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<td>Document Sample Funeral Bulletin</td>
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</table>
URGENT CONTACT INFORMATION

Emergency Contact:

Name: ________________________________
Relation: (ex: Spouse, son, daughter, cousin, friend)
Address: ______________________________
Telephone: ______________________________

Health Care Power of Attorney:

Name: ________________________________
Address: ______________________________
Telephone: ______________________________

Medical insurance cards- Where can they be found (ex: Wallet, in top dresser drawer, etc.

Location of Living Will – Advance Directives (in closet in box, in this packet, etc.

Location of Organ Donation Form:

Religious Affiliation: ________________________________

Location of Funeral Plans

Immediate Cremation yes no

It is recommended to order extra death certificates, as they are required for every bank account, stock transaction, insurance transaction or official financial transaction that must be taken care of after death, and they cost more after the initial order (est. 10-20).
HEALTH AND LONG TERM CARE INSURANCE:

HEALTH:
Policy #: _________________________________
Location: __________________________________
Address: __________________________________
City/St/Zip: _________________________________
Telephone: _________________________________

Additional Insurance Coverage:

Primary Provider: _________________________________
Policy #: _________________________________
Location: __________________________________
Address: __________________________________
City/St/Zip: _________________________________
Telephone: _________________________________

Accident:

Primary Provider: _________________________________
Policy #: _________________________________
Location: __________________________________
Address: __________________________________
City/St/Zip: _________________________________
Telephone: _________________________________

Hospitalization:

Primary Provider: _________________________________
Policy #: _________________________________
Location: __________________________________
Address: __________________________________
City/St/Zip: _________________________________
Telephone: _________________________________

Long Term Care:

Primary Provider: _________________________________
Policy #: _________________________________
Location: __________________________________
Address: __________________________________
City/St/Zip: _________________________________
Telephone: _________________________________

Other:

Primary Provider: _________________________________
Policy #: _________________________________
Location: __________________________________
Address: __________________________________
City/St/Zip: _________________________________
Telephone: _________________________________

Other

Primary Provider: _________________________________
Policy #: _________________________________
Location: __________________________________
Address: __________________________________
City/St/Zip: _________________________________
Telephone: _________________________________
MEDICARE

Are you enrolled for Medicare:  Yes___  No___
Parts   A___B___C___D ___

Medicare Health Insurance Card can be found

__________________________________________________________

ORGAN DONOR
Have you agreed to be an Organ Donor?  Yes___  No___

Special Donation Requests: ________________________________
Life and Disability Insurance

Life Insurance

Do you have Life Insurance?  Yes  No

Insurance Provider__________________________________________________________
Policy # ________________________________________________________________
Type_________________________  Amount ________________________________
Location of Policy________________________________________________________
Ins. Company Address:____________________________________________________
City/St/Zip:____________________________________________________________
Telephone: _____________________________________________________________

Insurance Provider________________________________________________________
Policy # ________________________________________________________________
Type_________________________  Amount ________________________________
Location of Policy________________________________________________________
Ins. Company Address:____________________________________________________
City/St/Zip:____________________________________________________________
Telephone: _____________________________________________________________

Insurance Provider________________________________________________________
Policy # ________________________________________________________________
Type_________________________  Amount ________________________________
Location of Policy________________________________________________________
Ins. Company Address:____________________________________________________
City/St/Zip:____________________________________________________________
Telephone: _____________________________________________________________

Disability

Primary Provider____________________________________________________________
Policy # ________________________________________________________________
Location_______________________________________________________________
Address:________________________________________________________________
City/St/Zip:____________________________________________________________
Telephone: _____________________________________________________________
Pension and Retirement Information

Employment Benefit Plans/Pension

Profit Sharing Plans
Plan Provider: ________________________________
Plan Administrator or Personnel Director: ____________________

401(K) Plans

Name of Employer during contribution: _________________________
Plan Administrator or Personnel Director: ____________________

Was an employee contribution made?  
Was an employer contribution made?  Yes  No

Pension Plans or Annuities
Name of organization providing benefit: _________________________
Plan Administrator or Personnel Director: ____________________

Social Security

Social Security Number _______________________
Survivor Benefits Payable to ___________________
  Address __________________
  Relationship ________________

Bank Information

Checking and Savings Accounts

**Checking Accounts**

With (Bank/Credit Union, etc) : ________________________________
Account # ____________________________
Address: ________________________________
Tel: ____________________________
Do you have a “Pay On Death” provision?  Yes   No

With (Bank/Credit Union, etc) : ________________________________
Account # ____________________________
Address: ________________________________
Tel: ____________________________
Do you have a “Pay On Death” provision?  Yes   No

**Savings Accounts**

With (Bank/Credit Union, etc) : ________________________________
Account # ____________________________
Address: ________________________________
Tel: ____________________________
Do you have a “Pay On Death” provision?  Yes   No

With (Bank/Credit Union, etc) : ________________________________
Account # ____________________________
Address: ________________________________
Tel: ____________________________
Do you have a “Pay On Death” provision?  Yes   No
**Safe Deposit Box**

Do you have a safe deposit box?  Yes_____  No ____

Located at:
  Address ____________________________________________
  City/St/Zip _________________________________________

Keys are kept at:
  Address ____________________________________________
  City/St/Zip _________________________________________

Key # __________________
The following person(s) have access:  (Name & Address)

__________________________________  ________________________
__________________________________  ________________________
__________________________________  ________________________
__________________________________  ________________________
Attorney, Accountant, Financial Advisor

Attorney: __________________________________________________________
Address/Phone: ____________________________________________________
City/St/Zip _______________________________________________________

Accountant/Tax Counselors ________________________________
Address/Phone: ____________________________________________________
City/St/Zip _______________________________________________________

Power of Attorney: ________________________________________________
Address/Phone: ____________________________________________________
City/St/Zip _______________________________________________________

Financial Advisor/Estate Planner ________________________________
Address/Phone: ____________________________________________________
City/St/Zip _______________________________________________________

Bank or Trust Officer ________________________________
Address/Phone: ____________________________________________________
City/St/Zip _______________________________________________________

TAX RECORDS & RETURNS

Copies of tax returns filed are located at:
Address: __________________________________________________________
City/St/Zip _______________________________________________________

Worksheets & supporting documents are located at:
Address: __________________________________________________________
City/St/Zip _______________________________________________________

Current withholding tax forms and receipts received from my employer are located at:
Address: __________________________________________________________
City/St/Zip _______________________________________________________
Other Contact Information

Primary Care Physician/Network Affiliation

Address: ____________________________
City/St/Zip ___________________________

Health Care Power of Attorney ____________________________
Address: ____________________________
City/St/Zip ____________________________

Executor of Estate ____________________________
Address: ____________________________
City/St/Zip ____________________________

My present Employer is: ____________________________
Address: ________________________________________
City/St/Zip: ____________________________

Date Started: ____________________________ Supervisor ____________________________

Company ID Card located: ____________________________

Do you belong to a labor Union Yes ___ No ___

If yes, Name of Local Union Office: ____________________________
Address: ____________________________
City/St/Zip: ____________________________

MILITARY SERVICE

Have you served in the military? Yes ___ No ___

If yes,
Branch of Service: ____________________________ Country ____________________________

From ____________ To ____________

Date of Discharge: Month ____________ Day _____ Year ____________

Type of Discharge ____________________________

Highest Grade or Rank attained: ____________________________

Military Serial Number: ____________________________
Veteran’s Claim Number: ____________________________

Military Records and Discharge Papers kept at
Other ____________________________
Address: ____________________________
City/St/Zip: ____________________________

Service connected Disabilities: ____________________________
**Children are (List Name and Date of Birth)**

<table>
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<tr>
<th>Person</th>
<th>Relationship</th>
<th>Address</th>
<th>City/St/Zip</th>
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</table>

If a child does not survive you, list their date of death and name of their children, if any. If you have no children, name your surviving parents below and your siblings name and address. For children born in subsequent marriages list names of parent for each child.

<table>
<thead>
<tr>
<th>Person</th>
<th>Relationship</th>
<th>Address</th>
<th>City/St/Zip</th>
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</tbody>
</table>
PARENTS:

**Father**
First__________ Middle__________ Last ________________

Date of Birth: Month___________Day____Year_________
City/St/Zip __________________________________________

Date of Death: Month___________Day____Year_________
Buried at: __________________________________________

**Mother**
First__________ Middle__________ Last ________________

Date of Birth: Month___________Day____Year_________
City/St/Zip __________________________________________

Date of Death: Month___________Day____Year_________
Buried at: __________________________________________

Fraternal or Professional Groups: (to be notified)
Group: ____________________________________________
Address: __________________________________________
City/St/Zip __________________________________________

Group: ____________________________________________
Address: __________________________________________
City/St/Zip __________________________________________

Group: ____________________________________________
Address: __________________________________________
City/St/Zip __________________________________________

Group: ____________________________________________
Address: __________________________________________
City/St/Zip __________________________________________
Wills and Trusts

Do you have an up to date will:   Yes  It   No____
is dated: ______________________
It is located at ____________________________________________

Is there a Codicil/Amendment:   Yes____  No____
It is dated: ______________________
It is located at ____________________________________________

Attorney who drew up my will/trust is:________________________________________
Address:__________________________________________________________
City/St/Zip:__________________________________________________________

Personal Representative: ________________________________________________
Guardians of my Children: (children’s names: ____________________________

Do you have a “Living Will” or “Trust”?   Yes___No ____
It is dated: ______________________
It is located at ____________________________________________

Have you created a Trust?   Yes_____  No ____

If yes,
   Formal Name of Trust: _________________________________
   Trustee:_____________________________________________
   Successor Trustee: _________________________________
   Attorney drafting this document: __________________________
   Original Trust Document located at:
   Address ____________________________________________
   City/St/Zip __________________________________________

Are you a beneficiary under a trust?   Yes____  No ____
Trust was established by: _________________________________
Real Estate

REAL ESTATE (attach complete list with this information)

Do you own your primary residence?    Yes    No

Property’s mailing address:

City/St/Zip
Deed Located:

Mortgage on my residence is held by:

City/St/Zip

OTHHR REAL ESTATE THAT I OWN:

Property’s address:

City/St/Zip
Deed Located:

Mortgage on my residence is held by:

City/St/Zip

Do you lease/rent this property to others?    Yes    No

Is the Property Vacant     Improved

Property Managed by:

Address:

City/St/Zip:

Insurance is handled by:

Address:

City/St/Zip:

Policies are located at:

Address:

City/St/Zip:
The location of the documents listed below can be located at
(Attorney, Accountant, Safe Deposit Box, Other-(please specify))

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deed</td>
<td></td>
</tr>
<tr>
<td>Copy of Mortgage</td>
<td></td>
</tr>
<tr>
<td>Improvement Loans</td>
<td></td>
</tr>
<tr>
<td>Title Insurance</td>
<td></td>
</tr>
<tr>
<td>Tax Receipts</td>
<td></td>
</tr>
<tr>
<td>Mortgage Insurance Policy</td>
<td></td>
</tr>
<tr>
<td>Title Abstract</td>
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<tr>
<td>Closing Abstract</td>
<td></td>
</tr>
<tr>
<td>Leases</td>
<td></td>
</tr>
<tr>
<td>Maps &amp; Surveys</td>
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</tbody>
</table>
Miscellaneous Assets

SECURITIES

Very valuable rights are often lost because the owners of stock certificates and bonds cannot be located. All the records of Purchase and Sale transactions are necessary for tax purposes.

Do you own securities (Stocks and/or Bonds)?    Yes    No

List of all securities and certificate numbers will be found at:

The Certificates/Bonds are located at: ________________________________

Do you have a Brokerage Account?    Yes    No
Name of Firm: ________________________________
Name of Broker: ________________________________
Address: ________________________________
City/St/Zip ________________________________
Records of Purchase & Sale are located at:

City/St/Zip ________________________________

Policies Covering Others

Do you own insurance policies on the lives of others.    Yes    No

If yes, a list of Companies and policy numbers is located at:

City/St/Zip ________________________________

Name(s) of person(s) insured: ________________________________

Have you made loans against some policies:    Yes    No
If yes:
  Source of Loan: _________________________________
  Address:_______________________________________
  City/St/Zip ____________________________________
  Location of original application for policy:
  Address:_______________________________________
  City/St/Zip ____________________________________

Do you have Annuities?  Yes____  No ____
If yes,
  Detailed list is located at:
  Address:_______________________________________
  City/St/Zip ____________________________________

Location of Annuity Contract
  Address:_______________________________________
  City/St/Zip ____________________________________
  Agent selling annuity: ____________________________
  Location of Original Application for Annuity
  Address:_______________________________________
  City/St/Zip ____________________________________
Miscellaneous Assets

Listed here are assets such as fraternal and benevolent memberships, royalty rights, patents, debts due me, and other sources of income, such as trust income and pensions (Veterant’s Civil Service, Union, etc), that might not be readily located. Attach a complete list.
Mortgages, Loans, Debts

Real Estate Mortgage

Mortgage Company ____________________________
Account Number ____________________________
Address _________________________________
Monthly Payment __________________________
Final Payment Date _________________________

Mortgage Company ____________________________
Account Number ____________________________
Address _________________________________
Monthly Payment __________________________
Final Payment Date _________________________

Mortgage Company ____________________________
Account Number ____________________________
Address _________________________________
Monthly Payment __________________________
Final Payment Date _________________________

Bank Loans

Lender _________________________________
Account Number _________________________
Address ______________________________
Monthly Payment _________________________
Final Payment Date ______________________

Lender _________________________________
Account Number _________________________
Address ______________________________
Monthly Payment _________________________
Final Payment Date ______________________

Lender _________________________________
Account Number _________________________
Address ______________________________
Monthly Payment _________________________
Final Payment Date ______________________
Other Monthly Payment Due Dates (ex: 1st of Month, 15th of Month etc):

Payee: ___________________________  Date: __________
      Acct. Number ____________________

Payee: ___________________________  Date: __________
      Acct. Number ____________________

Payee: ___________________________  Date: __________
      Acct. Number ____________________

Payee: ___________________________  Date: __________
      Acct. Number ____________________
Pets/Livestock

Animal: __________________________
Disposition: ______________________
Short Term: _______________________
Long Term ________________________
Telephone: _______________________ 

Animal: __________________________
Disposition: ______________________
Short Term: _______________________
Long Term ________________________
Telephone: _______________________ 

Animal: __________________________
Disposition: ______________________
Short Term: _______________________
Long Term ________________________
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Animal: __________________________
Disposition: ______________________
Short Term: _______________________
Long Term ________________________
Telephone: _______________________ 

Animal: __________________________
Disposition: ______________________
Short Term: _______________________
Long Term ________________________
Telephone: _______________________ 

Animal: __________________________
Disp...
Church Information

Church, Temple or affiliation: ________________________________
Address ________________________________
City/St/Zip ________________________________
Phone: _______________ Pastor /Rabbi ________________
Funeral Arrangements

BURIAL/PRE-ARRANGED FUNDER PLANS

Do you have a cemetery lot?        Yes____  No ___
Cemetery:________________________________________________________
Address________________________________________________________
City/St/Zip ____________________________________________________

Deed to lot is located at:
Address________________________________________________________
City/St/Zip ____________________________________________________

Is there a provision for perpetual care? Yes____  No ___

Do you have Pre-paid Funeral Arrangements? Yes____  No ___

Funeral Director of Choice: ________________________________

Instructions for my Funeral are in:  Will____  Letter____  Other ___
Obituary

Life History

Ancestry (parents, birth place, ethnic background)

Marital history and children

Work history

Honors

Hobbies

Journals, letters or personal narratives

Location

Cherished Memories

Favorite scripture passages, poems, songs, etc.

Life lessons, words for survivors

Expressions of love, gratitude or peace
GRIEF

“No one ever told me that grief felt so like fear.” C. S. Lewis

Grief is possibly the least understood and includes extremely complex emotions. Allowing ourselves to grieve helps us heal and helps us overcome fear. The grieving process can be broken down into fix levels, but it must be remembered that you will go in and out of these levels, and in no particular order.

**Denial and Isolation:**

Denial helps you survive the loss. Denial is characterized by feeling overwhelmed, shocked and numb. You may wish to avoid talking about your loved one’s death. When the reality of your loss hits you, the feelings you were denying surface.

**Anger:**

When you begin to feel the reality of what has happened, when your feelings begin bubbling up, you may feel anger. This anger may be aimed at your deceased loved one, friends or family, at yourself, co-workers, doctors, or complete strangers. Anger can allow you to keep from feeling other emotion such as sadness, despair, fear and anxiety. It may also stir up different emotions such as guilt or same for feeling angry. Anger is normal and part of the grieving process… allow yourself these feelings. Don’t judge yourself when you feel angry while grieving.

**Bargaining:**

The bargaining stage allows you to have feelings of helplessness and vulnerability. You want to find a way to be in control. Common thoughts during this phase include “If only”… If only we’d seen the doctor sooner; If only I’d prayed more; If only I’d been a better person. Like anger, this phase may leave us feeling guilt and shame. Try not to grab onto these thoughts or hang onto them… Let them pass!

**Depression:**

Depression includes feelings of sadness, loss of energy, loss of interest in usual activities. It can include feelings of hopelessness and an inability to do ordinary self-care (ex. eat, sleep).

While depression is part of the process, if you feel sadness lingering and interfering with your life in a significant way, it’s time to seek help. Thinking you can’t go on, or you won’t be able to live without your loved one warrants a discussion with your Doctor.

**Acceptance:**

Acceptance is characterized by the ability to see reality. You face your loss and all its implications, including perhaps a new financial and social reality.

Acceptance does not mean you no longer miss your loved one. It means that you accept life without him or her.
Appendix

1. Living Will
2. Organ Donation Form
3. Funeral Planning Document