

ORGANIZE YOUR LIFE!

# In Case of Emergency

# Break Glass !



A step-by-step guide to organizing  
your legal and life documents

Mary C. Kelly, PhD, CDR, U.S. Navy (ret), Author of *Master Your World*

# In Case of Emergency, Break Glass!

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## How to Use this Workbook

The purpose of this guide is to help you organize all of the paperwork, information, forms, and legal material related to your assets, history, health, and wishes. This organizing effort will make all the difference to your loved ones in the event of your death or incapacitation. In case of an emergency, people you trust would be able to grab your binder or workbook and take necessary action to settle your estate, make medical decisions on your behalf, and care for your loved ones.

Some of the most difficult and frustrating aspects of dealing with the loss of a loved one involve actually finding all of the important documents, contacting the necessary people, and otherwise making sure that nothing is overlooked. There are countless details to be attended to in such situations, and at a time that is bound to be one of grief, loss, stress and chaos, you want to minimize the difficulty.

To accommodate as many people as possible, this guide is available in both paper and electronic versions. To get the downloadable version, go to [www.organize-you.com](http://www.organize-you.com). You can download it, print it out, fill it in, and add the necessary supplemental documents.

By taking just an hour today, and an hour once a week for the next few weeks, you can document and organize all the information your friends and family will need. You can greatly simplify matters for you and your family in times of grief, crisis or disaster.

Aren't they worth it?

## A few words from Mary Kelly, PhD

Thank you for taking time to organize the legal and necessary paperwork of your life. The process you are about to start is more important than you may realize to the people left behind.

I know that dealing with all of these documents takes time and effort, and the mere thought of all of the details can feel overwhelming. However, this workbook breaks the tasks into approachable sections to make the process easier. I think you'll find it manageable once you begin, and I'm confident you'll feel satisfied and relieved once the job is done!

I am interested in knowing how this process worked for you, and if this material was helpful and supportive. Please feel free to contact me at [Mary@ProductiveLeaders.com](mailto:Mary@ProductiveLeaders.com) with your thoughts and comments.

You have my admiration for starting this process.

Good luck!

A handwritten signature in cursive script that reads "Mary Kelly".

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# Organize Your Life

by Mary Kelly, PhD

## Just In Case...

This is the easy way to get organized in case of a life-threatening emergency.

## Part I. Why get your life documents organized?

### *Reason #1:*

Statistically, 5 out of 5 of us aren't leaving this world alive.

### *Reason #2:*

Not preparing ensures that at least one person will say mean things about you after you are gone, because they have to handle your mess.

By being unprepared, you guarantee that someone you care about deeply is going to lose AT LEAST a year of their life taking care of the mess you left behind, including countless lost hours and expensive legal fees.

It is immaterial whether you have any assets, or whether you think you do. Someone must make the decisions. Since you didn't spell it out, your assets fall under the state's rules, and that means delays, lost time, and expenses.

If you are old enough to have a driver's license, you need to be organized. If you start getting your important papers organized when you get your driver's license and keep things organized as you get older, you will have it made.

### ***Reason #3:***

Otherwise, your family loses lots of money. Most people prepare for their own death about as well as they prepared for their own birth. Not being prepared is irresponsible. (See Reason #2.) It is also extremely expensive. The average cost for an attorney to complete estate work is about \$300 per hour (from my last legal bill). If you have everything organized and ready, then the legal costs may be limited to simply filing a will that doesn't need probating. That is the best-case scenario.

The worst case is that the state and the courts get to decide, and your family will need a lawyer to sift through myriad laws and a legal mess. That will cost some serious money.



#### **Summary of Part I:**

If you think you are immortal, you hate all of your friends and relatives, and you want your fiscal legacy designated to buying yachts for lawyers, then please give this guide to someone else.

## **Part II. Making it easy—piece by piece**

- A.** Most of your important paperwork falls into the following categories:
1. Letter of Instruction/All about me
  2. Wills and/or Trusts
  3. Health Care Directives/Living Wills
  4. Powers of attorney for health care, financial and general
  5. Advisors' information, including business advisors, religious leader, lawyer, accountant, financial advisor, and business partners
  6. Memorial information
  7. Insurance and other important paperwork. Important papers including birth certificates, marriage certificates, death certificates of important family members, divorce papers, adoption papers, social security records, and military papers (such as a DD-214), and financial papers (including financial records, bank statements, tax returns, investment accounts, annuities and pension information. Insurance policies from work, personal policies, credit cards, and bank accounts.

8. Family, friends and computers. Most people have address books somewhere; many keep their contact on their computer.

- B. These eight categories probably form the basis of everything you have, and are the basis for the rest of this workbook.** If you are a special case, you may have something else. If so, add a folder.
- C. This is a lifelong project. You need to update it.** You **MUST** be able to **FIND** the information, and you need it all relatively portable in case of an evacuation, flood or hurricane. More importantly, the people in your life you trust must be able to find this information in case of an emergency. This information needs to be easy to identify.



**Reminder:** You need to keep important papers up to date. Any big life changes such as births, deaths, marriages, or divorces means updating the will as well as the Letter of Instruction, and may change the components of the Powers of Attorney or the Health Care Directives. A job change could mean different health care benefits, life insurance, and 401 (k) plans. A move may mean different mortgage documents. A move to a different state may necessitate adding a trust or changing the will. (All U.S. states recognize the wills from other U.S. states.)

- D. You need to properly prepare for the eventuality of your own death, or someone else, probably appointed by the courts, will make decisions for you.** People who die intestate, without a will, are essentially allowing the state to make decisions as to where their assets go, what happens to their children, and who gets their valuables.
- E. Your preparedness also prevents family turmoil.** Families argue, sometimes for years, about what you “would have wanted,” “told Uncle Bob,” “promised to Cousin Sarah,” and so on, but none of that matters to the state. The only way to express wishes, keep your promises, and prevent discord is to have it all written down and in legal accordance with the state.
- F. The most responsible people fully intend to prepare important life documents so that their friends and family will not lose weeks, months, and years of their own lives trying to settle the deceased’s estate.** Given the importance of being prepared, it is surprising that fewer than 40% of Americans have a will. Even fewer have a current will or trust.

This handy workbook is designed to make sure that all essential information is available in one place in the event of an emergency. This guide is intended to be fairly inclusive for most estates, but it is not guaranteed to be all-inclusive for every situation.



**Note:** State laws change! It is a good idea to revisit important papers and estate plans once every three years.

### Part III. Location, location, location

Here's the problem. *Your friends and family cannot find your information.* Many times, during a crisis, loved ones are flying in from other parts of the country, but they only find instructions months later after rummaging through random pieces of paper and files that were found in various parts of the house. They are then left with the disconcerting knowledge that they buried you with your family, when you really wanted your ashes scattered over the Anheuser-Busch factory.

This creates years of regret, emotional pain, and disappointment. You do not want people remembering you with sadness or a sense of remorse because they did not honor your wishes. If they cannot find your instructions because your burial notes were in a pile of cooking magazines in the garage—well, that's not very fair to them.

If you want to make sure that your wishes are carried out, you have to let people know. This ensures that all assets are accounted for, that your wishes are carried out, and all your legal affairs are in order.

It is vitally important that your friends and family know the precise location of your information in the event you die or are disabled.



## Where to keep this material:

Most documents should be maintained in your home for easy access. A fireproof file cabinet, firebox, or small safe can be inexpensive and convenient. If it's locked, several family members should know where the keys or lock combination are located.

Safe deposit boxes are *NOT* good places for documents to be kept, as they cannot be accessed quickly, and a death certificate is needed to gain access to the box. In some states, a safe deposit box is sealed from the family until probate is finished. A death certificate or other legal documents may be needed to get into the box.

Legal documents such as wills and trusts can be maintained by and kept with your attorney. However, your loved ones must know which attorney or firm to contact. Keep this information current for your family, as attorneys may move, retire or sell their practices. You can use the forms in this workbook to identify locations of advisers and providers, as well as documents.

A copy of this book would ideally be maintained outside the home as well, as a backup.

### **Summary of Part III:**

In case of an emergency, is everything in one place where you can quickly grab it and run? Don't assume others know where your paperwork is. A perfect stranger should be able to come to your house, seize the binder that contains all of your pertinent and current information, and start to work on your behalf for you and your family.



**Note:** It is exceedingly helpful for spouses to work on this project together.

The first form starts with your current information. >>>

# Chapter 1:

## All About Me and Letter of Instruction

My full legal name: \_\_\_\_\_

Any aliases: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Health insurance plan: \_\_\_\_\_ Policy # \_\_\_\_\_

Phone: \_\_\_\_\_ (for more information see insurance section)

Single: \_\_\_\_\_ Married (date): \_\_\_\_\_

Widowed (date): \_\_\_\_\_ Divorced (date): \_\_\_\_\_

Second divorce (date): \_\_\_\_\_

I'm a citizen of (country): \_\_\_\_\_

Number of biological children \_\_\_\_\_ Number of adopted children \_\_\_\_\_

Number of siblings: Alive \_\_\_\_\_ Dead \_\_\_\_\_

Nearest living sibling: Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone \_\_\_\_\_

Location of birth certificate \_\_\_\_\_

Location of marriage certificate \_\_\_\_\_

*(Use forms on next pages for detailed information on spouse and children.)*

## Information about spouse

Spouse's full legal name: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Spouse's citizenship (country) : \_\_\_\_\_

## Information about children

Child's full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Lives with: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Lives with: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Lives with: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Lives with: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Lives with: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Lives with: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

# Letter of Instruction

A Letter of Instruction is not a legal document, but it is very helpful. A Letter of Instruction assists your personal representative or trustee in taking care of matters concerning your welfare and estate by giving them information that may or may not be easily found in other places. Because it is not a legal document, it does not need to be probated before taking action.

A Letter of Instruction is not a protected document, which means you can (and should) give it to your trusted representative immediately, so that he/she knows his/her responsibilities, and understands your wishes. If a will is with a lawyer or in a safe deposit box, it can be difficult to find. Tell your trusted representative where it is and who to contact about it.

Do not put instructions in the Letter of Instruction that conflict with your will—the will takes precedence. Do not “will” belongings in a Letter of Instruction. (You can remind your trustee that the dishes go to your sister Thelma, but for it to be legal, that needs to be part of your will package.)

A Letter of Instruction is something you can handwrite, dictate, or type out on a computer. Because the Letter of Instruction is not a legal document, it is easy to change, and easy to send to the person who will likely be the one to handle your estate. If you're married, it is helpful to write out a letter of instruction so the wishes of each partner are clear. A time of crisis should not be a time to wonder.

Confusion can arise if a relative assumes he or she is the personal representative or legal guardian, but in fact is not. Having conflicting information between the Letter of Instruction and the will or trust invites conflict, because then your “wishes” may be questioned. Be honest, especially with immediate family and close relatives, BEFORE a crisis.

It is recommended that you compose a Letter of Instruction, then mail or e-mail it to the key people who have a need to know what your wishes are in the event of an emergency. I suggest sending it not only to the person who needs to act on your behalf, but also a few others who can call the responsible person right away. Print out a copy for this binder, and update it when your situation changes.

For example, you might want your brother or best friend to act as your personal representative, but they live 1700 miles away. You might want to provide a “Just In Case” copy of the Letter of Instruction to your neighbor or a co-worker, so they know who to call.

When composing a Letter of Instruction, consider what needs to happen *right away* for someone else to assume your responsibilities. Things that must happen immediately, in no particular order, are:

**Contact certain family members and friends.** The list of contacts is located:

\_\_\_\_\_.

**Take care of the children.** Childcare Forms are on pages 18-23. The person to call for the children is (name and phone): \_\_\_\_\_

\_\_\_\_\_ or Not Applicable.

The documents that deal with legal guardianship of children are located:

\_\_\_\_\_ or Not Applicable.

**Take care of our seniors.** Senior Care Forms are on pages 24-31. The person to call for the seniors is (name and phone): \_\_\_\_\_

\_\_\_\_\_ or Not Applicable.

**Take care of dogs, cats, ferrets, parrots, gerbils, turtles, fish and/or other pets.**

Dog and Cat Care Forms are pages 32-39. The person to call to take care of the pets is (name and phone): \_\_\_\_\_

\_\_\_\_\_ or Not Applicable.

**The important legal documents** are organized and are located:

\_\_\_\_\_.

## Example of a Letter of Instruction:

Dear Mike Smith,

Thank you for agreeing to serve as my trustee and personal representative should I die or become incapacitated.

**Children:** My children need to go to my sister in Wisconsin. She is appointed their legal guardian in our absence. Her name, phone number, and address is: \_\_\_\_\_. The children's medical records are located: \_\_\_\_\_. They currently attend school at: \_\_\_\_\_ and they carpool with \_\_\_\_\_. Their special needs are: \_\_\_\_\_. Until she can come to get them, call (name and phone): \_\_\_\_\_ or (name and phone): \_\_\_\_\_. The Power of Attorney for the children is located in the binder under Powers of Attorney. Our oldest son needs his asthma medication twice a day. It is in the medicine cabinet in our bathroom.

**Pets:** The dog needs to go to my neighbors, Jack and Terry. Their phone number and address is: \_\_\_\_\_. The cat should go to my friend Kitty Littrell in Tennessee and her phone number is: \_\_\_\_\_. Care of the dog and cat before you can turn them over: the dog gets fed 1 cup of kibble (under the kitchen sink) twice a day, and the cat gets one can of the Moist and Meaty in the pantry above the kitchen sink. The animal medical records are in the house mudroom in a tote bag with dogs on it. The cat is on anti-seizure medication once a day and that is located in the kitchen desk drawer. Hide it in a little piece of wet cat food and she takes it easily. The dog goes to the door when she has to go out. The cat should never go outside.

**My will and trust** is located in my life binder/workbook/file cabinet, and my lawyer (name and phone): \_\_\_\_\_ also has a copy.

**Burial:** I wish to be cremated. I want to be buried with my spouse, if he/she predeceases me. If not, then I would like to be buried in the family plot in Nebraska at the \_\_\_\_\_ cemetery. I do not already have a pre-paid plot. I am a veteran so I am eligible to be buried in a military cemetery, but I prefer to be buried in Nebraska with my family. I would like military honors, if possible. If my spouse and I go together, then the flag should go to my oldest child.

**Donation:** I am an organ donor and am happy to donate all usable organs, including skin and eyes.

**Living Will:** My health care directives are on file with both my lawyer at (name and phone): \_\_\_\_\_ and my doctor at (name and phone): \_\_\_\_\_.

**Memorial Service:** I would like a Memorial held at \_\_\_\_\_ church or synagogue. I would like \_\_\_\_\_ to officiate the service. Other instructions for the Memorial Service are in my workbook.

**Reception:** You know I love a good party, so please plan a nice one at either the country club or my favorite diner, \_\_\_\_\_. I want people to have a good time, so make sure there are heavy hors d'oeuvres, a good band, and an open bar.

**My life binder** is located in my home office on the second shelf under the computer. It is labeled "*In Case of Emergency, Break Glass!*" Please see detailed instructions there for the children, animals, finances, bequests, medical records, and other information.

It is stipulated in my will, but Jack and Terry Russell need to get \$10,000 from my estate to care for Poochy the dog, and Kitty Littrell gets \$5,000 to ensure lifetime care of Fluffy the cat.

Thanks again,

Liv Furever

# People to Notify in the Event of my Death

Notifying friends and family is a tough challenge for those left behind. In some cases, you may *not* want certain people contacted. If that is the case, put a note in this section.

Many people have electronic databases of friends and family on their computers. Others have physical paper address books that are worn from years of use. Some have several address books.



**TIP:** Open the database file, hit the print button and include that list in this section.

Your personal representative will still need access to your computer, so including computer access information is helpful as well. You may want to fill out the password list at the end of this workbook and keep it in a sealed envelope. You can always download free copies of the password page from [www.organize-you.com](http://www.organize-you.com) to keep the password list updated.

Fill out the basic information below to provide immediate access and first-line action priorities to your representative(s). Then use the next few pages to designate priority contacts.

Call this person first: \_\_\_\_\_

Call this person next: \_\_\_\_\_

Computer located: \_\_\_\_\_

Computer login/password information: \_\_\_\_\_

Address books listed under: \_\_\_\_\_

Address book looks like: \_\_\_\_\_

Address book location: \_\_\_\_\_

DO NOT contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

# Child Care Information Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Mother \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Father \_\_\_\_\_ Phone: \_\_\_\_\_

Stepmother \_\_\_\_\_ Phone: \_\_\_\_\_

Stepfather \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Teacher/Counselor/Principal: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Primary: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies? \_\_\_\_\_

Birthmarks/Scars? \_\_\_\_\_

Special Needs? \_\_\_\_\_

Location of birth certificate \_\_\_\_\_

## Medications

Medication	Dose	Time

## Food Preferences

Breakfast	Lunch	Dinner	Snacks

## Routine/Activities

Favorite Books: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Nighttime Routine:

\_\_\_\_\_  
\_\_\_\_\_

Daytime Routine:

\_\_\_\_\_  
\_\_\_\_\_

Friends and Phone Numbers:

_____	_____
_____	_____
_____	_____

Activities Outside the Home:

_____	located	_____
_____	located	_____
_____	located	_____

# Child Care Information Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Mother \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Father \_\_\_\_\_ Phone: \_\_\_\_\_

Stepmother \_\_\_\_\_ Phone: \_\_\_\_\_

Stepfather \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Teacher/Counselor/Principal: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Primary: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies? \_\_\_\_\_

Birthmarks/Scars? \_\_\_\_\_

Special Needs? \_\_\_\_\_

Location of birth certificate \_\_\_\_\_

## Medications

Medication	Dose	Time

## Food Preferences

Breakfast	Lunch	Dinner	Snacks

## Routine/Activities

Favorite Books: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Nighttime Routine:

\_\_\_\_\_  
\_\_\_\_\_

Daytime Routine:

\_\_\_\_\_  
\_\_\_\_\_

Friends and Phone Numbers:

_____	_____
_____	_____
_____	_____

Activities Outside the Home:

_____	located	_____
_____	located	_____
_____	located	_____

# Child Care Information Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Mother \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Father \_\_\_\_\_ Phone: \_\_\_\_\_

Stepmother \_\_\_\_\_ Phone: \_\_\_\_\_

Stepfather \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Teacher/Counselor/Principal: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Primary: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies? \_\_\_\_\_

Birthmarks/Scars? \_\_\_\_\_

Special Needs? \_\_\_\_\_

Location of birth certificate \_\_\_\_\_

## Medications

Medication	Dose	Time

## Food Preferences

Breakfast	Lunch	Dinner	Snacks

## Routine/Activities

Favorite Books: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Nighttime Routine:

\_\_\_\_\_  
\_\_\_\_\_

Daytime Routine:

\_\_\_\_\_  
\_\_\_\_\_

Friends and Phone Numbers:

_____	_____
_____	_____
_____	_____

Activities Outside the Home:

_____	located	_____
_____	located	_____
_____	located	_____

# Child Care Information Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Mother \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Father \_\_\_\_\_ Phone: \_\_\_\_\_

Stepmother \_\_\_\_\_ Phone: \_\_\_\_\_

Stepfather \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Teacher/Counselor/Principal: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Primary: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies? \_\_\_\_\_

Birthmarks/Scars? \_\_\_\_\_

Special Needs? \_\_\_\_\_

Location of birth certificate \_\_\_\_\_

## Medications

Medication	Dose	Time

## Food Preferences

Breakfast	Lunch	Dinner	Snacks

## Routine/Activities

Favorite Books: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

Nighttime Routine:

\_\_\_\_\_  
\_\_\_\_\_

Daytime Routine:

\_\_\_\_\_  
\_\_\_\_\_

Friends and Phone Numbers:

_____	_____
_____	_____
_____	_____

Activities Outside the Home:

_____	located	_____
_____	located	_____
_____	located	_____

# Senior Care Information Form

Senior's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Relationship to me \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Death/Divorce \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical/Occupational therapist: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
 Primary: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Mental health/cognitive ability:  
 Great     Good     Fair     Poor     Depends on the day

Allergies? \_\_\_\_\_  
 Special Needs? \_\_\_\_\_

## Medications

Medication	Dose	Time

## Food Preferences

Breakfast	Lunch	Dinner	Snacks

## TV Show Preferences

Show	Time

## Routine/Activities

Nighttime Routine:

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Daytime Routine:

---

---

Friends and Phone Numbers:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Activities Outside the Home:

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 located 

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 located 

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## Needs

Cane?  yes  no      Wheelchair?  yes  no  
Someone with them all of the time?  yes  no

# Senior Care Information Form

Senior's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Relationship to me \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Death/Divorce \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical/Occupational therapist: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
 Primary: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Mental health/cognitive ability:  
 Great     Good     Fair     Poor     Depends on the day

Allergies? \_\_\_\_\_  
 Special Needs? \_\_\_\_\_

## Medications

Medication	Dose	Time

## Food Preferences

Breakfast	Lunch	Dinner	Snacks

## TV Show Preferences

Show	Time

## Routine/Activities

Nighttime Routine:

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Daytime Routine:

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Friends and Phone Numbers:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Activities Outside the Home:

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 located 

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 located 

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## Needs

Cane?  yes  no      Wheelchair?  yes  no  
Someone with them all of the time?  yes  no

# Senior Care Information Form

Senior's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Relationship to me \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Death/Divorce \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Child \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_  
 Living Sibling \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical/Occupational therapist: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
 Primary: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Mental health/cognitive ability:  
 Great     Good     Fair     Poor     Depends on the day

Allergies? \_\_\_\_\_  
 Special Needs? \_\_\_\_\_

**Medications**

Medication	Dose	Time

## Food Preferences

Breakfast	Lunch	Dinner	Snacks

## TV Show Preferences

Show	Time

## Routine/Activities

Nighttime Routine:

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Daytime Routine:

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Friends and Phone Numbers:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Activities Outside the Home:

---

 located 

---

---

 located 

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## Needs

Cane?  yes  no      Wheelchair?  yes  no  
Someone with them all of the time?  yes  no

# Dog Care Information Form

Owner's Name (if not me): \_\_\_\_\_

Address: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered       Spayed

Who to call to care for the dog in my absence:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address \_\_\_\_\_

Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Leash / Collar Location: \_\_\_\_\_

## Medications

Medication	Dose	Time

## Dog Food Preferences

Food Brand	Amount	Time	Treats

## Dog Behaviors

New people	Likes	Dislikes
Children	Likes	Dislikes
Other dogs	Likes	Dislikes
Cats	Likes	Dislikes
Must remain on leash when outside	Yes	No
Fearful of loud noises	Yes	No
May bite	Yes	No
Can be aggressive	Yes	No
Kennel/crate-trained	Yes	No
Obeys basic commands	Yes	No
Guards food	Yes	No
Chews	Yes	No
Digs	Yes	No

## Additional Information

Other Likes: \_\_\_\_\_  
\_\_\_\_\_

Hides: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_  
\_\_\_\_\_

# Dog Care Information Form

Owner's Name (if not me): \_\_\_\_\_

Address: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered       Spayed

Who to call to care for the dog in my absence:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address \_\_\_\_\_

Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Leash / Collar Location: \_\_\_\_\_

## Medications

Medication	Dose	Time

## Dog Food Preferences

Food Brand	Amount	Time	Treats

## Dog Behaviors

New people	Likes	Dislikes
Children	Likes	Dislikes
Other dogs	Likes	Dislikes
Cats	Likes	Dislikes
Must remain on leash when outside	Yes	No
Fearful of loud noises	Yes	No
May bite	Yes	No
Can be aggressive	Yes	No
Kennel/crate-trained	Yes	No
Obeys basic commands	Yes	No
Guards food	Yes	No
Chews	Yes	No
Digs	Yes	No

## Additional Information

Other Likes: \_\_\_\_\_  
\_\_\_\_\_

Hides: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_  
\_\_\_\_\_

# Dog Care Information Form

Owner's Name (if not me): \_\_\_\_\_

Address: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered       Spayed

Who to call to care for the dog in my absence:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address \_\_\_\_\_

Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Leash / Collar Location: \_\_\_\_\_

## Medications

Medication	Dose	Time

## Dog Food Preferences

Food Brand	Amount	Time	Treats

## Dog Behaviors

New people	Likes	Dislikes
Children	Likes	Dislikes
Other dogs	Likes	Dislikes
Cats	Likes	Dislikes
Must remain on leash when outside	Yes	No
Fearful of loud noises	Yes	No
May bite	Yes	No
Can be aggressive	Yes	No
Kennel/crate-trained	Yes	No
Obeys basic commands	Yes	No
Guards food	Yes	No
Chews	Yes	No
Digs	Yes	No

## Additional Information

Other Likes: \_\_\_\_\_  
\_\_\_\_\_

Hides: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_  
\_\_\_\_\_

# Cat Care Information Form

Owner's Name (if not me): \_\_\_\_\_

Address: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered       Spayed

Who to call to care for the dog in my absence:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address \_\_\_\_\_

Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Collar/Carrier Location: \_\_\_\_\_

## Medications

Medication	Dose	Time

## Cat Food Preferences

Food Brand	Amount	Time	Treats

## Cat Behaviors

New people/strangers	Likes	Dislikes
Children	Likes	Dislikes
Other cats	Likes	Dislikes
Dogs	Likes	Dislikes
Indoor only	Yes	No
Fearful of loud noises	Yes	No
May bite	Yes	No
Can be aggressive	Yes	No
Hairballs	Yes	No
Uses a litter box	Yes	No
Stops eating when upset	Yes	No
FIV positive	Yes	No

## Additional Information

Other Likes: \_\_\_\_\_

\_\_\_\_\_

Hides: \_\_\_\_\_

\_\_\_\_\_

Sleeps: \_\_\_\_\_

\_\_\_\_\_

Miscellaneous: \_\_\_\_\_

\_\_\_\_\_

# Cat Care Information Form

Owner's Name (if not me): \_\_\_\_\_

Address: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered       Spayed

Who to call to care for the dog in my absence:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address \_\_\_\_\_

Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Vet: \_\_\_\_\_ Phone number: \_\_\_\_\_

Collar/Carrier Location: \_\_\_\_\_

## Medications

Medication	Dose	Time

## Cat Food Preferences

Food Brand	Amount	Time	Treats

## Cat Behaviors

New people/strangers	Likes	Dislikes
Children	Likes	Dislikes
Other cats	Likes	Dislikes
Dogs	Likes	Dislikes
Indoor only	Yes	No
Fearful of loud noises	Yes	No
May bite	Yes	No
Can be aggressive	Yes	No
Hairballs	Yes	No
Uses a litter box	Yes	No
Stops eating when upset	Yes	No
FIV positive	Yes	No

## Additional Information

Other Likes: \_\_\_\_\_

\_\_\_\_\_

Hides: \_\_\_\_\_

Sleeps: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

\_\_\_\_\_

# Emergency Telephone List

Our address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Our home phone: \_\_\_\_\_

Cellular Phone number: \_\_\_\_\_

NAME

NUMBER

Cellular Phone number: \_\_\_\_\_

NAME

NUMBER

Emergency: \_\_\_\_\_ Police Dept. \_\_\_\_\_

Fire Dept: \_\_\_\_\_ Ambulance Service: \_\_\_\_\_

Poison Control Center: \_\_\_\_\_

Security Service: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

—

Veterinarian: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Neighbor: \_\_\_\_\_

Out-of-area relative/contact: \_\_\_\_\_

Out-of-area relative/contact: \_\_\_\_\_

## Chapter 2: Wills and Trusts

### Will (Last Will and Testament)

A will describes, legally, how your estate should be distributed. It tells the state that you have considered what happens to your assets after you are gone. Without a will, the state—not you—decides what happens to your home, money, possessions, and children.

If you have a driver's license, you probably have a car. If you have a car, that is an asset, and that means you probably need a will. So if you are over 18 years old and living on your own, you probably need a will. If you are married or have children, you definitely need a will.

A will is a legal, state-specific document that appoints a trustee or personal representative to manage your affairs, pay estate taxes, make distributions, pay off debts (paying off debts must be done before any payments are made to anyone else), and makes sure that your wishes are followed.

Wills are state-specific, although all U.S. states recognize the legality of wills from other states.

Even if you have a trust, you need a will. Wills are subject to probate, while trusts are not. If you have both a will and a trust, a will gets filed in the court system that essentially says, "See trust for specifics." If you want to keep your affairs private, you need both a will and a trust.

There are many inexpensive software programs available to create a will. (I do not like any of them, as they often create wills that do not stand up well in court.) I strongly recommend finding a good estate lawyer. Many people balk at this expenditure, but you can either spend the money now, or your heirs will go through months of legal fees and hassle. It is cheaper in the long run to do your estate planning now.

Many workplaces offer free will creation services as an employee benefit. You can also sign up for a monthly legal services program, and many of them include a free will as part of their services. However, you usually get what you pay for; there are limitations. If you think there may be disputes, invest now and hire a great estate-planning lawyer.

You can create your own will with a few vital components, but this is VERY inadvisable without a template or some guidance. I DO NOT recommend this option.

## What Constitutes A Will?

- The “publication” of the will must include the writer’s full legal name and the words “last will and testament” on the face of the document.
- The writer of the will, or “testator,” must declare that he/she revokes all previously made wills.
- The testator must demonstrate that he or she has the mental capacity to dispose of his/her property, and does so willingly.
- The testator must sign and date the will, in the presence of at least two (some states require three) disinterested witnesses, and all witnesses need to sign in the presence of the testator and one other witness. Depending on the state in which you live, there are specific criteria for the disinterested witnesses. (Generally, witness must not be beneficiaries).
- The testator must sign the will at the end.
- Some people hand-write wills. These are called *holographic* wills. They are legal, but you still need witnesses. Again, this type of will is not advisable.
- It is important that your will stands up in court, if necessary. This is why many people prefer to use a lawyer or a legal service. If you think there is a possibility that the will may be contested, investing in a lawyer is a good idea. It will save money and time, as well as confusion and frustration.



**REMINDER:** Make sure you write a personal letter (Letter of Instruction) from you to the Estate Trustee of your will. Give him or her a copy of your will, or explain where it is located.



**MARY’S SUGGESTION:** Get a great estate-planning lawyer now to save money and time later.

## Trusts

You know you need a will, but do you also need a trust? Many people mistakenly believe that a will saves them the hassle of having a probate court involved. In fact, a will *directs* that a probate court become involved to take charge of the appointment of your personal representative and the distribution of your property. Court involvement = attorney fees and court fees. Ouch!

Most trusts are formed to protect estates from tax liabilities and unwanted predators and creditors; to avoid a lengthy and sometime expensive probate; or to keep the contents of an estate private. Objectives can differ for estate planning purposes.

A trust can direct that specific assets be left to specific beneficiaries, and under what conditions the property can be used. In a trust you can leave stocks or mutual funds to charitable organizations, or provide for long-term funding of a project of your choice.

Another use for a trust is to protect loved ones who might otherwise spend the money recklessly and need to be protected from themselves, their less than honorable spouses or friends, or creditors lying in wait.

There are hundreds of different kinds of trusts for specific situations, but they generally fall into two categories: revocable trusts and irrevocable trusts. Some people prefer a revocable trust because it can be changed or eliminated by the grantor. An irrevocable trust has more permanent terms.

The grantor is the person who sets up the trust. (Couples can set up a trust together.) Property and assets listed in a trust are legally known as trust property. Beneficiaries may be a single person, an organization, or any combination of beneficiaries and organizations. The beneficiaries who benefit from the trust gain access to property and assets listed in the trust, but at a timetable determined by the grantor. This allows you to designate how minor children and others are allowed to use money, or to specify that certain funds must be used for education or a charity, etc.

If this all sounds confusing, but you are wondering whether you need a trust, please see a qualified, honest, and credible estate-planning attorney.



# Will and Trust: Locations

NAME: \_\_\_\_\_

## WILL

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Location of Original: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

## TRUST

Type of trust: \_\_\_\_\_

Name of trust: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Location of Original: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

# Will and Trust: Locations

NAME: \_\_\_\_\_

## WILL

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Location of Original: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

## TRUST

Type of trust: \_\_\_\_\_

Name of trust: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Location of Original: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

## Distribution of Personal Effects

You may have family heirlooms or objects of special value or sentiment, such as Grandma's wedding ring or a family picture. Make a special note of them here, and include them when writing your will.

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Individual to receive: \_\_\_\_\_

.....

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Individual to receive: \_\_\_\_\_

.....

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Individual to receive: \_\_\_\_\_

.....

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Individual to receive: \_\_\_\_\_

.....

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Individual to receive: \_\_\_\_\_

## Chapter 3: Health Care Advanced Directives/Living Wills

Health care instructions are also called **advanced directives**, **living wills**, or **health care proxies**, depending on your state. Whatever you call them, they give your loved ones directions on what kind of end-of-life care you want. Do you want to be resuscitated? How long do you want to be on life support systems? Do you want dialysis?

The documents appoint someone as the authority to make various types of medical decisions for you. Without the documents described below (which vary somewhat in what they cover), a hospital relies on close family members who may or may not agree on the best course of action (or may not share your values or wishes).

### Durable Power of Attorney for Health Care

A Durable Power of Attorney for Health Care is a legal document that designates an individual—referred to as your health care agent, proxy or attorney-in-fact—to make medical decisions for you in the event that you're unable to do so. It eliminates confusion by establishing a decision-maker. If you are incapacitated and someone else must make decisions regarding your care, this agent *must* act in accordance with your desires. His or her power to make health care decisions for you is subject to any limitations you impose.

Your chosen agent has the authority to consent, refuse to consent, or withdraw consent for any care, treatment, service or procedure to diagnose or treat a medical condition. You can state any type of treatment you do not desire. Except as otherwise specified by you, one of these documents will authorize your agent to consent to a doctor's recommendation to withhold treatment that would keep you alive.

The Durable Power of Attorney for Health Care is also sometimes called a Medical Power of Attorney. The Medical POA is different from others POAs such as a financial POA that authorizes someone to make financial transactions for you.

The specific details of a Durable Power of Attorney for Health Care vary by state. Free copies of the form can be obtained through the organization Concern for Dying. (See *Resources* for more information.)

## Medical Power of Attorney

A medical power of attorney authorizes another to make medical decisions for you when you are unable to make decisions for yourself, including the decision not to receive or continue artificial life support when there is no reasonable expectation of recovery.

## Living Will

A Living Will specifically indicate your wishes about withholding and/or removing life-sustaining treatment in the event of a serious accident or illness. This written, legal document spells out the types of medical treatments and life-sustaining measures you do and don't want, such as mechanical breathing (respiration and ventilation), tube feeding or resuscitation.

In some states, Living Wills may be called **health care declarations** or **health care directives**.

A health care directive is also used to express your desire to be kept alive with aggressive medical treatment using all means available.

The Living Will can be completed with or without the Durable Power of Attorney for Health Care (which covers a broader range of medical decisions in addition to withholding or removal of life-sustaining treatment).

## Do Not Resuscitate (DNR) Order

This is a request to *not* have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. Advanced directives do not have to include a DNR order, and you don't have to have an advanced directive to have a DNR order. Your doctor can put a DNR order in your medical chart.



**Reminder:** A *general* power of attorney does *not* cover health care.



**Additional Note:** With the passage of HIPAA (the The Health Insurance Portability and Accountability Act of 1996), even spouses are sometimes not allowed to act on your behalf without a health care power of attorney, including discussing medical bills with the hospital.

# Living Will (sample)

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I, \_\_\_\_\_, being over 18 years of age and of sound mind, willfully and voluntarily declare as follows:

If I should have an irreversible and incurable condition that has been diagnosed by two physicians and will result in my death within a relatively short time without the administration of life-sustaining treatment, or has produced an irreversible coma or persistent vegetative state, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Natural Death Act of California, to withhold or withdraw treatment, including artificially-administered nutrition and hydration that only prolongs the process of dying or the irreversible coma or persistent vegetative state, and is not necessary for my comfort or to alleviate pain.

If I have been diagnosed as pregnant, and that diagnosis is known to my physician, this declaration shall have no force or effect during my pregnancy.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Printed Declarant Name

\_\_\_\_\_  
City, County and State of Residence

The declarant voluntarily signed this writing in my presence. I am not a health care provider, an employee of a health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, or an employee of an operator of a residential care facility for the elderly.

\_\_\_\_\_  
Signature of Witness of Declarant

\_\_\_\_\_  
Printed Witness Name

\_\_\_\_\_  
City, County and State of Residence

The declarant voluntarily signed this writing in my presence. I am not entitled to any portion of the estate of the declarant upon his or her death under any will or codicil thereto of the declarant now existing or by operation of law. I am not a health care provider, an employee of a health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, or an employee of an operator of a residential care facility for the elderly.

\_\_\_\_\_  
Signature of Witness of Declarant

\_\_\_\_\_  
Printed Witness Name

\_\_\_\_\_  
City, County and State of Residence

# Personal Medical Information

Emergency Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Physicians	Specialty	Phone
------------------	-----------	-------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Major Illness/Surgery	Date	Attending Physician
-----------------------	------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Pursuant to the Uniform Anatomical Gift Act (Section 7150, Health and Safety Code), I hereby elect upon my death the following options:

- A  To donate any organ or part
- B  To donate a pacemaker (date implanted): \_\_\_\_\_
- C  To donate parts or organs listed: \_\_\_\_\_
- D  To not donate any parts, organs or pacemaker.

## Chapter 4: Powers of Attorney—Financial and General Purpose

If you are incapacitated or traveling, you might need someone to act as your agent in your absence or to handle certain aspects of your life. To appoint someone to act for you, you give them your “power of attorney.” This grants another person the authority to act on your behalf and to administer your personal affairs.

A power of attorney (POA) is a legal document that allows another to conduct business, personal, or legal actions on your behalf (such as selling a house or a car) and can be either special (usually connected with a single transaction or event) or general (total power over another’s legal affairs). Your attorney-in-fact may make binding financial decisions on your behalf.

There are three basic types of powers of attorney: general, special, and medical (health care). **Medical POAs are covered on pages 53-54 of this guide.**

No law specifies that you *must* give someone else power of attorney at any point. But others generally cannot act for you in legal matters without it, so if you could become unable to act for yourself due to an injury or travel, you should consider appointing a power of attorney.

### General Power of Attorney

A general power of attorney allows you to appoint another person to act on your behalf if you are incapacitated. It authorizes your appointed representative to handle your business, legal, and/or personal affairs. This might include selling your car or home, paying bills, or making decisions about your business or your investments.

A general POA gives your agent the right to obligate you in a variety of transactions (such as to buy and sell property, liquidate bank accounts, and purchase items on credit). Actions taken under authority of a general power of attorney are treated as if you yourself actually made the transaction. In other words: **WARNING!** Your agent could obligate you in a way you did not wish for, and you are liable for their transactions. Choose your agent carefully!

### Special Power of Attorney

A special power of attorney is a limited power of attorney that only authorizes your agent to act for you in order to accomplish a specific purpose. This POA can be written to fit individual needs on a one-time basis, or for a limited period of time.

Examples include registering or selling your automobile or house, paying your taxes, obtaining medical care for your children, and/or writing checks. The authority of the attorney-in-fact is spelled out in the document, narrowly defining the areas in which you allow your agent to obligate you.

A real estate power of attorney must state that you specifically authorize your attorney-in-fact to enter into a sales contract on your behalf, and should state that he or she is empowered to sell only that specific property.

## Durable Power of Attorney

The “grantor” of a POA can only grant such authorization when he/she still has the mental capacity required to do so. If you lose this capacity (say, from Alzheimer’s disease or a head injury in a car crash) at any time after the POA has been created, the document may cease to be effective and enforceable *unless you specifically state in that POA that you wish the document to remain in effect if you become incapacitated*. This type of POA is commonly referred to as a durable power of attorney. Under a durable power of attorney, the authority of your appointee to make decisions on your behalf continues until your death.

It is important to note that if someone is *already* incapacitated, it is not possible for that person to sign and/or execute a valid power of attorney. A person must have capacity in order to validly sign legal documents, including a power of attorney. If a person does not have the capacity to execute a power of attorney (and does not already have a durable power of attorney in place), often the only way for another party to act on their behalf is to have a court impose a conservatorship.

## Revoking a Power of Attorney

A power of attorney is automatically revoked: (1) upon your death, (2) when the termination date specified in the document arrives, or (3) when you affirmatively revoke or terminate the power of attorney and thus your agent’s powers.

To prevent misuse of a previously granted power of attorney, destroy all copies of the document, including any copies held by the person you appointed to act for you. To protect yourself, notice of the revocation should also be provided to your creditors.

If you are concerned about misuse, you can limit the period that the power of attorney is in effect to the absolute minimum necessary to accomplish the task.

A POA can be written up by you (it must be notarized) or drawn up by an attorney. Your bank may have its own Financial Power of Attorney that allows a representative to manage the finances to pay for a funeral, memorial service, and other immediate household expenses and routine bills.

# Chapter 5:

## Finances, Bills, Advisors and Assets

These pages can be used to identify the specific details of your personal finances. These pages will help you provide details on bank accounts, automatic deposits/withdrawals, safety deposit boxes, investments/securities, annuities, credit cards, vehicle information, real estate and mortgage information, other loans, business interests, and other assets.

The advent of online banking mean that many people no longer elect to receive paper copies of documents such as bank statements, investment accounts, or other financial information. To avoid any account getting lost or falling through the cracks, it is helpful to make a list of assets and property.

You can help your survivors by listing your key advisors and important people with whom you do business to be notified in the event of your death. It makes settling your affairs much easier if they know where to go to find your information.



# Advisor Summaries

**Accountant:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

.....

**Bookkeeper:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

.....

**Personal Attorney:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

.....

**Business Attorney:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

.....

**Investment Advisor:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

## Bank/Credit Union Accounts

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Signers on Account: \_\_\_\_\_

Type of Account:  **Joint**  **Individual**  **Checking**  **Savings**  **CD**

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Signers on Account: \_\_\_\_\_

Type of Account:  **Joint**  **Individual**  **Checking**  **Savings**  **CD**

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Signers on Account: \_\_\_\_\_

Type of Account:  **Joint**  **Individual**  **Checking**  **Savings**  **CD**

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Signers on Account: \_\_\_\_\_

Type of Account:  **Joint**  **Individual**  **Checking**  **Savings**  **CD**

Location of Checkbooks: \_\_\_\_\_

## Bank/Credit Union Accounts

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Signers on Account: \_\_\_\_\_

Type of Account:  **Joint**  **Individual**  **Checking**  **Savings**  **CD**

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Signers on Account: \_\_\_\_\_

Type of Account:  **Joint**  **Individual**  **Checking**  **Savings**  **CD**

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Signers on Account: \_\_\_\_\_

Type of Account:  **Joint**  **Individual**  **Checking**  **Savings**  **CD**

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Signers on Account: \_\_\_\_\_

Type of Account:  **Joint**  **Individual**  **Checking**  **Savings**  **CD**

Location of Checkbooks: \_\_\_\_\_

# Automatic Deposits

Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_

.....  
Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_

.....  
Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_

## Automatic Withdrawals/Monthly Bills

Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_

.....  
Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_

.....  
Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_

## Automatic Withdrawals/Monthly Bills

Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_

.....  
Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_

.....  
Depositing/Withdrawing Co: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Bank Name: \_\_\_\_\_

Acct. Name: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Purpose of Deposit/Withdrawal: \_\_\_\_\_

Amount of Deposit/Withdrawal: \_\_\_\_\_





## Investments/Securities

Account Name: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

Company/Brokerage Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Company/Person if no Broker: \_\_\_\_\_

Account Name: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

Company/Brokerage Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Company/Person if no Broker: \_\_\_\_\_

## Investments/Securities

Account Name: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

Company/Brokerage Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Company/Person if no Broker: \_\_\_\_\_

Account Name: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

Company/Brokerage Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Company/Person if no Broker: \_\_\_\_\_

## Investments/Securities

Account Name: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

Company/Brokerage Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Company/Person if no Broker: \_\_\_\_\_

Account Name: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

Company/Brokerage Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Company/Person if no Broker: \_\_\_\_\_

## Investments/Securities

Account Name: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

Company/Brokerage Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Company/Person if no Broker: \_\_\_\_\_

Account Name: \_\_\_\_\_

Type of Investment: \_\_\_\_\_

Account/Certificate Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Location of Certificate: \_\_\_\_\_

Company/Brokerage Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Contact Company/Person if no Broker: \_\_\_\_\_

## Individually Held Stocks and Bonds

It's advisable to consolidate individually held stocks and bonds with other investments through a financial advisor, if possible. If there are individually held stocks or bond certificates that are *not* part of your investment accounts/portfolios as identified on the previous pages, they should be noted here.

Stock: \_\_\_\_\_

Company listed on the stock certificate: \_\_\_\_\_

Number of shares: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Owner of the shares: \_\_\_\_\_

Location: \_\_\_\_\_

Stock: \_\_\_\_\_

Company listed on the stock certificate: \_\_\_\_\_

Number of shares: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Owner of the shares: \_\_\_\_\_

Location: \_\_\_\_\_

Stock: \_\_\_\_\_

Company listed on the stock certificate: \_\_\_\_\_

Number of shares: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Owner of the shares: \_\_\_\_\_

Location: \_\_\_\_\_

Stock: \_\_\_\_\_

Company listed on the stock certificate: \_\_\_\_\_

Number of shares: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Owner of the shares: \_\_\_\_\_

Location: \_\_\_\_\_

## Individually Held Stocks and Bonds

Bond: \_\_\_\_\_

Type of bond:  US savings  Municipal  Corporate  Treasury Bill

Owner: \_\_\_\_\_

Face value: \_\_\_\_\_ Expiration/maturity: \_\_\_\_\_

Location: \_\_\_\_\_

Bond: \_\_\_\_\_

Type of bond:  US savings  Municipal  Corporate  Treasury Bill

Owner: \_\_\_\_\_

Face value: \_\_\_\_\_ Expiration/maturity: \_\_\_\_\_

Location: \_\_\_\_\_

Bond: \_\_\_\_\_

Type of bond:  US savings  Municipal  Corporate  Treasury Bill

Owner: \_\_\_\_\_

Face value: \_\_\_\_\_ Expiration/maturity: \_\_\_\_\_

Location: \_\_\_\_\_

Bond: \_\_\_\_\_

Type of bond:  US savings  Municipal  Corporate  Treasury Bill

Owner: \_\_\_\_\_

Face value: \_\_\_\_\_ Expiration/maturity: \_\_\_\_\_

Location: \_\_\_\_\_

# Annuities

If you are receiving any kind of regular monthly payment, such as a pension or benefit, please note it here.

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Annuitant: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Original Deposit: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Annuitant: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Original Deposit: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Annuitant: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Original Deposit: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Annuities

If you are receiving any kind of regular monthly payment, such as a pension or benefit, please note it here (*continued*).

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Annuitant: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Original Deposit: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Annuitant: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Original Deposit: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Annuitant: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Original Deposit: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Credit Cards

Card Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name(s) on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Location of Card(s): \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

Card Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name(s) on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Location of Card(s): \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

Card Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name(s) on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Location of Card(s): \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

# Credit Cards

Card Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name(s) on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Location of Card(s): \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

Card Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name(s) on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Location of Card(s): \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

Card Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name(s) on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Location of Card(s): \_\_\_\_\_

Authorized Signers: \_\_\_\_\_

## Vehicle/RV/Boat Information

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Location of Title: \_\_\_\_\_

Lender/Lease Holder: \_\_\_\_\_ Loan #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Location of Title: \_\_\_\_\_

Lender/Lease Holder: \_\_\_\_\_ Loan #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

## Vehicle/RV/Boat Information

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Location of Title: \_\_\_\_\_

Lender/Lease Holder: \_\_\_\_\_ Loan #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Location of Title: \_\_\_\_\_

Lender/Lease Holder: \_\_\_\_\_ Loan #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

# Real Estate and Mortgage Information

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Owners: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Title/Trust Deed Location: \_\_\_\_\_

First Mortgage: \_\_\_\_\_ Loan #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Second Mortgage: \_\_\_\_\_

Loan #: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Property Management Company: \_\_\_\_\_

Property Management Address: \_\_\_\_\_

Property Management Phone: \_\_\_\_\_

Are there liens on the property?  Yes  No *(if so, include documents)*

Is the property:  **primary residence**,  **secondary residence**  **rented**  **vacant**  **commercial**

*Attach rental agreements, mortgage documents, and any other related papers.*

# Real Estate and Mortgage Information

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Owners: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Title/Trust Deed Location: \_\_\_\_\_

First Mortgage: \_\_\_\_\_ Loan #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Second Mortgage: \_\_\_\_\_

Loan #: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Property Management Company: \_\_\_\_\_

Property Management Address: \_\_\_\_\_

Property Management Phone: \_\_\_\_\_

Are there liens on the property?  Yes  No *(if so, include documents)*

Is the property:  **primary residence**,  **secondary residence**  **rented**  **vacant**  **commercial**

*Attach rental agreements, mortgage documents, and any other related papers.*

# Home Improvement Projects

Include information about your home improvement projects such as when the kitchen was renovated, the roof was replaced, or the new sprinkler system was installed. Other helpful information might be about the water heater, home warranty, or other maintenance. This can be useful if someone must sell your home or other property for you or your family.

FOR PROPERTY AT:

Address: \_\_\_\_\_  
*Street City State Zip*

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

# Home Improvement Projects

FOR PROPERTY AT:

Address: \_\_\_\_\_  
*Street City State Zip*

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Improvement: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Cost: \_\_\_\_\_

## Retirement Plans

Retirement accounts may include plans, pensions and 401(k)s, 403(b)s, IRAs (both Roth and traditional), military pensions, and Social Security.

Name of Plan: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Retiree: \_\_\_\_\_

Date Withdrawals MAY Begin (age 59-1/2) \_\_\_\_\_

Date Withdrawals MUST Begin (Age 70-1/2) \_\_\_\_\_

Beneficiary (if any): \_\_\_\_\_

Person(s) with Access to Account: \_\_\_\_\_

Location of Documents: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Retirement Plans

Retirement accounts may include plans, pensions and 401(k)s, 403(b)s, IRAs (both Roth and traditional), military pensions, and Social Security.

Name of Plan: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Retiree: \_\_\_\_\_

Date Withdrawals MAY Begin (age 59-1/2) \_\_\_\_\_

Date Withdrawals MUST Begin (Age 70-1/2) \_\_\_\_\_

Beneficiary (if any): \_\_\_\_\_

Person(s) with Access to Account: \_\_\_\_\_

Location of Documents: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Retirement Plans

Retirement accounts may include plans, pensions and 401(k)s, 403(b)s, IRAs (both Roth and traditional), military pensions, and Social Security.

Name of Plan: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Retiree: \_\_\_\_\_

Date Withdrawals MAY Begin (age 59-1/2) \_\_\_\_\_

Date Withdrawals MUST Begin (Age 70-1/2) \_\_\_\_\_

Beneficiary (if any): \_\_\_\_\_

Person(s) with Access to Account: \_\_\_\_\_

Location of Documents: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Retirement Plans

Retirement accounts may include plans, pensions and 401(k)s, 403(b)s, IRAs (both Roth and traditional), military pensions, and Social Security.

Name of Plan: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name of Retiree: \_\_\_\_\_

Date Withdrawals MAY Begin (age 59-1/2) \_\_\_\_\_

Date Withdrawals MUST Begin (Age 70-1/2) \_\_\_\_\_

Beneficiary (if any): \_\_\_\_\_

Person(s) with Access to Account: \_\_\_\_\_

Location of Documents: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Business Interests

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone Numbers: \_\_\_\_\_

Type of Business Entity: \_\_\_\_\_ Percentage I Own \_\_\_\_\_

Position and Title Held: \_\_\_\_\_

Other Owners:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Partnership Agreement:  Yes  No Located: \_\_\_\_\_

Buy-Sell Agreement:  Yes  No Located: \_\_\_\_\_

Employment Agreement:  Yes  No Located: \_\_\_\_\_

# Employment

If you die or are incapacitated, your employer(s) must be notified. Besides being a courtesy to inform the employer that you won't be showing up, most disability or death benefits will not be paid unless your death or injury is publicly recorded with the employer and any necessary forms and claims are submitted. Your family or representative will need to let your employer(s) know the situation and become informed about the process for receiving any benefits due.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone Numbers: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Email : \_\_\_\_\_

Position and Title Held: \_\_\_\_\_ - \_\_\_\_\_

.....  
Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone Numbers: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Email : \_\_\_\_\_

Position and Title Held: \_\_\_\_\_ - \_\_\_\_\_

## Other Loans

Date of Loan: \_\_\_\_\_ Amount of Loan: \_\_\_\_\_

Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Loan Number: \_\_\_\_\_

Reason/Purpose/Use for Loan: \_\_\_\_\_

Location of Loan Agreement: \_\_\_\_\_

Date of Loan: \_\_\_\_\_ Amount of Loan: \_\_\_\_\_

Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Loan Number: \_\_\_\_\_

Reason/Purpose/Use for Loan: \_\_\_\_\_

Location of Loan Agreement: \_\_\_\_\_

Date of Loan: \_\_\_\_\_ Amount of Loan: \_\_\_\_\_

Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Loan Number: \_\_\_\_\_

Reason/Purpose/Use for Loan: \_\_\_\_\_

Location of Loan Agreement: \_\_\_\_\_

## Other Loans

Date of Loan: \_\_\_\_\_ Amount of Loan: \_\_\_\_\_

Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Loan Number: \_\_\_\_\_

Reason/Purpose/Use for Loan: \_\_\_\_\_

Location of Loan Agreement: \_\_\_\_\_

Date of Loan: \_\_\_\_\_ Amount of Loan: \_\_\_\_\_

Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Loan Number: \_\_\_\_\_

Reason/Purpose/Use for Loan: \_\_\_\_\_

Location of Loan Agreement: \_\_\_\_\_

Date of Loan: \_\_\_\_\_ Amount of Loan: \_\_\_\_\_

Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Loan Number: \_\_\_\_\_

Reason/Purpose/Use for Loan: \_\_\_\_\_

Location of Loan Agreement: \_\_\_\_\_







## Chapter 6: Insurance, Benefits, and Health Care

These pages are designed to provide the information contained in the insurance policies and benefits for you and your family.

You should list all individual and group policies, including major medical, Medicare supplements, long-term care, disability, and life insurance.

Also include information on any death benefits available from your employer, and death benefits available from your credit cards. (You can call your credit card companies for this information.) You may also have military death benefits or Social Security survivor's insurance.

You can also document major medical events, conditions, doctors, allergies and medications. Keeping these records for easy reference can help your family in times of major medical crisis as well as your death.

In many cases, you may have insurance through banks, credit cards, and employee programs that your beneficiaries could have a hard time finding in your absence. Include copies of any life insurance coverage that may be included with associations through credit cards, credit unions, workplace plans, privately held insurance, or any other plans.



**MARY'S SUGGESTION:** Once you have all of your insurance papers together, PLEASE review them to make sure that you have the right person designated as your beneficiary. Many people make a designation when they first get the policy, but then don't remember to update the beneficiaries when circumstances change. Sadly, the wrong person gets paid more often than you might think.







# Life Insurance

Policy Owner: \_\_\_\_\_

Person Insured: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Policy #: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Location of Original: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Additional Information: \_\_\_\_\_

.....  
Policy Owner: \_\_\_\_\_

Person Insured: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Policy #: \_\_\_\_\_

Insurance Agent.: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Location of Original: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Additional Information: \_\_\_\_\_

# Life Insurance

Policy Owner: \_\_\_\_\_

Person Insured: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Policy #: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Location of Original: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Additional Information: \_\_\_\_\_

.....  
Policy Owner: \_\_\_\_\_

Person Insured: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Policy #: \_\_\_\_\_

Insurance Agent.: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Location of Original: \_\_\_\_\_

Location of Copies: \_\_\_\_\_

Additional Information: \_\_\_\_\_

# Disability Insurance

Insured: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Policy #: \_\_\_\_\_

Monthly Benefit Amount: \_\_\_\_\_

Waiting Period: \_\_\_\_\_

Benefit Period: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Additional Information: \_\_\_\_\_

.....  
Insured: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Policy #: \_\_\_\_\_

Monthly Benefit Amount: \_\_\_\_\_

Waiting Period: \_\_\_\_\_

Benefit Period: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Additional Information: \_\_\_\_\_

# Long-Term Care Insurance

Insured: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Policy #: \_\_\_\_\_

Daily Benefit Amount: \_\_\_\_\_

Benefit Period: \_\_\_\_\_

Elimination Period: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Additional Information: \_\_\_\_\_

.....  
Insured: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Insurance Policy #: \_\_\_\_\_

Daily Benefit Amount: \_\_\_\_\_

Benefit Period: \_\_\_\_\_

Elimination Period: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Additional Information: \_\_\_\_\_

# Social Security

Social Security provides survivor's insurance in addition to retirement benefits. Most surviving spouses who are age 65 or older receive 100% of a worker's basic benefit when the worker-spouse dies. Death benefits may also be paid to the surviving spouse as long as he or she is caring for a child beneficiary who is under 16 or disabled.

Benefits need to be applied for as soon as possible following a death. To apply for Social Security death benefits, you will need the following—detail the location(s) of each of these *original* documents below. More information is at [www.ssa.gov](http://www.ssa.gov) .

- Death Certificate
  
- Marriage License
  
- Divorce papers from deceased, if applicable
  
- Birth certificates for deceased, spouse and children
  
- Military discharge papers
  
- Income tax returns for previous TWO years
  
- Social Security Numbers for parents and child(ren)

## Military Service Retirement Information

This information is needed to collect military death benefits. It is also needed to take advantage of burial at a veteran's cemetery at no cost (*see next section: MEMORIAL*), which you have a right to if you are retired military personnel.

See [www.vba.va.gov/bin/dependents/index.htm](http://www.vba.va.gov/bin/dependents/index.htm) for more information.

Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Location of DD-214: \_\_\_\_\_

Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Location of DD-214: \_\_\_\_\_

Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Location of DD-214: \_\_\_\_\_

## Miscellaneous Death Benefits

List any life insurance coverage that may be included with your associations through credit cards, banks, credit unions, employers, or any other plans not covered on the previous pages.

Type of Coverage: \_\_\_\_\_

Source of Coverage: \_\_\_\_\_

Account No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Benefit: \_\_\_\_\_

Location of Policy.: \_\_\_\_\_

Additional Information.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Source of Coverage: \_\_\_\_\_

Account No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Benefit: \_\_\_\_\_

Location of Policy.: \_\_\_\_\_

Additional Information.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Chapter 7:

## Memorial, Burial, Remembrances

It's natural to not want to think about your own memorial service. However, knowing what you want eases the burden on your family and friends left behind. So does thinking ahead about what the people you love will need to do after you die. Making these decisions and then clearly documenting them will help your survivors.

Even though your survivors are grieving, shocked, in pain, and vulnerable, they will in fact have to make choices and deal with issues. You can't spare your loved ones all the pain of your loss, but you can spare them any unnecessary extra anguish from decision-making without knowledge of what you wanted, and exhausting searches for material and information. The last thing you want is for your grieving loved ones to have *extra* work, indecision, confusion or frustration at such a challenging time.

When you fill in this section, your loved ones will know your wishes and plans.

It is possible to make many pre-arrangements so that your survivors don't have to do that work. You can pre-plan and even prepay for any kind of memorial or funeral service (and leave the information for your loved ones). Cemetery plots can be purchased. You can even choose headstones and their wording and provide obituary information.

**NOTE:** If you are a military veteran, you are allowed burial at a veteran's cemetery at no cost. ([www.va.gov](http://www.va.gov))

.....  
Buried or cremated?     Burial     Cremation

Prepaid funeral services?     Yes     No

Prepaid burial plot?     Yes     No

## Funeral or Memorial Service – Burial

Type of Service: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Person to Officiate: \_\_\_\_\_ Phone: \_\_\_\_\_

*Also to include in service:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Open casket       Closed Casket

If open, where to be viewed: \_\_\_\_\_

Clothes to be worn: \_\_\_\_\_

Jewelry to be worn: \_\_\_\_\_

Spiritual and/or literary passages to be read: \_\_\_\_\_ by whom: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Music to be played: \_\_\_\_\_ by whom: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Song(s) to be sung: \_\_\_\_\_ by whom: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flowers:  Yes  No

What kind? \_\_\_\_\_

In lieu of flowers, I wish contributions be made to the following organizations in my name:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

I would like to be buried at: \_\_\_\_\_

I have purchased a cemetery lot located in: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Lot No.: \_\_\_\_\_ Block No. \_\_\_\_\_ Section: \_\_\_\_\_

Location of Deed: \_\_\_\_\_

# Funeral or Memorial Service – Cremation

Type of Service: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Person to Officiate: \_\_\_\_\_ Phone: \_\_\_\_\_

*Also to include in service:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Spiritual and/or literary passages to be read: \_\_\_\_\_ by whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Music to be played: \_\_\_\_\_ by whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Song(s) to be sung: \_\_\_\_\_ by whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Pallbearers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

# Reception

I would like a reception held at:

Location: \_\_\_\_\_

Address: \_\_\_\_\_

I would like:

- Snacks    Hors d'oeuvres    Full dinner    Lunch    Buffet  
 Open bar    Cash bar

Music to be played:

by whom:

_____	_____
_____	_____
_____	_____

Song(s) to be sung:

by whom:

_____	_____
_____	_____
_____	_____

Special Instructions/Desires:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are funds designated for funeral and reception costs in will/trust?

- Yes    No



# Publications

List below the publications in which you want your obituary to appear. You may want to include local newspapers, home town newspapers, alumni associations, and professional publications.

Publication Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Publication Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Publication Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Publication Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

**Notes:**

## Chapter 8: Disaster Plan

These pages will help you outline your family plans in the event of a disaster such as a fire, flood, earthquake, or hurricane. Since you may have no warning when a disaster strikes, it is possible you will not be with your loved ones at this critical time.

You can map out specific plans for your family to follow in a disaster. For example, in the event of a fire, each family member should know the quickest route to safety from each room. Or if an earthquake occurs while your children are at school, a plan should be in place for picking them up and meeting the rest of the family. Each plan should also consider the safety of your pets. Everyone should have a role during a crisis, and should be aware of what it is beforehand.

A disaster plan can also include priorities for what items should be taken from the home in the event that it is threatened. This might include photo albums, cash, jewelry and important papers.

Consider including an out-of-town friend or relative into your plans to facilitate communications. Calling within an immediate disaster area is often impossible, while calling outside the area is sometimes possible. Send a copy of your plans to any out-of-town contact people you designate.



# Primary/General Disaster Plan

Master Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Out-Of-Area Contact: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

Secondary Out-Of-Area Contact: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

Neighbor: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street City State Zip*

Neighbor: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street City State Zip*

## Locations of Items in Case of Disaster

Location of:

Extra house key: \_\_\_\_\_

Electrical breaker box: \_\_\_\_\_

Water shutoff: \_\_\_\_\_

Gas Shutoff: \_\_\_\_\_

Emergency Supplies: \_\_\_\_\_

Alarm System Box: \_\_\_\_\_ Code: \_\_\_\_\_

Other: \_\_\_\_\_

# Fire, Flood, Earthquake, Hurricane Disaster Plan

Basic Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Safety/Escapes Routes (in order of safety/importance):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rendezvous Points (where to meet after escape/disaster—if all home):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rendezvous Points (where to meet after escape/disaster—if NOT home):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disaster Plan *continued*

What to take from the house IF there is time :

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Family member roles (in case of disaster, who is responsible for...):

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What family members who aren't home at the time should do:

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What to do if we can't reach others by phone:

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Where do the pets go?

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# Chapter 9:

## Computers, Checklists, Passwords and Resources

This is a section of resources for support as you organize your records, papers, and passwords.

It includes:

- A master passwords list you can fill in, using a handy matrix grid.
- A checklist of the resources referenced in this workbook, plus some extras, to help you see in one place the list of all that's required and to track the parts and pieces discussed in the other chapters. The checklist allows you to see what you've gathered and what action is still outstanding to complete this project.
- A list of outside resources with phone numbers and websites that provide further support for some of the issues, concerns, and questions you may have with specific topics or areas.
- There are free copies of this checklist and other resources at [www.organize-you.com](http://www.organize-you.com)!





# Checklist

## In Case of Emergency, Break Glass!

One of the most frustrating aspects of settling an estate is trying to track down all the important papers. This checklist supports the actual organizing of the documents that may be hard to find in case of emergency. You can use this checklist as a companion along with the workbook, or as a standalone piece to help you gather all your material. Much more detail is found in the workbook sections.

It is recommended that copies of important papers be kept in your Life Binder or this workbook. If you have important papers in other locations, it is important to annotate their location. If items do not apply, note NA (Not Applicable) so that your survivors do not waste time looking for documents that do not exist.

- Letter of Instruction
  - Child care form (1 for each child)
  - Senior care form (1 for each person)
  - Pet care form (1 for each pet)
  
- Contacts
  - Family
  - Friends
  - Who to call first?
  - Personal representative
  - Emergency
  
- Will - 1 for each person
  
- Trust (can be for individual or couple)
  
- Powers of Attorney - Durable
  - General
  - Financial (for each financial institution)
  
- Health care directives
  - End of Life Care
  - Do Not Resuscitate (DNR), if applicable
  
- Personal Medical Information

- Advisors - (spiritual, financial, legal, medical, accounting, other)
- Finances - (bank accounts, credit cards, investments, securities, 401(k), IRAs, loans)
- Retirement - (pensions, annuities, VA benefits, military retirement, Social Security)
- Social Security death benefits
- Real estate - (location, mortgage, rental and landlord information)
- Home improvement records
- Vehicle information (title, loan) - Car, Boat, Plane
  
- Insurance – policy numbers, beneficiaries, location
  - Life insurance
  - Long-term health care
  - Short-term disability
  - Long-term disability
  - Homeowner/renter
  - Car insurance
  
- Memorial Instructions/Preferences
  - Church/Synagogue/Mosque/Temple
  - Service instructions (readings, songs, pallbearers, eulogy, spiritual leader)
  - Obituary
  - Publications
  
- Funeral Arrangements
  - Prepaid plot
  - Prepaid casket
  - Cemetery
  - Cremation versus burial
  - Spiritual advisor
  - Military honors
  
- Reception Details

- Employment information
- Volunteer position information
- Disaster Plan
  
- Employees (personal)
  - Cleaning service
  - In-home care service
  - Personal assistant
  - Others
  
- Utilities/Bills (to be paid or cancelled)
  - Gas
  - Electric
  - Phone
  - Cell phone
  - Cable
  - Internet
  - Water
  - Trash
  
- Important Miscellaneous Papers/Documents
  - Marriage License
  - Divorce Papers
  - Separation Agreements
  - Death certificates
  - Adoption papers
  - Birth certificates
  - Citizenship papers
  - Social Security card (copy of)
  - Health care cards
  - Military records (DD-214)
  
- Passwords
  - Computer
  - Emails
  - Email accounts
  - Websites

# RESOURCES

## Mary's List of Helpful Resources *(not all-inclusive, and the websites may change)*

American Association of Retired Persons  
[www.AARP.org](http://www.AARP.org)

American Cancer Society  
[www.cancer.org](http://www.cancer.org)  
*Dedicated to helping people who faced cancer.*

American Widow Project  
[www.Americanwidowproject.org](http://www.Americanwidowproject.org)  
*Founded in 2007, provides peer support for new generation of military widows.*

Burial Benefits and Military Funeral Honors for veterans  
[www.cem.va.gov](http://www.cem.va.gov)

Compassionate Friends  
[www.compassionatefriends.org](http://www.compassionatefriends.org)  
*Deals with issues and provides resources for family members affected by the death of a child at any age; works with both parents and siblings.*

Death and Dying  
[www.mentalhelp.net](http://www.mentalhelp.net)  
*Dying is a natural part of existence, yet for many Americans death is a taboo topic. Learn about the stages of grief, how to grieve, how to prepare and how to cope.*



MARY'S NOTE: GOOD SITE.

The Seven Stages of Grief  
[www.recover-from-grief.com/7-stages-of-grief.html](http://www.recover-from-grief.com/7-stages-of-grief.html)

Grief: Loss of a Loved One  
[www.MedicineNet.com/loss-grief-and-bereavement/article.html#](http://www.MedicineNet.com/loss-grief-and-bereavement/article.html#)



### Grieving Parents

[www.grievingparents.com](http://www.grievingparents.com)

*For parents/grandparents who have lost a child/grandchild, including grief counseling remembrance and resources.*

### Military Survivors—Death During Military Service

[www.vba.va.gov/survivors/agencies.htm](http://www.vba.va.gov/survivors/agencies.htm)

### Military Survivors and Dependent Benefits—Death After Military Service

[www.vba.va.gov/bin/dependents/index.htm](http://www.vba.va.gov/bin/dependents/index.htm)

### My Adult Sibling Grief

[www.myadultsiblinggrief.com](http://www.myadultsiblinggrief.com)

*Online forum dedicated to helping siblings cope with the loss of a brother or sister.*

### National Hospice and Palliative Care Organization

[www.nhpc.org](http://www.nhpc.org)

**Committed to improving end-of-life care and providing support to family and loved ones.**

### Pet Loss

[www.petloss.com](http://www.petloss.com)

*A gentle and compassionate website for pet lovers who are grieving the death or illness of their pet.*

### Social Security Administration—How to report a death and request benefits

[www.ssa.gov/pgm/survivors.htm](http://www.ssa.gov/pgm/survivors.htm)

## ABOUT *Mary Kelly, PhD*

**Mary Kelly, PhD** is the CEO of Productive Leaders, a consulting firm specializing in professional speaking and business training for education, government, and private organizations. A popular TV and radio guest, Mary has been featured in *Money Magazine*, *Yahoo Finance*, *Men's Health*, *Entrepreneur*, and over 400 other periodicals.



A speaker, trainer, consultant, coach, and emcee, Mary conducts programs all over the world (she loves to travel!) and enjoys working with people to improve effectiveness and productivity. A Navy veteran, she retired from active duty with specialties in logistics, intelligence, and human resources.

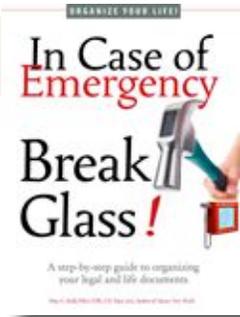
Mary is the author of the award-winning *Master Your World: 10 Dog-Inspired Lessons to Improve Productivity, Profits and Communication*, as well as *360 Degrees of Leadership: Steering Around the Icebergs*; *Stop the Barking*; *Money Smart: How Not To Buy Cat Food When You Don't Have A Cat*, and *15 Ways to Grow Your Business in Every Economy*.

Mary's books are available at [www.ProductiveLeaders.com](http://www.ProductiveLeaders.com), along with more information about her professional programs and speaking topics. You can also sign up to keep in touch by receiving her free monthly newsletter.

Mary has been a professor of economics and leadership for over 20 years for Hawaii Pacific University, the U.S. Naval Academy, and the U.S. Air Force Academy. She also serves as the Head Coach of the Air Force Academy's Equestrian Team.

Updates to this guide, along with free forms and the checklist for *In Case of Emergency, Break Glass!*, is at [www.Organize-You.com](http://www.Organize-You.com).

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719-357-7360



# Order Form

## *In Case of Emergency*

Three ways to order more of this workbook, and/or Mary Kelly's companion books:

1. **WEBSITE:** [www.ProductiveLeaders.com](http://www.ProductiveLeaders.com)
2. **Email:** [Mary@ProductiveLeaders.com](mailto:Mary@ProductiveLeaders.com)
3. **Clip or copy and mail** this form to address below.

### WORKBOOK Pricing:

\$29.95 per bound workbook

\$39.95 for tabbed manual (deluxe three-hole punched version with tabs and labeled folders)

\$4 shipping and handling for first book ordered.

For each additional book, add \$2 per book for shipping and handling.

### DVD/CD Pricing:

19.95 per DVD, plus \$2 shipping

19.95 per two-CD set, plus \$2 shipping

Add \$2 shipping and handling for each CD or DVD ordered.

Item	Cost Each	x Quantity	=	Total Due
CD	_____	_____		_____
DVD	_____	_____		_____
WORKBOOK	_____	_____		_____
Shipping & Handling <i>(per above)</i> <i>(Priority Mail via U.S. Postal Service)</i>	_____	_____		_____
		<b>GRAND TOTAL</b>		_____

### Payment:

Make checks payable in U.S. dollars to Mary Kelly and mail to:

**P.O. Box 461350 Denver, CO 80246 719-357-7360**

Complete the information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Mary C. Kelly created this guide for her friends and family, and she hopes it helps you too! Mary spent 21 years on active duty in the U.S. Navy and now helps business improve profit growth. A professor, author, and keynote speaker, Mary can be reached at [Mary@ProductiveLeaders.com](mailto:Mary@ProductiveLeaders.com).

## A Note from Mary:



Thank you for taking the time to organize the legal and necessary paperwork of your life. Gathering all your documents in one central place is more important to the people left behind than most of us realize—until it's too late.

Being organized is a gift that you leave to your family and friends. Thank you again!

**Note:** The checklist, along with other helpful information, is available as a free download at [www.organize-you.com](http://www.organize-you.com).

[Mary@ProductiveLeaders.com](mailto:Mary@ProductiveLeaders.com)  
[www.Organize-You.com](http://www.Organize-You.com)

# Simplify the process of organizing and understanding your most important documents!

We all know we need a will.

What other paperwork do your friends and family need if something happens to you? This workbook is a step-by-step guide to make sure those closest to you know what to do

- In the event of an evacuation or natural disaster, can you grab all of your important papers in less than 90 seconds?
- Can someone pick up your child or your mom if you cannot?
- Does your family know the specifics of your wishes?
- Who takes care of the dog or cat if you don't make it home?

## TOPICS INCLUDE:

Letters of Instruction  
Wills  
Trusts  
Powers of Attorney  
Health Care Directives  
Financial Organization  
Insurance Considerations  
Memorial Details  
Caring for Children, Parents, and Pets



Make your family's most difficult times easier by being organized!



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