



To Those I Cherish Most:

A time will come when you will need the following information. I hope it makes things easier for you and wish you all the very best.

ADVISORS

Attorney:

Name: _____
Address: _____
Phone: _____
Fax: _____

Insurance Advisor:

Name: _____
Address: _____
Phone: _____
Fax: _____

Accountant:

Name: _____
Address: _____
Phone: _____
Fax: _____

Financial Planner:

Name: _____
Address: _____
Phone: _____
Fax: _____

Stockbroker:

Name: _____
Address: _____
Phone: _____
Fax: _____



Stockbroker:

Name: _____
Address: _____
Phone: _____
Fax: _____

Employer:

Name: _____
Address: _____
Phone: _____
Fax: _____

Banker:

Name: _____
Address: _____
Phone: _____
Fax: _____

Trust Officer:

Name: _____
Address: _____
Phone: _____
Fax: _____

Other:

Name: _____
Address: _____
Phone: _____
Fax: _____



ASSETS

Here is who to contact with regard to each of my assets, bank accounts, mutual funds, etc.

A financial statement has has not been attached.

Account or Investment:

Contact:

Phone:

Documents are located:

Account or Investment:

Contact:

Phone:

Documents are located:

Account or Investment:

Contact:

Phone:

Documents are located:

Account or Investment:

Contact:

Phone:

Documents are located:

Account or Investment:

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Documents are located:



Account or Investment:

Contact:

Phone:

Documents are located:

Account or Investment:

Contact:

Phone:

Documents are located:

Account or Investment:

Contact:

Phone:

Documents are located:

Money is owed to me by:

Name:

Address:

Phone:

Amount:

Name:

Address:

Phone:

Amount:

Name:

Address:

Phone:

Amount:



DEPOSITS

The accounts in which monthly deposits are made into are:

Here is where to find important documents:

	My home filing cabinet
	My safety deposit box
	My home safe
	My attorney's office
	My accountant's office
	My financial planner's office

Other (list): _____

LIABILITIES

Here is who to contact about my liabilities, as well as where to find related documents:

Liability: _____
Contact: _____
Phone: _____
Documents are located: _____

Liability: _____
Contact: _____
Phone: _____
Documents are located: _____

Liability: _____
Contact: _____
Phone: _____
Documents are located: _____



Liability:

Contact:

Phone:

Documents are located:

Liability:

Contact:

Phone:

Documents are located:

Here are the debts for which I am guarantor:

Liability:

Contact:

Phone:

Documents are located:

Liability:

Contact:

Phone:

Documents are located:

These credit cards are still active (name and number):

Credit Card:

Account No.:

Phone:



Credit Card:

Account No.:

Phone:

Credit Card:

Account No.:

Phone:

Credit Card:

Account No.:

Phone:

Credit Card:

Account No.:

Phone:

INSURANCE COVERAGE

These are my current life insurance policies (including those that are company owned):

Type

Owner

Beneficiary

Face Amount

Existing Loans

Cash Value

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

You can find these policies at: _____



I also have these disability insurance policies:

Company: _____
Policy located at: _____

Here are my long-term care insurance policies:

Company: _____
Policy located at: _____

Here are my health insurance policies:

Company: _____
Policy located at: _____

Other policies include:

	Type	Company	Policy located at
Auto	_____	_____	_____
Umbrella	_____	_____	_____
Home	_____	_____	_____
Boat/Airplane	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____



PASSWORDS/USERNAME

Here are my passwords and log in names to various accounts, websites, credit cards, computers, cell phone, mileage programs, answering machine, etc.

Cell phone:

User Name:

Password:

Notes:

Computer:

User Name:

Password:

Notes:

Webpage:

User Name:

Password:

Notes:

Webpage:

User Name:

Password:

Notes:

Webpage:

User Name:

Password:

Notes:

Webpage:

User Name:

Password:

Notes:



Webpage: _____
User Name: _____
Password: _____
Notes: _____

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Webpage: _____
User Name: _____
Password: _____
Notes: _____

Webpage: _____
User Name: _____
Password: _____
Notes: _____



SHOULD I BECOME DISABLED:

My life insurance policy allows does not allow for pre-payment of death benefits to support me.

My life insurance policy allows does not allow you to stop making premium payments.

My disability insurance policy allows does not allow you to stop making premium payments.

EMPLOYMENT

Here are the disability and/or death benefits from my employer:

Retirement Plan(s):

Life Insurance:

Health Insurance:

Long Term Care Insurance:

Disability Insurance:

Deferred Compensation:

Stock Ownership:

Stock Options:

Cafeteria Plan:

Other:



DOCUMENTS

Here is where to find the documents I have executed:

	Document	Date Signed	Location
<i>Will</i>	<hr/>	<hr/>	<hr/>
<i>Revocable Trust</i>	<hr/>	<hr/>	<hr/>
<i>Advance Medical Directive</i>	<hr/>	<hr/>	<hr/>
<i>HIPAA Release</i>	<hr/>	<hr/>	<hr/>
<i>Durable Power of Attorney</i>	<hr/>	<hr/>	<hr/>
<i>Irrevocable Life Insurance Trust</i>	<hr/>	<hr/>	<hr/>
<i>Other Irrevocable Trust</i>	<hr/>	<hr/>	<hr/>
<i>Charitable Trust</i>	<hr/>	<hr/>	<hr/>
<i>IRA Trust</i>	<hr/>	<hr/>	<hr/>
<i>529 Plan</i>	<hr/>	<hr/>	<hr/>
<i>Custodial Account</i>	<hr/>	<hr/>	<hr/>
<i>Organ Donation</i>	<hr/>	<hr/>	<hr/>
<i>Pre-Nuptial Agreement</i>	<hr/>	<hr/>	<hr/>
<i>Post-Nuptial Agreement</i>	<hr/>	<hr/>	<hr/>
<i>Divorce Decree or Settlement</i>	<hr/>	<hr/>	<hr/>



<i>Other Agreements</i>	_____	_____	_____
<i>Citizenship Papers</i>	_____	_____	_____
<i>Burial Agreement</i>	_____	_____	_____
<i>Retirement Plan Beneficiary Designation</i>	_____	_____	_____
<i>Insurance Beneficiary Designation</i>	_____	_____	_____

HEALTH CARE DIRECTIVES

If I become disabled, here are the people I have appointed to act on my behalf regarding the documents listed above:

Power of Attorney over my Assets:	<u>1st</u>	<u>2nd</u>
Power of Attorney for Medical Decisions:	<u>1st</u>	<u>2nd</u>
Guardian over my Property:	<u>1st</u>	<u>2nd</u>
Guardian over my Person:	<u>1st</u>	<u>2nd</u>

Unless you believe guardianship is necessary, I would prefer that the people with the powers of attorney shown above act on my behalf.

If I become incapacitated, I do ___ do not___ want to be kept home as long as possible, taking into account the cost.

I have ___ do not have___ a divorce decree which may require that certain payments be made after I am disabled or after my death.

Here are some thoughts on how to care for me should I become incapacitated.

1. Diagnostic tests

- I consent to all diagnostic tests that my physician orders. Even if my medical situation is hopeless, I think knowing the information from such tests will help me psychologically. Also, the test results may help someone.
- I do not wish to have diagnostic tests performed unless they are clearly related to my treatment.



2. Surgery

- I would consent to reasonable surgery proposed by my physician.
- I do not want surgery unless it is required to restore my health or to free me from unbearable pain. Surgery carries risk from anesthesia, infection and trauma. I don't want those risks.

3. Hospital or home care

- I prefer to be supported by the best medical technology. So if my death is not sudden, I prefer that it would happen in a hospital.
- I would prefer to die at home or in a supportive care facility such as a hospice rather than in a hospital. When hospital care will no longer lead to my recovery, I would prefer such comfort-oriented care, though I want all essential medical care to be continued. However, I want this only to be the extent that it is practical and not an undue hardship on my family.

4. Cardio-pulmonary resuscitation (CPR)

- If my heart and lungs fail for any reason, do everything possible on my behalf.
- If my heart has stopped beating and there is no reasonable expectation of my returning to unaided functioning, then I would consider cardio-pulmonary resuscitation to be contrary to God's will. I would therefore want a "Do Not Resuscitate" order issued.

5. Amputation

- I am prepared to lose a limb if it will prolong my life.
- I can accept amputating a limb that is already substantially severed. But if my life is threatened by infection and the most effective treatment involves amputating the affected limb, I would rather not do so, as that is abhorrent to me. Instead, I prefer all other treatments to fight the infection.

6. Naso-gastric feeding

- I will accept getting nutrition and fluids through a naso-gastric tube. I know this might require restraints so that I do not dislodge the tubes, but that is okay.
- I find relying on nutrition provided through tubes in my nose to be abhorrent. I fear the pain and the risk of aspiration. If I cannot feed myself, I prefer to be fed intravenously or otherwise.



7. Surgically emplaced feeding tubes

- ❑ If I cannot feed myself, and if the less invasive procedures of naso-gastric tubes and intravenous feeding won't work, it is okay to surgically place feeding tubes in my stomach or intestine to give me nutrition and fluids.
- ❑ I prefer to feed myself for as long as I can; when I can no longer do that, let nature take its course. I do not like relying on nutrition provided through tubes surgically placed in my stomach or intestines. I don't like the risks of surgery, infection, and aspiration.

8. Pain relief

- ❑ I want all possible pain relief to be provided to me, even if it hastens my dying.
- ❑ I want all possible relief to be provided to me, and I will accept considerable periods of sedation to avoid pain. However, I do not wish my dying to be hastened by whatever is providing the pain relief.
- ❑ I want all possible pain relief, but I am prepared to accept a reasonable amount of pain in order to maintain my awareness.

9. Mechanical life support

- ❑ If I am on mechanical life support and there is no reasonable chance that I will return to unaided functioning, continue the mechanical support, even if my brain is still active.
- ❑ I don't like mechanical means of life support if they prolong biological function but don't contribute too my recovery. Therefore, even if I still have brain activity, I would want the mechanical means of life support to be forgone or withdrawn when my physician and designated representative jointly conclude that they offer no reasonable chance of my returning to unaided functioning.

10. No brain activity

- ❑ If I am in a persistent vegetative state and the doctors have verified the total absence of brain activity, I still wish to be maintained on artificial nutrition and fluids, and on heart, lung, kidney dialysis machines, et al, until I die from some natural cause.
- ❑ If I am in a persistent vegetative state and the doctors have verified the total absence of brain activity, and I have no reasonable chance of returning to unaided functioning, then I would forego all artificial provision of nutrition and fluids, mechanical life support machines, et al. So once this diagnosis is made, you have my blessing to remove the life support machines, and the nutrition and fluid systems, too, as long as I am comfortable.



11. Terminal, irreversible illness

- Above all, I wish to live; so I would undertake any regimen, however difficult, which has even the slightest of chance of helping extend my life.
- Aggressive medical or surgical procedures can be debilitating and destructive. While I want to fight disease with all effective tools, I do not wish to undertake treatments that are futile, untested, or unlikely to produce real results. If my physician determines that a given mode of therapy will probably not produce remission or recovery, then I would prefer hospice care, accepting the inevitability of my impending death, curbing pain as much as possible, and living out the remainder of my life to the fullest.

12. An option on 9, 10 and 11

If any treatment I've indicated above in 9, 10 or 11 becomes a burden to my family (because of limits imposed by the government, our insurance company, personal finances, or otherwise), then I consent to being removed from this mechanical life support. In such a case, I relieve those making that decision from any sense of guilt; I will know that you did all you could to fulfill what I wished.

- Yes, this applies.
- No, this does not apply.

13. The "Let Go" directive

(cross out this entire column if you don't want this paragraph to apply)

I am concerned about losing my ability to know things, perceive things, and understand things. Accordingly, I do not wish to receive medical care to keep me living if:

- I suffer such cognitive losses which (by themselves or in combination with losses of physical ability) cause me to need help indefinitely with activities of daily living; AND
- These cognitive losses are permanent, in the judgment of my treating physician; AND
- These cognitive losses have lasted at least ____ months.

In other words, I do not want to be treated for any life-threatening conditions if I need day-to-day custodial and nursing care because of cognitive losses or combined physical and cognitive losses; and at the same time, if my ability to receive and evaluate information is so impaired that I can't give informed consent to such treatment.

Under these circumstances, I want to let nature take its course if any infection, illness, disease, complication or infirmity (or any combination or progression of these) is life-threatening. Under these conditions, I want my death to occur sooner rather than later.



Now, while under these circumstances, I expect to receive basic care that provides for my comfort—oral and bodily hygiene, reasonable efforts to offer food and fluids by mouth, positioning, warmth, appropriate lighting, measures to relieve pain and suffering, and the care of my family and others. But I direct that medications be given only for comfort—not to treat a life-threatening condition (for example, no antibiotics for treatment of pneumonia, no dialysis, etc.).

14. Organ donation

(make one of these three choices)

- When I die, I want my body to be left intact, with no donation of all of it or any part of it.
- When I die, I authorize my representative to donate any or all of my body parts for transplant purposes. (Optional: I want the following person or institution to receive my bodily parts.)
- I authorize my representative to make the donation of only the following parts for transplanting into another human being: Kidneys____ Heart____ Corneas____
Skin____ Liver____ Pancreas____ Other (specify)_____.

15. I recognize that the above text relating to my care should I become incapacitated is not binding on my doctors, family or Agent named in my Advance Medical Directive. Rather, it is an expression of my wishes.



SOME GENERAL INFORMATION

I do do not have a safety deposit box. It can be found at _____
and the key can be found _____

The following people have signature authority on the box:

I do do not have a personal safe. The combination is: _____

The safe can be found: _____

I have have not attached a list of the persons I want to receive my personal
property when I die.

I may receive an inheritance from: _____

When I pass away, my heirs will will not receive a distribution or benefits from
a trust.

If yes, the trust instrument was created by: _____

You can find the trust instruments at: _____

I am am not currently the Trustee for a trust.

If I am, the trust instrument can be found at: _____

I am am not a beneficiary of a trust.

If I am, the trust instrument can be found at: _____

My social security # is _____

My Driver's License # is _____

My passport # is _____

The passport can be found _____

I am am not entitled to military and/or governmental benefits. List the benefits:

I am am not entitled to other benefits. List the benefits:

I am a member of the following religious groups: _____

I am a member of the following fraternal groups: _____



WHEN I PASS AWAY

I have the following final wishes:

Funeral Home: _____
Location: _____
Cemetery: _____
Plot Drawer #: _____

I have have not prepaid my burial costs _____
for my burial plot _____
for my casket _____
Information can be found at: _____

I have a deceased spouse **parent** **child**
who is buried at _____ and I wish to be buried next to this person
if I check here _____

I do do not want to be cremated. Crematory: _____

Minister/Rabbi I wish to perform the service: _____

I wish to have the following pallbearers:



Special Requests:

Obituary Reading:

Tombstone Engraving:

Organs for Donation:

In lieu of flowers please ask for donations to:

Other special requests:

FAMILY HISTORY

I was born in _____ on _____, 19 _____

My parents were _____ and _____

My maternal grandparents were _____ and _____

My paternal grandparents were _____ and _____

My children are

_____	Born	_____
_____	Born	_____
_____	Born	_____
_____	Born	_____
_____	Born	_____



I have no children

I have do not have detailed information on my family's history.

It is located at _____

Some important facts about my family history:

HOPES FOR YOU, MY BELOVED FAMILY

When I am gone, I hope you will learn from some of the following experiences I have had:

I believe that the most important things in life are:

My most important accomplishment in life has been:

I hope you will use your inheritance to accomplish the following goals in your lives:



Here is how I would like to be remembered:

ANY OTHER INFORMATION, COMMENTS OR DETAILS

I have signed this letter on the _____ day of _____ 20 _____.

This document is not intended to replace my will or other estate planning documents I have signed. However, it is my express desire that each family member, power holder, executor, trustee and guardian will use this letter and the other documents I have signed to make discretionary decisions for my family and myself.

Print Name: _____

Copies of This Document were delivered to:
