

Don't Wait to Ask These Important Questions*

It's human nature to put off complicated or emotionally heavy tasks. Talking about finances, health, and overall well-being might fall in this category. Many adults would rather avoid this task, as it can create feelings of fear and loss. But this step -what could be the first of many -is too important to put off for long. The best time to start is when you are relatively healthy. Otherwise, you may find someone making critical decisions on your behalf in the midst of a crisis without a roadmap.

Here are some questions to ask that might help you get started.

Finances

1. What institutions hold your financial assets?

ACTION: Create a list of their bank, brokerage, and retirement accounts, including:

- account numbers,
- name(s) on accounts,
- and online user names and passwords, if any.

2. Know location of:

- insurance policies (life, home, auto, disability, long-term care)
- Social Security cards
- titles to house and vehicles
- outstanding loan documents
- past tax returns

3. If you have a safe-deposit box or home safe, make sure someone knows how to access with the key or combination.

4. Monthly Bills / Credit Card Statements

- Include information about paying monthly bills or reviewing items like credit card statements, medical receipts, or property tax bills.
- Do you use online bill pay for any accounts? Write down usernames, passwords, and website address for access.

5. Do you currently work with any financial, legal, or tax professionals? If so, list their contact information and whether they would find it helpful if you would be added to the emergency list.

6. Do you have a durable power of attorney? A durable power of attorney is a legal document that allows a named individual (such as a spouse or adult child) to manage all aspects of your financial life if you should become disabled or incompetent.

7. Do you have a will?

- Let responsible parties know its location (and how to access, if applicable)
- Who is named as executor?
- If the will is more than five years old, you may want to review it to make sure your current wishes are represented. Confirm if you have any specific personal property disposition requests that you want to discuss now

8. Are your beneficiary designations up-to-date on the following?

- insurance policies
- pensions
- IRAs
- Investment accounts directions will trump any instructions in your will.

9. Do you have an overall estate plan? A trust? A living trust can be used to help manage an estate while you are still living. If you'd like to learn more, consult an estate planning attorney.

Health

- List your doctors and their contact info. Are you happy with the care you're getting?
- What medications are you currently taking? At what pharmacy do you get your prescriptions filled? Are you able to manage various dosage instructions? Do you have any notable side effects?
- What health insurance do you have?
 - In addition to Medicare, which starts at age 65, should you consider Medigap insurance - a private policy that covers many costs not covered by Medicare
- You may also want to discuss the need for long-term care insurance, which helps pay for extended custodial or nursing home care.
 - Do you have an advance medical directive? This document expresses your wishes regarding life-support measures, if needed, and designates someone who will communicate with health-care professionals on your behalf. If you do not want heroic life-saving measures to be undertaken, this document is a must.

Living Situation

- Do you plan to stay in your current home for the foreseeable future, or are you considering downsizing?

- Is there anything you can do now to make your home more comfortable and safe?
 - This might include small projects such as;
 - installing hand rails and night lights in the bathroom
 - Or large projects such as;
 - moving the washing machine out of the basement,
 - installing a stair lift, or
 - moving a bedroom to the first floor
- Could you benefit from a weekly, bi-weekly, or monthly cleaning service?
- Do you employ certain people or companies for home maintenance projects (e.g., heating contractor, plumber, electrician, fall cleanup)?

Memorial Wishes

- Do you want to be buried or cremated?
 - Do you have a burial or crematorium plot picked out?
 - Is the plot paid for?
 - What is the name and contact information for the cemetery?
 - What city and state is it in?
 - Do you want an object/item buried with you?
 - What do you want your headstone to read?
- Do you have any specific requests or wishes for your memorial service?
 - Special song, poem, reading, and/or scripture passage(s)?
 - Items displayed on altar or tables other than pictures?

*This was originally made for adult children to ask aging parents. However, I believe it to be very important for each of us to address.

Prepared by Broadridge Investor Communication Solutions, Inc. Copyright 2018

Who to inform of my condition in an emergency... Key contacts

Two people to contact for immediate support (Name/Phone Number)

_____	_____
_____	_____

Immediate Family to notify (Name/Phone Number)

_____	_____
_____	_____

Doctor: _____

Lawyer: _____

Financial Advisor: _____

Newspaper: _____

Post Office: _____

Cleaners: _____

Yard Work: _____

Housekeeper: _____

Vet: _____

Other: _____

Other: _____

Clubs/Groups: _____



My Vital Statistics

Name: _____
(First Middle Last)

Address: _____
(City County State Zip Code)

Sex: ___ Male ___ Female Blood Type (____) Residence Phone #: _____

Social Security Number: _____ (See enclosed sheet)

Place of Birth: _____ Date of Birth: _____
(County State Country)

Marital Status: Married _____ (Date) ___ Never Married ___ Widowed ___ Divorced

Name of Surviving Spouse: _____ (Maiden name if wife)

Usual Occupation _____ : Employer: _____

Education (highest grade completed): _____

Special Degree(s): _____

Father's Name: _____ Place of Birth: _____
(First Middle Last)

Mother's Maiden Name: _____ Place of Birth: _____
First Middle Last

Contact Person Completing Arrangements: _____
(Informant's Name):

Phone# _____ Cell# _____

ARMED FORCES INFORMATION

Branch of Service: _____ Service Serial Number: _____

Date Entered Service: _____ Place: _____

Type of Separation or Discharge from Service: _____ Date: _____

Place of Separation: _____

Location of Military Discharge Papers (DD214): _____

Highest Grade, Rank or Rating Received: _____

Wars/Conflicts Served: _____

Additional Information/Medals/Honors/Citations: _____

(See additional sheet for Veterans' Benefit Information)

MEDICAL CRISIS INFORMATION

(NOTE: Persons arriving at hospital in an ambulance receive first, priority emergency room care.)

1. Name: _____

Address: _____ Home Phone _____

Cell: _____ Email: _____

Social Security# _____ Med. Ins. _____

2. Person to notify in case of emergency: _____

Alternate: _____

3. Closest Hospital _____ ER Phone # _____

Address: _____

Specialties relating to your potential needs and preferences: _____

4. Names and Phone # of doctors & what medical treatment they provide:

5. Medication: (name, purpose, quantity taken & frequency, how long used)

6. Operations: (type, purpose, doctor, date)

7. Allergies:

8. Completed Advanced Directives- {See additional pages for descriptions)

***Note: Who has copy, location, names of designated person and alternate for:

1. Durable Power of Attorney
2. Durable Power of Attorney for Health Care
3. Directive to Physicians (Living Will)
4. Appointment of agent to control disposition of remains
5. Appointment of Guardian for adult, minor, or disabled children, or parents
6. DNR - (Do Not Resuscitate) Out of Hospital, DNR order

MEDICAL HISTORY FOR _____.

(This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.)

I have had treatment for:

Cancer: (type) _____

Tuberculosis: _____

Kidney Disorder: _____

Diabetes: _____

Circulatory Problems: _____

Heart: _____

Other: _____

Other: _____

I am allergic to the following drugs:

1. _____ 2. _____

3. _____ 4. _____

Physician: _____ Phone#: _____

Address: _____

I have a Living Will: ____ Yes ____ No

Location of document: _____

Additional Remarks:

I am an Organ Donor: ____ Yes ____ No

Additional Remarks that are important for those caring for me to know:

FINANCIAL INFORMATION

PART 1

BANKING

Bank: _____ Branch: _____

Type of Account: Checking#: _____ Savings#: _____ Money Mkt: _____

Bank: _____ Branch: _____

Type of Account: Checking#: _____ Savings#: _____ Money Mkt: _____

Bank: _____ Branch: _____

Type of Account: Checking#: _____ Savings#: _____ Money Mkt: _____

Other: _____ Branch: _____

Type of Account: Checking#: _____ Savings#: _____ Money Mkt: _____

Other: _____ Branch: _____

Type of Account: Checking#: _____ Savings#: _____ Money Mkt: _____

Other: _____ Branch: _____

Type of Account: Checking#: _____ Savings#: _____ Money Mkt: _____

Safety Deposit Location: _____

Box Number: _____ Key Location: _____

Additional Information: _____

CREDIT CARDS*

___ Visa ___ MasterCard ___ A m. Exp. ___ Discover ___ Other:

Account#: _____ Expiration Date: _____

___ Visa ___ MasterCard ___ A m. Exp. ___ Discover ___ Other:

Account#: _____ Expiration Date: _____

___ Visa ___ MasterCard ___ A m. Exp. ___ Discover ___ Other:

Account#: _____ Expiration Date: _____

___ Visa ___ MasterCard ___ A m. Exp. ___ Discover ___ Other:

Account#: _____ Expiration Date: _____

___ Visa ___ MasterCard ___ A m. Exp. ___ Discover ___ Other:

Account#: _____ Expiration Date: _____

*Numbers are recorded in case of loss or theft, as reference.

FINANCIAL INFORMATION

PART 2

LIFE INSURANCE / BENEFITS

Location of Policy/Policies: _____

Type: ___ Term ___ Whole Life ___ Universal ___ Group ___ Other: _____

Name of Company: _____ Policy#: _____ Beneficiary: _____

Type: ___ Term ___ Whole Life ___ Universal ___ Group ___ Other: _____

Name of Company: _____ Policy#: _____ Beneficiary: _____

Type: ___ Term ___ Whole Life ___ Universal ___ Group ___ Other: _____

Name of Company: _____ Policy#: _____ Beneficiary: _____

Type: ___ Term ___ Whole Life ___ Universal ___ Group ___ Other: _____

Name of Company: _____ Policy#: _____ Beneficiary: _____

Type: ___ Term ___ Whole Life ___ Universal ___ Group ___ Other: _____

Name of Company: _____ Policy#: _____ Beneficiary: _____

Type: ___ Term ___ Whole Life ___ Universal ___ Group ___ Other: _____

Name of Company: _____ Policy#: _____ Beneficiary: _____

REAL ESTATE HOLDINGS

Description: _____

Address: _____

Deed Location: _____

Description: _____

Address: _____

Deed Location: _____

Description: _____

Address: _____

Deed Location: _____

Description: _____

Address: _____

Deed Location: _____

OTHER FINANCIAL ASSETS (Mutual funds, stocks, bonds, vehicles, etc.)

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

Type/Description: _____

Location: _____

PERSONAL BEQUESTS

(Please list all family heirlooms and items of sentimental value below) *

Article	Beneficiary
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Items of financial value should also be recorded and addressed in a Will for legal assuredness.

SOCIAL SECURITY INFORMATION

Social Security Number of: _____

Number: _____ - _____ - _____.

Social Security Number of: _____

Number: _____ - _____ - _____.

Address of Nearest Social Security Office: _____

Phone#: _____

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

To facilitate receiving Social Security benefits, you will need the following when you contact your Social Security Office:

1. Social Security Number
2. Marriage License
3. Children's Birth Certificates
4. W2 for the previous two years
5. Proof of widow(er)'s age if 62 years. or older
6. Certified Copy of Death Certificate

An application for the lump sum death payments usually must be made within two years after the worker's death. Don't delay applying because you don't have all the proof of information. The people in the Social Security Office will tell you about other proof of information that can be used when you apply.

It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record.

Social Security Administration
Toll-Free Phone Number 1-800-772-1213

VETERANS' BURIAL BENEFITS

VETERANS' BURIAL ALLOWANCE:

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance.

You may be entitled to a VA burial allowance if:

- You paid for a veteran's burial or funeral AND
- You have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer AND
- The veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability OR
- The veteran was getting VA pension or compensation at the time of death OR
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR
- The veteran died in a VA hospital or while in a nursing home under VA contract.

Service-related death. The VA will pay an allowance toward burial expenses.

Non-service related death. The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

HEADSTONES AND MARKERS:

- The VA furnishes upon request, at no charge to the applicant, a Government headstone or marker to mark the unmarked grave of an eligible veteran in any cemetery around the world.
- Flat bronze, granite or marble markers and upright granite and marble headstones are available. The style chosen must be consistent with existing monuments at the place of burial. Niche markers are also available to mark columbaria used for inurnment of cremated remains.

BURIAL FLAGS:

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you will need the following when you contact the Veterans Administration Office:

- Proof of the veteran's military service (DD 214)
- Service Serial Number
- Children's Birth Certificate (if applicable)
- Marriage License (if applicable)
- Certified Copy of the Death Certificate

Veterans' Administration Toll-Free Phone number 1-800-827-1000

ADVANCED DIRECTIVES

NAME OF DIRECTIVE	WHAT IT DOES	SAMPLE WORDING
1. Durable Power of Attorney	Delegates someone to act.	"I delegate (name person*) to act for me, make decisions in your behalf on business & personal matters."
2. Durable Medical (Power of Attorney for Health Care)	Appoints someone who can request or deny medical care if you become incapacitated.	"I name (name person *) as my agent who has authority to make any & all health care decisions, in accordance with my wishes, when I am no longer capable of making them myself."
3. Directive to Physicians (Living Will)	Tells medical workers your wishes regarding life-sustaining care.	"If I have a disease or illness certified to be terminal by two physicians and application of life-sustaining procedures would only artificially prolong the moment of my death, I direct that such procedures be withdrawn or withheld & that I be permitted to die naturally."
4. Appointment of Agent to Control Disposition of Remains	Names someone to be responsible for making decisions about what to do with your remains after your death.	"I name (name person*) as my agent who will have authority upon my death, to make all decisions with respect to the disposition of my remains, in accordance with my wishes."
5. Appointment of a Guardian for Adult, Minor, or Disabled Children	Names person to be guardian for minor or disabled children.	"I appoint (name person*) as guardian to make decisions after my death concerning minor or disabled children."
6. Out-of-Hospital, Do Not Resuscitate Order (DNR)	For the purpose of instructing medical personal or other health care professionals to forgo resuscitation attempts.	"If I am in a state of medical decline where there is no chance for my recovery, and death is eminent, I request DNR orders to be in place, with no resuscitation attempts to be used."

* Always name an alternate in case person you select is unavailable.

WILL & IMPORTANT DOCUMENTS

ESTATE INFORMATION OF: _____

IMPORTANCE OF A WILL

If you die without a *Will*, state law and the courts determine who will administer your estate, handle financial matters and act as guardian for your minor children. With a *Will*, you can choose. .

In some instances, joint ownership of property may not be a good substitute for a carefully drafted *Will*. As a result of a common accident, both you and your spouse may die before the survivor has had an opportunity to execute a proper *Will*. Your property will pass according to state law.

The law is very exacting in its requirements with respect to the publication, signing and witnessing of *Wills*. It is recommended that this matter be handled by a competent attorney. Homemade *Wills* often do not stand up in court.

You should review your *Will* every few years, particularly if you have moved or your family situation has changed since you last executed a *Will*. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a *Will* was executed.

When you realize how much is at stake... the well-being of your entire family and the protection of your property... we believe that you will find that the attorney's fee for drafting your *Will* and planning your estate is a worthwhile investment.!

I have a *Will*: ()Yes ()No

Date of *Will*: _____

Location of *Will*: -----

Executor/Executrix: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Prepared by (attorney): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

PREPARING MY WILL

Sometimes known as a "*Last will and Testament*"

An up-dated Will is the cornerstone of your estate, one of the most thoughtful and important documents in End-of-Life planning that will reduce the trauma and suffering at the time of your death.

GUIDELINES

1. I have an up-dated Will: Dated _____ NONE _____

If I do not have a Will, I commit to preparing a Will within the next month: YES []

2. My Will is located: _____

3. A detailed list of my Assets, Debts, & Contractual obligations is located:

4. A separate memorandum listing my cherished possessions and who is to receive them is located:

5. The trusted person, who is willing and able to handle the task of being my executor is:

_____ Alternate _____

6. So there will be no surprises, I will discuss with family members, the general idea of what is in my *Will*, and I will do that within the next [] months.

7. I will provide funds to be available to cover debts, legal, funeral & burial costs through an insurance policy, trust, or separate account. [] YES Location _____

8. I will review my Will every 3-5 years or when changes occur in my life. [] YES

9. I will write "love letters" to family members to let them know I love them, to be distributed at time of my death. It is located in my binder... [] YES

10. The name of the attorney who drew up my Will is _____

Phone number _____

(It is recommended that you have an estate attorney draw up your Will. If that is not possible, you can buy a package of Will information from an office supply store, or go on line to "Last Will and Testament Forms" for help in this area of Wills.)

Proverb: "A man with no Will, has lawyers for heirs!"

DISTRIBUTION OF SPECIAL POSSESSIONS

My Cherished Items & Their "Stories"

My Plan to share them...

1. _____ 1. _____

2. _____ 2. _____

3.. _____ 3. _____

4.. _____ 4. _____

5.. _____ 5. _____

6. _____ 6. _____

7. _____ 7. _____

Signature _____ Date _____

WALLET CARD INFORMATION

INSTRUCTIONS: Complete this card, using the Medical Crisis Info you filled out earlier.

IN CASE OF EMERGENCY	
Name _____	Allergies _____
Address _____	Health Problems _____
Home Phone _____	Medications _____
Emergency Phone _____	Medical Insurance _____
Doctor _____	Med Directive Location _____

Front

Back

IN CASE OF EMERGENCY	
Name _____	Allergies _____
Address _____	Health Problems _____
Home Phone _____	Medications _____
Emergency Phone _____	Medical Insurance _____
Doctor _____	Med Directive Location _____

Front

Back

Cut it out and keep in your wallet in case of an emergency.

***IDEAS FOR KNOWING WHAT TO SAY
AND WHAT TO DO WHEN
WALKING WITH SOMEONE FACING CRISIS ...***

- * Just go... Be there. Don't assume someone else will fill the void**
- *Use deceased person's name and remember his or her life....**
- *Encourage talking and reminiscing...**
- *Welcome tears. Crying is normal and a healthy reaction...**
- *Give a warm hug. Hold a hand, touch a shoulder...**
- *Avoid clichés and irrelevant conversation...**
- *Don't use the situation as a springboard to tell your stories...**
- *Avoid judgment & criticism...**
- *Try not to offer advice, unless you are asked...**
- *Let them tell their stories--- ... over and over again, if they want to...**
- *You can't fix it. Just say, "I'm sorry. I wish it were different..."**

Add some things you have used and might like to share with others:

END-OF-LIFE PLANNING FILES

Organize your appropriate files into a notebook and make it your “Important Papers” file.
Share the information with family and make it readily available!

Advance Directives	Living Life Fully Ideas
Attorney & CPA	Loans
Bank Accounts	Long Term Care Info
Benefits	Marriage License
Birth Certificate	Medical Crisis Info
Bonds/Securities	Memorial Service
Brokerage Accounts	Military Papers
Burial Information	Mortgages
Cars & Vehicles Titles	My Personal Planner
Cherished Possessions	My Support Circle
Contracts	Obituary
Divorce Papers	People to Notify
Financial Statements	Real Estate Titles & Deeds
Funeral / Cemetery Information	Safe Deposit Box
Going Away Party	Social Security/Medicare Info
Hospice	Stages of Grief
Instant Action Folder	Tax Returns-Past 3 Years
Insurance	Things I Want To Do Before I Die
Inventory	What To Do When Death Occurs

My WILL

ADDITIONAL RESOURCE MATERIALS

LONG TERM CARE INSURANCE (LTCI) Free booklet

National Association of Insurance Commissioners

2301 McGeest Suite 800, Kansas City, MO 641 08-2604 Phone:816-842-3600 Web: www.NAIC.org

ADVANCED DIRECTIVES

National Hospice & Palliative Care Organization Web: www.nhpco.org

For Directives outside of Texas: Web: www.partnershipforcaring.org

Other possible sources for Advanced Directives: Funeral Homes, Attorneys, or Churches

BOOKS FOR CHILDREN:

WHEN DINOSAURS DIE - A GUIDE TO UNDERSTANDING DEATH

By Laurie Krasny Brown and Marc Brown Little, Brown and Company Web: www.lbyr.com

TALKING ABOUT DEATH

[A Dialogue Between Parent and Child By Earl Grollman; Beacon Press, Boston]

You Only Die Once By Margie Jenkins; Integrity Publishers, Nashville, TN 2002