

Essential Documents & End of Life Checklist



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INTRODUCTION

Why does any of this matter?

Ken and Noreen's Stories

Ken has been married for 22 years to Joanne. He has been the head of the household, the worker outside the home and the father to 3 children, Mary who is 19 and in college, Jimmy who is 15 and Ellen who is 11. Ken has always paid the bills and handled the online checking account and the savings and investments for the future. Then Ken was hurt in a car wreck on the way to work, was seriously injured and was in a medically induced coma for three weeks. Then four weeks of rehabilitation began, leaving all the parenting and household responsibilities on Joanne's unprepared shoulders.



Noreen is 73 and very independent. She lives in a small condominium so she has no yard or outside maintenance; she just takes care of the interior and she is easily capable of doing that. She handles her own finances, transportation and life. But then Noreen tripped and fell, breaking her hip. After surgery, a four-week stay at a rehab facility is required. Her only daughter Anne lives over 100 miles away.

Life requires you to pray for the best but prepare for the worst. After all, that's why you have insurance; not because you are hoping for a fire or a burglar, but because you are preparing for the worst, to make the worst a more bearable, survivable event.

How?

Noreen had all of her important papers and information together in an organized fashion, allowing Anne to step right in and take over her mother's finances and keep her bills paid on time. In fact, with the benefit of online checking, Anne was able to get most of her mother's bills to be sent electronically to her and she paid the bills online, allowing her to maintain her mother's finances up-to-date.



You can guess the next part.

Joanne knows nothing about the family finances. The bills come in and she is overwhelmed. Ken had never thought about the worst-case possibilities of life. He had life "under control," so there was no need to think about that kind of "stuff."

What are the important papers and information?

Go back to the first page, because there is a list:

- Important Documents
- Personal Information
- Professionals
- Prescription Drug List
- Estate
- Insurance
- Health
- Checking and Savings Accounts
- Personal Investments and Accounts
- Retirement Investment and Accounts
- Annuities
- Personal Property
- Debts Websites and Passwords
- Emergency Contacts

These are the areas a loved one will need to know about to step into the hard role of taking over a life that is on hold or that has tragically ended.

It's time to get started. But where do you start? Right here.

The Start of Getting Your Affairs in Order

- First, read this entire form, beginning to end.
- Gather your important papers and copies of legal documents.
- Store those documents and your notes in one secure location. You can set up a file and put everything in a fireproof safe (many of the resulting documents are important originals). For the sake of security and duplication, you may wish to scan the documents and store them electronically on a flash or thumb drive also stored in the fire proof safe and in a secure, password-protected computer file. If your papers are in a bank safe deposit box, keep copies in a file at home and mark each copy with a note stating where the originals are.
- Tell a trusted family member or friend where you put all your important papers. You don't need to tell this friend or family member about your financial plan, accumulated wealth or assets or personal affairs, but someone should know where you keep your papers in case of an emergency. If you don't have a relative or friend you trust, ask your financial adviser or pastor to help.
- You should give permission for your doctor to speak with your Power of Attorney and Health Care Surrogate as needed. Make a note to do this on your next visit or check-up. There may be questions about a bill, a health insurance claim, a course of treatment or your medical history. Without your consent, your caregiver may not be able to get important information that may assist in diagnosis or care and you may not be able to get updates and reports from the doctor. You can

give your okay in advance to Medicare, a credit card company, your bank, or your doctor. You may need to sign and return a waiver or consent, but you will never know unless you ask. So ask!

- Check each year to see if there are any new document or information to add.

Summary

- As soon as possible but especially before a serious illness, help yourself get the end-of-life care you want.
- Make sure your current end-of-life documents reflect your wishes.
- If you do not have a Living Will or a Health Care Surrogate Designation, act now to protect yourself against arbitrary decisions by strangers.
- Give yourself as much peace of mind as you can have in an uncertain world.

Living through the sickness and death of a loved one – and helping your loved ones through your own serious illness with as little difficulty as possible - requires careful advance planning. While these are not popular topics for discussion, planning for end-of-life issues now is very helpful to those who love and care for you. It also helps make sure that they will know and respect your wishes.

Here are some of the many questions you should be asking yourself throughout this process as you plan for the spiritual, legal, financial, health and other issues you and your family will face at the end of life.

CRITICAL QUESTIONS

Eternity

- Eternity is a long time, a lot longer than the days left to you.
- God wants a personal relationship with you through His Son Jesus Christ. John 3:16.
- God has set out His heart in the Bible.
- It makes little sense to plan for our short life and ignore our inevitable long eternity.
- Study the Bible, God's Word to us, to understand His message to us, to you!
- Are you at peace with family and friends?
- Is there anyone you need to forgive?
- Is there anyone from whom you should seek forgiveness?
- Are there any old wounds or hurts to address, apologies to make or doors to open?
- Are you ready?



Your health care

- Who will make health care choices for you if you were not able to do so?
- Have you discussed end-of-life care issues with your primary care physician?
- What treatments would you want to have if you were very ill?
- Are there any treatments you would not accept?
- If you were terminally ill, would you want to be resuscitated if you stop breathing or your heart stops? How many times?
- Where do you want to be at the end of your life; at home, in a hospital or somewhere else, such as a hospice?
- Have you written advance directives that tell your wishes for health care and give someone who is trusted the power to make care choices and hard decisions for you if you are unable?
- Do you have a living will spelling out your wishes for end-of-life health care?
- Have you considered organ donation?

Your finances

- Have you given someone a durable power of attorney to pay bills and make financial or business decisions on your behalf if you are unable to do so?
- Do you have an up-to-date list of all your significant assets and debts?
- Have you photographed or videoed your home and your possessions for insurance verification and valuation?
- Does the person you have chosen to make financial choices have ready access to your bank and investment accounts, your online accounts and your bills?
- Does that person know where to find all your legal papers such as your birth certificate, will, trust, living will and advance directive?
- Does that person have a copy of your safe deposit key or know the combination to your safe and know where to go and how to access them?
- Are your assets titled the most advantageous way, so that they will be conveyed after your death in the way you wish?
- Are enough of your assets set up to transfer on death?
- Have you talked with a skilled estate planning lawyer to make sure of this?
- Do beneficiaries of your pension(s), retirement accounts [such as 401(k)s and IRAs], Social Security and life insurance policies have the facts they need to claim their benefits?
- If you own a business, do you have a plan for who will own and run it after your death?
- Is there anything you can do to simplify your assets, reduce the burden on your loved ones and reduce or eliminate the cost of probate?

Your family and estate

- Is your will and/or trust up-to-date, reflecting your current wishes?
- Does your estate plan take God into consideration – do you give to God?
- Have you chosen a personal representative who is honest and able to deal with legal and financial matters?
- Does this person have all the facts needed to settle your estate?
- If you have minor children, have you chosen a guardian and discussed it with that person?
- If you have a child with special needs, have you arranged for the necessary care after you're gone?
- Have you talked with a lawyer about setting up a living trust to avoid probate?
- Have you made designations of special personal property bequests to your children and family such as rings, jewelry, furniture and family heirlooms and mementoes and have your children been advised and have they agreed about who gets those special bequests?

Your peace of mind

- Have you indicated your preference for burial or cremation?
- Have you paid for cremation or burial and does someone know where to find those papers?
- Have you made plans for your funeral? If so, have you put your plans and preferences in writing?
- Do you need to talk with a clergy member or counselor to get answers to questions about God and death?
- Do you need someone to help you with spiritual concerns?
- Have you considered what children or grandchildren may wish to learn about you?
- Have you considered that you may have some life experiences or a testimony that you could leave for someone who needs to hear from you – even after you have passed away?

IMPORTANT DOCUMENTS

1. Identification

Include in this section original/official birth certificates for each family member (or at least copies if the original is not obtainable), Social Security cards, adoption paperwork, copies of driver's license, and passports. You may also want to include photocopies of your credit cards and debit cards.

2. Marriage License

Include the original marriage license.

3. Titles to Vehicles

Include titles for each vehicle (cars, motorcycles, boats, RVs, four-wheelers, planes, etc.) If titles are electronic, provide VIN# and description of the vehicle.

4. Real Estate Deeds

Include home, condo, or other real estate deed(s). You will also want to include your mortgage paperwork and/or an apartment lease agreement if applicable. If not available, provide a full legal description for all real property.

5. Tax Returns

Include your last three 1040 tax returns and all exhibits/attachments and schedules. Copies of your tax returns are necessary for obtaining financing or refinancing.

6. Other Important Documents

Include military records, contracts, agreements, prenup/postnup agreements, divorce judgments, death certificates, outstanding loans to family members or friends, and any other important documents.

PERSONAL INFORMATION

- Full legal name _____
- Birth date and place of birth _____
- Social Security Number _____
- Residential Address _____
- Home phone _____
- Cell phone _____
- Citizenship _____
- Full names and addresses of spouse and children and all family members known

- Employers, addresses, phone numbers and dates of employment

- Schools and educational accomplishments

- Names and phone numbers of religious contacts

- Memberships in groups and awards received

- Hobbies

PROFESSIONALS

Include information on the following professionals:

Attorney Name	Primary Phone	Address
_____	_____	_____
_____	_____	_____

Notes:

Accountant Name	Primary Phone	Address
_____	_____	_____

Notes:

Tax Preparer Name	Primary Phone	Address
_____	_____	_____

Notes:

Insurance Agent Name	Primary Phone	Address
_____	_____	_____

Notes:

Financial Advisor Name	Primary Phone	Address
_____	_____	_____

Notes:

PRESCRIPTION DRUG LIST

Name _____

Date of Birth _____

Primary Physician _____

Phone _____

Prescriptions	Dosage	Prescribing Doctor
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Known Allergies

Important Medical History, Surgeries, Hospitalizations, Illnesses, etc.

ESTATE

1. Durable Power of Attorney

Include a copy of your Durable Power of Attorney and associated paperwork. Include a clear statement of the location of your original Durable Power of Attorney.

2. Will and/or Trust

Include a copy of your Will and/or Trust and associated paperwork. Include a clear statement of the location of your original will and/or trust

3. Business Documents

Include a copy of any necessary business documents. This may include buy-sell agreements, partnerships, contracts, letter agreements, corporation information, key-man insurance policies, etc. Include a statement of the location of essential original business documents.



INSURANCE

1. Life Insurance

Include all life insurance policy(ies) in this section.

2. Disability Insurance

Include all disability insurance policy(ies) in this section.

3. Long Term Care Insurance

Include any long term care insurance policy(ies) in this section.

4. Homeowner’s Insurance

Include homeowner’s insurance policy(ies) in this section.

5. Home and asset inventory

Make sure to include photos and/or a video recording of your home and personal property/assets. Photos will help you and your insurance adjuster determine the value of your possessions in case of a fire or loss of property.

6. Other Insurance

Include any other insurance policy(ies). This may include auto or boat insurance, error and omission insurance, umbrella insurance, renter’s insurance, etc. If you have rental property, you may also want to include photos of the property and any necessary possessions.

POLICY LIST

Insurance Company	Owner(s)	Insuring what?	Policy Number
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HEALTH

1. Prescription Drug and Full Medication List

Enclosed is a form for listing prescription drugs. Please fill out one copy for each family member. Make sure to include both prescription drugs and



over the counter medicines including vitamins. If a family member does not use any prescription drugs or over the counter medicines, please indicate on the form. Make sure to include all necessary information and provide details. The prescription drugs list is important because drugs may have adverse reactions to one another and may result in serious health complications.

2. Living Will

Include a copy of your Living Will. State the location of the original Living Will.

3. Health Care Surrogate Designation/Medical Power of Attorney

Include a copy of your Health Care Surrogate Designation/Medical Power of Attorney.

4. Health Insurance

Include a copy of your health insurance policy and copies of your insurance/Medicare/Medicaid/Medigap/Medicare Supplement/Medicare Advantage cards (front & back). You may also store claim information in this section.

5. Emergency Contacts

Enclosed is a form for listing emergency contacts. Please list at least three important contacts. Make sure that you list at least one contact that you normally do not travel with.

6. Organ Donation

Consider whether you may be able to give the gift of life or health to someone struggling with a serious illness. If not that, perhaps you could donate your organs or body to medical science.

CHECKING, SHARE DRAFT & SAVING ACCOUNTS

List all checking and saving accounts in banks, credit unions or other financial institutions, identifying the institution including the address of the bank (if any), the owner(s) of the account, the account type (saving, checking, etc.) and the account number. If you have a personal banker, identify the banker and provide contact information in the notes section.

Financial Institution	Owner(s)	Account Type	Account Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:

EMERGENCY CONTACTS

In case of an emergency, please notify:

Name	Primary Phone	Alternative Phone	Relationship
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Street and email address:

Name	Primary Phone	Alternative Phone	Relationship
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Street and email address:

Name	Primary Phone	Alternative Phone	Relationship
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Street and email address:

Name	Primary Phone	Alternative Phone	Relationship
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Street and email address:

Name	Primary Phone	Alternative Phone	Relationship
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Street and email address:

Provide at least three emergency contacts. Please include someone who you don't usually travel with.

Notes may include an email address, a street address, or other helpful information you may not be able to provide in a time of crisis.