay the whole month. | Date done:      Date of refund (if applicable):       |
| Add an adult child on to utility bills as secondary bill payer | Date done:       |
| Forward all mail to another home (e.g., child’s home) and bring power of attorney paperwork to the post office. | Date done:       |
| Cancel any other subscriptions that will no longer be needed (e.g., Senior First Alert necklace) | Date done:       |

## Pages for Additional Information

Add additional information here:

# 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:       |
| Have loved one’s social security number, birth date, date of death, and mailing address readily available when contacting the following: |
| File death benefit claim with life insurance | Date done:       |
| Contact companies paying pensions and annuities (you may need to update direct deposit forms) | 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 (to cancel or to update billing information to surviving spouse and add another person as a backup) | Utility:      Date done:      Utility:      Date done:      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

Notify the following list of people after death, including business contacts

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Contact Info | Date done |
|       | Attorney |       |       |
|       | Accountant |       |       |
|       |       |       |       |
|       |       |       |       |
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## Pages for Additional Information

Add additional information here:

# 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 (this depends on the state but usually needs to be done within 3–6 months) | 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:       |
| If applicable, notify property manager and adjust general excise taxes and direct deposits as needed | Date done:       |
| If not being handled by property manager, continue to collect rental payments and pay general excise taxes | Date agreed:       |
| Clean out the refrigerator of old food! Do within week of passing | Date done:       |
| Clean out house (e.g., garage sale, donate to charity, 1-800-GOT-JUNK?) | Date done:       |
| Hire a professional cleaner for the home as needed | Date done:       |

## Closure

|  |  |
| --- | --- |
| I have gotten through this journey and now have closure | Yes [ ]  No [ ]        |
| Date guidebook began |       |
| Date guidebook completed |       |

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.

## Pages for Additional Information

Add additional information here: