



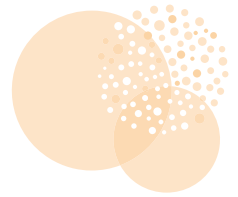
NOTES TO MY FAMILY

INTRODUCTION

Prepared By:

Date:

WELCOME TO NOTES TO MY FAMILY

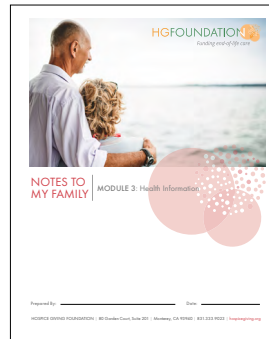
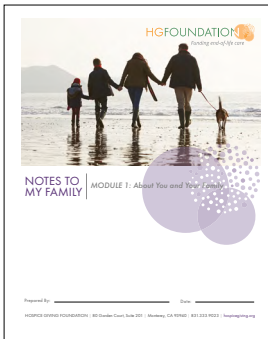


Notes to My Family was created to help individuals leave information to their family members. At Hospice Giving Foundation, we have learned that the end-of-life process is often consumed by gathering of these details and information, rather than being present with loved ones during their final weeks and days.

Notes to My Family is a planning tool, organized into four modules, which gives people a convenient place to express their wishes for end-of-life care and catalog important information. Below are brief descriptions of the information you will be encouraged to catalog in each module. The tool is comprehensive, so you choose which information is relevant for you.

At the end of this introduction, you will find a glossary with definitions of terms that are referenced throughout *Notes to My Family*. We hope this will be a benefit to you and your family throughout your planning process and will assist in a clear and shared understanding of your wishes by your family members.

For your privacy and protection, the digital version of this document will require you to create a password for security protection. This document contains detailed information about your finances and health care, as well as personal information. If you print this tool and manually complete it, be sure to retain it in a secure and locked place. Be sure those who will need this information knows how to access and locate the files. Thank you.



Module One - About You and Your Family:

- Personal data, identification, and history
- Contact Information for relatives, friends, and close contacts
- How to handle your basic daily needs

Module Two - Assets, Legal, and Financial: *Notes to My Family does not provide and is not a substitution for legal advice. However, this tool provides you with a useful road map that can make the time spent with your advisors more efficient.*

- Accounting: Banking, credit cards, retirement, and/or savings accounts
- Loans and mortgages
- Insurance plans and policies
- Assets and deeds
- Will and trusts
- Professional contacts

Module Three, Health Information

- Past illnesses, surgeries, medications, and allergies
- Healthcare Directives: POLST (Physician Orders for Life-Sustaining Treatment), Advance Care Directive and/or the Five Wishes
- Durable Power of Attorney for Healthcare - who can make health-care decisions for you
- Your preferences for out-of-home care/assisted living, if necessary

Module Four, Wishes and Memories

- Burial plans, services, and preferences
- Who to notify upon your death
- Intentions about organ donations
- Personal reflections about your life that you wish to pass onto others

INTRODUCTION



WAYS TO USE THIS ORGANIZER

This tool has been designed for desktop computer use. It will be less user-friendly on a mobile device. If you are using this tool on a public computer, be sure to save the file to a flash-drive and delete it from the public computer.

Always remember to retain this document in a safe, secure place to protect your information.

Helpful Tip

- *Take time and be patient while completing this project*
- *Begin by reviewing each section, to get a feel for what kind of information you'll want to organize*
- *Gather information and related documents ahead of time as it may be tough to put your hands on some of the information*
- *Remember, some sections won't seem quite so important to you*

Each section has a corresponding video with helpful guidance and tips from people who believe this process is important. They share expertise and offer encouragement to help you along. Throughout this toolkit you'll also find 'Helpful Tips' – suggestions to help you with decision-making and organizing.

Moving Around in These PDFs

If you are completing this document on your computer, the easiest way to move from page to page is by using your mouse to click on the arrows at the bottom of the page. (You can also use the 'Tab key' on your keyboard to tab from field to field and from page to page.) The left-pointing arrow will move you back to the previous page, while the right-pointing arrow advances you to the next page. On the last page of the pdf is an upward-pointing arrow. Clicking on this arrow will move you to the beginning of the document.

Keeping Important Documents with this Organizer PDF

At the beginning of each module will be a list of relevant important documents that we advise you have on hand. Here are a few good suggestions about organizing those documents. Some people prefer to keep all documents in 'hard copy', not on the computer. If so, keep a list of documents in *Notes to My Family* with directions about where to find them. If that is you...

- Consider buying a plastic file box with a handle. These boxes are not too large and can be easily stored in a safe location.
- Consider a three-ring binder for storing all your documents with tabs to separate the different sections.
- If you have a safe in which to store your documents, be sure to include the combination to the safe in *Notes to My Family*.

Some people prefer to scan documents to their computer. If that is you...

- Save your computer folders in one main folder labeled *Notes to My Family*
- Create sub-folders for each *Notes to My Family* module and name each document folder accordingly, such as *About You and Your Family: Documents*
- Consider creating a password protected folder so only the right people can access your information

It is very important to us that you protect your personal private information. We are providing a technical support appendix with specific directions on how to save documents on your computer with good security sensibility. While a technical document, it is there for your reference. It might be a good idea to go over it with someone who understands computers well so you feel confident that your information is protected.

INTRODUCTION, CONTINUED

Saving Your PDFs

Once you have downloaded a PDF onto your computer, you can save it (and the contents typed into it) at anytime by choosing **File > Save** from the top menu bar in your PDF reader software. You can then open the PDF at a later date and continue adding information. Each PDF will automatically save as the title, for example, *About You and Your Family*.

We recommend that you choose **File > Save As** to save the PDF with a different name. For example, you might add your last name and the date edited to the PDF name, saving an updated copy of the PDF as *About You and Your Family **Your Last Name Date***. This might be useful when you are archiving multiple versions of the PDF.

OUR MISSION AT HOSPICE GIVING FOUNDATION

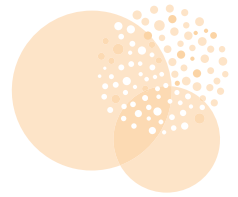
Hospice Giving Foundation believes living well includes dying peacefully, in comfort, and with dignity. Advocating compassionate end-of-life care, we raise funds and award grants to strengthen local providers' ability to serve our community. We promote advance planning so families can prepare for and access choices for end-of-life care.

Hospice Giving Foundation is an independent grant-making foundation exclusively for end of life. Unaffiliated with a direct patient care provider, Hospice Giving Foundation is the primary funder of a spectrum of qualified nonprofit agencies that deliver compassionate end-of-life care in Monterey and San Benito Counties. Since 1997, Hospice Giving Foundation has awarded grants totaling almost \$25 million.

We are unique in what we fund. This allows us to be a strong voice for a difficult topic. This Foundation supports innovation and active dialogue about dignified family and patient-centered end-of-life care. Grants support hospice and palliative care, grief support, specialized services for terminally ill children and their families, and services for those with terminal medical conditions such as Alzheimer's disease. We provide outreach and education so families can plan for the end of life. Through our grants, educational outreach, and tools such as *Notes to My Family*, Hospice Giving Foundation supports access to end-of-life care, while giving hope to families and peace of mind to our community. The ongoing generosity of our community makes this possible. We hope you will see the value in this tool and we welcome your feedback and suggestions. If you wish to make a gift to Hospice Giving Foundation, please visit hospicegiving.org/donate. Thank you.



EMERGENCY CONTACT INFORMATION



IN THE EVENT OF AN EMERGENCY

Who are the first people to call:

Name:

Name:

Phone 1:

Phone 1:

Phone 2:

Phone 2:

Relationship:

Relationship:

List any medical alerts or allergies:

Who has legal authority to make decisions for you:

Name:

Medical Power of Attorney

Phone 1:

Other:

Phone 2:

List the contact information for your Primary and / or Specialist Physician(s):

Name:

Name:

Phone 1:

Phone 1:

Phone 2:

Phone 2:

Friends and neighbors are there to help during an emergency or serious illness. Consider who will do these things. Be sure to include their phone numbers.

For parents of minor children: Who will care for your children?

Name:

Phone:

Relationship:

Who will:

Bring you clothing: Name:

Phone:

Make the calls: Name:

Phone:

Care for your pet: Name:

Phone:

Pay your bills: Name:

Phone:

Clean up and lock your home: Name:

Phone:

Helpful Tip

Emergency Document Finder List

- POLST (Physician Orders for Life Sustaining Treatment)
- Advance Health Care Directive (AHCD)
- Healthcare Agent or Durable Power of Attorney for Healthcare (DPA)
- Legal Power of Attorney
- Medication and Allergy List



Advance Care Directive A legal document that allows you to set out written wishes for your medical care and to name a person to make sure those wishes are carried out.

Beneficiary The person(s) or organizations(s) that benefits from a Will or Trust.

CPR Cardiopulmonary resuscitation (CPR) is a lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing or heartbeat has stopped.

Conservatorship A legal arrangement that gives an adult the court-ordered authority and responsibility to manage another adult's financial affairs.

Do Not Resuscitate Order (DNR) This is a legal document that prevents medical personnel from doing cardiopulmonary resuscitation (CPR) to prolong or save your life.

Durable Power of Attorney for Health Care A legal document that you can use to give someone permission to make medical decisions for you if you are unable to make those decisions yourself. The person you name to represent you may be called your agent, attorney-in-fact, health care proxy, patient advocate, or something similar, depending on where you live.

Estate An estate is the total accumulation of an individual's assets. There are different subsets of an estate. A probate estate includes all of the assets that must be processed in a probate or court proceeding. A trust estate includes all assets that are held by a trust. A taxable estate includes all assets that are subject to estate tax.

Estate Plan An estate plan is the preparation of a plan to carry out the administration and disposition of a person's property according to their wishes before or after their death. The goal of an estate plan is to preserve flexibility for the individual as well as to preserve the maximum amount of wealth possible prior to death, in accordance with federal and state tax law.

Estate Planning Estate planning is the process of anticipating and arranging for the transfer or disposition of assets in anticipation of, or after, a loved one's death.

Executor A person who administers the estate of a deceased person. The executor is responsible for gathering all of the decedent's assets and giving them to the appropriate beneficiaries.

Fiduciary A person or entity with the legal duty to act primarily for another's benefit.

GLOSSARY, CONTINUED

Guardian A person who has the legal authority to make healthcare decisions and to manage property and financial matters on behalf of another person. A guardian can be appointed by the court in the absence of a healthcare agent.

Organ Donor Form If you choose to be an organ donor, this legal form provides proof that you want to donate organs or tissue after your death.

POLST Physician Orders for Life Sustaining Treatment is a form that clearly states what kinds of medical treatment a person wants, including extraordinary measures (such as a ventilator or feeding tube) and CPR. Printed on bright pink paper, and signed by both a doctor and patient, POLST helps give seriously-ill patients more control over their care. POLST must be signed by you and your physician (or in California by your nurse practitioner or physician's assistant effective 2016) to be legally binding.

Power of Attorney A document that gives another person legal authority to act on your behalf. If you create such a document, you are called the principal, and the person to whom you give this authority is called your agent or attorney-in-fact. If you make a durable power of attorney, the document will continue in effect even if you become incapacitated.

Probate The court-supervised process following a person's death that includes:

- proving the authenticity of the deceased person's will
- appointing someone to handle the deceased person's affairs
- identifying and inventorying the deceased person's property
- paying debts and taxes
- identifying heirs, and
- distributing the deceased person's property according to the will or, if there is no will, according to state law.

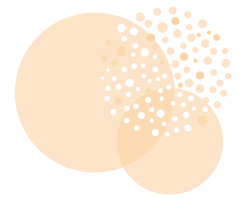
Trust A legal agreement in which property is held and managed by a Trustee for another person. The person who creates the trust is the settlor. The person who holds the property for another's benefit is the trustee. The person who is benefited by the trust is the beneficiary.

Trustee The individual or company who manages assets in a trust on behalf of the beneficiary. Typically, during a lifetime, the person who established the trust is the initial trustee.

Successor Trustee or Alternate Executor Can be a bank, private fiduciary, family member or other trusted advisor or friend.

Will A legal document stating the intentions of a deceased person concerning the distribution of their property.

APPENDIX: SECURITY AND PRIVACY PROTECTION



Your *Notes to My Family* documents may contain lots of sensitive information. You may want to password protect their contents. Note that we accept no liability for any loss of, or unauthorized access to, your *Notes To My Family* documents.

Free Password Protection on iOS Computers (Apple iMacs, etc.) Using Preview:

(Note: the procedure may vary depending upon the version of Preview and version of operating system you are using.) If you are using an Apple computer with the free file display Preview installed, you can easily password protect any PDF. A user will need to know the password in order to view the file. One important caveat, however: once the PDF is saved using Preview, when you open it to edit once more, Preview creates a copy of the file for you to change - which you will then again save with a password. When the time comes to update again, repeat the process.

To use Preview to password protect your PDF:

- Open the PDF using Preview.
- Fill out the PDF form fields.
- Choose File > Export
- At the top of the window that appears, enter a filename for the PDF and then, navigate to the folder where you want to export the file.
- For "Format" choose PDF, and for "Quartz Filter" choose None.
- At the bottom of the window, check the box that's labeled "Encrypt"
- Enter and the re-enter your password in the fields that appear.
- Click Save.

Password Protection Using Adobe Acrobat Standard for Mac or PC Users:

(Note: the procedure may vary depending upon the version of Acrobat you are using and your computer platform.) Adobe Acrobat Standard can be purchased for a low price via a 1-month subscription to Adobe Creative Cloud. Once subscribed you can use Adobe Acrobat Standard to open and password protect the PDF. A user will need to know the password in order to view and / or edit the file. Once password protected, the document keeps that protection forever even if you cancel your Creative Cloud subscription. This password protection is a two-step process, and should be undertaken with care.

We suggest you create a password longer than 14 characters, with upper and lower case letters, symbols, and numbers. You might also want to use a secure password-keeping program to store your password.

Step 1 adds the password protection permissions to the PDF

- To add encryption functionality to your PDF:
- Open your PDF and choose Save As
- In the dialog box which appears, choose Restrict Editing. A new dialog box appears, which asks you to create and then verify a Permissions Password.
- Enter the password, click OK, and then save your PDF.

Step 2 allows you to determine which functionality (viewing, editing, printing) is password protected.

- Open your PDF once more. You'll notice that the filename now has the word SECURED after it in parentheses.
- Choose Properties from the File menu.
- In the dialog box which appears, make sure the Security tab is selected at the top of the box, and then, that Password Security is selected from the dropdown menu next to Security Method.
- Click the Change Settings button and you will be prompted to enter the password you just created in Step 1.
- A new dialog box appears. Use this dialog box to set passwords for viewing, editing, or printing the PDF.



NOTES TO MY FAMILY

MODULE 1: About You and Your Family

Prepared By:

Date:

ABOUT YOU AND YOUR FAMILY



This module provides you with an opportunity to provide details that could help others know more about you. Based on what you choose to share, this information could inform your family members about aspects of your personal history and how you wish to be remembered. You can also include directions about who to contact during serious illness or towards the end of your life on page 5.

We encourage you to be as detailed as possible in this section. Consider the generations who will follow you and how appreciative they will be to have this information. Let them find comfort and pride in knowing who came before them.

Helpful Tip

Have the information below ready before starting to fill out this document.

About You and Your Family Document Finder List

- Birth Certificate
- Citizenship Papers, if applicable
- Death Certificates
- Divorce decrees
- Medicare and / or other insurance card
- Passport
- Social Security Card
- Veteran ID Card

Notes:

Take this opportunity to tell your family or friends of any family history or narrative they might enjoy. You may also use Module 4 of this organizer, Wishes and Memories, to write down these stories.

PERSONAL INFORMATION

First Name:

Middle Name:

Last Name:

Maiden Name:

Current Address:

City:

State:

Zip:

Country:

Country Code:

Home Phone:

Work Phone:

Cell Phone:

Home Phone Voicemail Password:

Work Phone Voicemail Password:

Cell Phone Voicemail Password:

Date of Birth:

Location of Birth:

Social Security #:

Driver License # / State:

Medicare #:

Passport #:

Veteran:

YES

NO

Dates of Service:

Branch of Service:

Rank:

Citizen of foreign county:

YES

NO

Country of origin:

Date entered USA:

Single

Married

Domestic Partner

Divorced

Widowed

Spouse / Partner Name:

Phone Number:

Date of Birth:

Date of Marriage:

Place of Marriage:

If spouse/partner is deceased, date deceased:

Name:

Date Deceased:

FAMILY, FRIENDS, AND RELATIONSHIPS

As families come in all shapes of sizes, we are providing this space for you to list those people who are important to you, be it family or family-of-choice. You may want to register your parents, grandparents, siblings, children, grandchildren, nephews or nieces, best friends, mentors or mentees. Feel free to attached additional pages if needed.

PERSON 1

First Name: Middle: Last:
How is this person connected to you?
Address: City: ST: Zip:
Country: Email(s):
Home Phone: Cell Phone: Work Phone:
Notes:

PERSON 2

First Name: Middle: Last:
How is this person connected to you?
Address: City: ST: Zip:
Country: Email(s):
Home Phone: Cell Phone: Work Phone:
Notes:

PERSON 3

First Name: Middle: Last:
How is this person connected to you?
Address: City: ST: Zip:
Country: Email(s):
Home Phone: Cell Phone: Work Phone:
Notes:

FAMILY, FRIENDS, AND RELATIONSHIPS, CONTINUED

PERSON 4

First Name: Middle: Last:
How is this person connected to you?
Address: City: ST: Zip:
Country: Email(s):
Home Phone: Cell Phone: Work Phone:
Notes:

PERSON 5

First Name: Middle: Last:
How is this person connected to you?
Address: City: ST: Zip:
Country: Email(s):
Home Phone: Cell Phone: Work Phone:
Notes:

PERSON 6

First Name: Middle: Last:
How is this person connected to you?
Address: City: ST: Zip:
Country: Email(s):
Home Phone: Cell Phone: Work Phone:
Notes:

FAMILY, FRIENDS, AND RELATIONSHIPS, CONTINUED

PERSON 7

First Name:

Middle:

Last:

How is this person connected to you?

Address:

City:

ST:

Zip:

Country:

Email(s):

Home Phone:

Cell Phone:

Work Phone:

Notes:

PERSON 8

First Name:

Middle:

Last:

How is this person connected to you?

Address:

City:

ST:

Zip:

Country:

Email(s):

Home Phone:

Cell Phone:

Work Phone:

Notes:

PERSON 9

First Name:

Middle:

Last:

How is this person connected to you?

Address:

City:

ST:

Zip:

Country:

Email(s):

Home Phone:

Cell Phone:

Work Phone:

Notes:

RELATIONSHIPS, CONTINUED

Notes:

Use this space to provide other information or stories about people who are important to you. If there are individuals you specifically do not wish to be contacted, please note here.

YOUR DIGITAL WORLD

Is your computer password protected? If so, record your login information below:

Computer User Name:

Computer Password:

If you have a website:

Your Website Address:

Website User Name:

Website Password:

Your Email Accounts

Email Address 1:

Email Password 1:

Email Address 2:

Email Password 2:

Email Address 3:

Email Password 3:

Web-based Accounts/Social Media Platforms

Site 1: Close upon my death Yes No

User Name: Password:

Site 2: Close upon my death Yes No

User Name: Password:

Site 3: Close upon my death Yes No

User Name: Password:

Site 4: Close upon my death Yes No

User Name: Password:

Site 5: Close upon my death Yes No

User Name: Password:

Site 6: Close upon my death Yes No

User Name: Password:

Site 7: Close upon my death Yes No

User Name: Password:

Site 8: Close upon my death Yes No

User Name: Password:

Primary email address used for password recovery:

PERSONAL HISTORY

Places You Have Lived + Dates

Education/Training/Craft

EMPLOYMENT

We welcome you to complete the form below or attach a recent copy of your resume/CV.

Current (or Last) Employer:

Contact:

Occupation:

Dates Employed:

Address:

City:

ST:

Zip:

Country:

Phone:

Email:

Website:

Notes:

Previous Employer:

Occupation:

Notes:

Previous Employer:

Occupation:

Notes:

Previous Employer:

Occupation:

Notes:

YOUR COMMUNITY & INTERESTS



Please use this section to share information about who forms your community. Include groups or organizations with whom you are connected. Consider special interest, religious, spiritual, political, community, social groups, and/or your volunteer services.

Organization Name:

Your Involvement:

Website:

City:

ST:

Contact:

Notes:

Organization Name:

Your Involvement:

Website:

City:

ST:

Contact:

Notes:

Organization Name:

Your Involvement:

Website:

City:

ST:

Contact:

Notes:

Organization Name:

Your Involvement:

Website:

City:

ST:

Contact:

Notes:

Organization Name:

Your Involvement:

Website:

City:

ST:

Contact:

Notes:

YOUR COMMUNITY & INTERESTS, CONTINUED

Organization Name:

Your Involvement:

City:

ST:

Website:

Contact:

Notes:

Organization Name:

Your Involvement:

City:

ST:

Website:

Contact:

Notes:

Organization Name:

Your Involvement:

City:

ST:

Website:

Contact:

Notes:

Organization Name:

Your Involvement:

City:

ST:

Website:

Contact:

Notes:

Organization Name:

Your Involvement:

City:

ST:

Website:

Contact:

Notes:

YOUR COMMUNITY & INTERESTS, CONTINUED

Use this section to provide more details about your community affiliations and/or military service details.

NOTES TO MY FAMILY

MODULE 2: Assets, Legal and Financial

Prepared By:

Date:

ASSETS, FINANCIAL, AND LEGAL



This module helps you prepare for legal considerations, which can become very complex without advance planning.

Notes to My Family is not a substitution for legal advice. However, this tool does provide you with a useful road map that can make the time spent with your advisors more efficient. Here you can find the right questions to ask your attorney or advisor about financial and legal matters, and your assets.

At the end of the *Introduction* PDF, you will find a glossary with simple, easy-to-understand definitions, as well as some best practices that can benefit you and your family. As a reminder, be sure to review your plans and wills on an annual basis.

Helpful Tip

Have the information below ready before starting to fill out this document.

Assets, Legal, and Financial Document Finder List

- Checking and saving account information, including online account usernames and passwords
- Credit / debit card information
- Retirement account information
- Titles to cars, boats, etc.
- Insurance Policies
- Household inventory
- Property details
- Will, Trust, and Power of Attorney information

FINANCIAL ADVISOR:

Name: _____ Firm: _____
Phone: _____ Email: _____
Address: _____
My family member or primary designee knows how to contact this person: YES NO

CPA/ACCOUNTANT:

Name: _____ Phone: _____
Firm: _____ Email: _____
Address: _____
My family member or primary designee knows how to contact this person: YES NO

Notes:

BASIC BOOKKEEPING INFORMATION



HOW DO YOU CURRENTLY PAY YOUR BILLS? CHECK ALL THAT MAY APPLY:

Manual Checking (you write checks and log in a simple check register)

Bills are paid electronically using software listed below

Bill pay services through my banking institution, specify:

Bill pay services through vendors (such as PG&E, cable, department stores, etc). List the vendors you pay this way:

Bookkeeper manages my bills

Electronic banking/accounting programs

(please specify which software you use and if it is cloud based or a desktop version, such as Quicken, Quickbooks, Freshbooks, etc)

Software:

User ID:

Password:

Format:

Desktop

Cloud based

Usage:

Personal Use

Business Use

Software:

User ID:

Password:

Format:

Desktop

Cloud based

Usage:

Personal Use

Business Use

Software:

User ID:

Password:

Format:

Desktop

Cloud based

Usage:

Personal Use

Business Use

DO YOU RECEIVE ANY INCOME, SUCH AS SOCIAL SECURITY OR VETERAN'S BENEFITS, VIA DIRECT DEPOSIT?

YES

NO

If yes, please specify the type of income:

Monthly day of deposit:

FINANCIAL INSTITUTIONS AND ACCOUNTS



There are many types of financial accounts that we use in our daily lives, such as banking, checking, savings, and investment. Use this page to specify these accounts, along with institution name and online password / user id if you have one.

TYPE OF ACCOUNT

Notes:

Name of Institution:

Account Number:

Debit/Credit Card No:
(if applicable)

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay? YES NO

TYPE OF ACCOUNT

Notes:

Name of Institution:

Account Number:

Debit/Credit Card No:
(if applicable)

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay? YES NO

TYPE OF ACCOUNT

Notes:

Name of Institution:

Account Number:

Debit/Credit Card No:
(if applicable)

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay? YES NO

CREDIT CARDS



Use this section to record additional credit or debit cards that are not affiliated with a financial account.

Card#:	Card#:	Card#:
Type:	Type:	Type:
Name of Institution:	Name of Institution:	Name of Institution:
Expiration Date:	Expiration Date:	Expiration Date:
Card#:	Card#:	Card#:
Type:	Type:	Type:
Name of Institution:	Name of Institution:	Name of Institution:
Expiration Date:	Expiration Date:	Expiration Date:

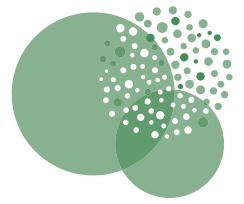
Helpful Tip

You may wish to make a copy of your credit cards for easier reference. Remember to update as needed. File the printout with your other records in case your cards get stolen - it's an easy quick reference!

AUTOMATIC BILL PAYMENTS

Name of Biller:	Name of Biller:	Name of Biller:
Account drawn from:	Account drawn from:	Account drawn from:
Date drawn:	Date drawn:	Date drawn:
Name of Biller:	Name of Biller:	Name of Biller:
Account drawn from:	Account drawn from:	Account drawn from:
Date drawn:	Date drawn:	Date drawn:

RETIREMENT ACCOUNTS



Use this page to record your retirement accounts / plans. Please specify the type of retirement account / plan for each account listed. Common types include IRA, ROTH, 401K, 403B, and various government plans. Include any extra information in the notes section.

TYPE OF PLAN

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

TYPE OF PLAN

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

TYPE OF PLAN

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

LOANS



Use this page to record your outstanding loans and accompanying information. You may also want to record loans that have been paid in full, and note the location of any official documentation.

Loan Payee:

Account Number:

Address:

Phone:

Email:

Close Date:

Terms (Year):

Terms (% Rate):

Notes/Purpose:

Loan Payee:

Account Number:

Address:

Phone:

Email:

Close Date:

Terms (Year):

Terms (% Rate):

Notes/Purpose:

Loan Payee:

Account Number:

Address:

Phone:

Email:

Close Date:

Terms (Year):

Terms (% Rate):

Notes/Purpose:

PROPERTY INFORMATION / THINGS YOU VALUE



YOUR PRIMARY RESIDENCE / PROPERTY:

Address:

City:

State:

Zip Code:

Country:

Property Tax:

Sq Ft:

Yr Built:

Due On:

Bath/Bed:

Estimated Value:

Do you own this residence? YES NO

Do you rent this residence? YES NO

If owned, location of Title / Deed:

Notes:

OTHER RESIDENCE / PROPERTY:

Please indicate the type of property, such as second home, commercial, rental, farm land, or undeveloped land.

Address:

City:

State:

Zip Code:

Country:

Property Tax:

Sq Ft:

Yr Built:

Due On:

Bath/Bed:

Estimated Value:

Do you own this residence? YES NO

Do you rent this residence? YES NO

If owned, location of Title / Deed:

Notes:

Add additional page if needed.

IMPORTANT HOUSEHOLD ITEMS

Helpful Tip

A quick way to inventory your important household articles is to record your items, describing them as you go. If the item has a serial number or other distinguishing mark, make sure you capture that as well.

ITEM	SERIAL NUMBER	PURCHASE AMOUNT	DATE PURCHASED	ESTIMATED VALUE



Helpful Tip

Be sure to include all types of insurance policies you have. Some common insurance includes homeowners, renters, automobile, life insurance, health insurance, and long-term care insurance.

TYPE OF POLICY:

Notes/Purpose:

Contact/Agent Name:

Agency Name:

Policy/Account #:

Phone:

Email:

Website:

Beneficiary (if applicable):

Policy Value (if applicable):

TYPE OF POLICY:

Notes/Purpose:

Contact/Agent Name:

Agency Name:

Policy/Account #:

Phone:

Email:

Website:

Beneficiary (if applicable):

Policy Value (if applicable):

TYPE OF POLICY:

Notes/Purpose:

Contact/Agent Name:

Agency Name:

Policy/Account #:

Phone:

Email:

Website:

Beneficiary (if applicable):

Policy Value (if applicable):

INSURANCE, CONTINUED

TYPE OF POLICY:

Notes/Purpose:

- Contact/Agent Name:
- Agency Name:
- Policy/Account #:
- Phone:
- Email:
- Website:
- Beneficiary (if applicable):
- Policy Value (if applicable):

TYPE OF POLICY:

Notes/Purpose:

- Contact/Agent Name:
- Agency Name:
- Policy/Account #:
- Phone:
- Email:
- Website:
- Beneficiary (if applicable):
- Policy Value (if applicable):

TYPE OF POLICY:

Notes/Purpose:

- Contact/Agent Name:
- Agency Name:
- Policy/Account #:
- Phone:
- Email:
- Website:
- Beneficiary (if applicable):
- Policy Value (if applicable):

LEGAL INFORMATION



YOUR WILL

I have prepared a Will: YES NO

If yes, a copy of the Will is stored:

Date executed:

Attorney:

Address:

City:

State:

Zip:

Country:

Phone:

Email:

Notes:

INFORMATION ABOUT YOUR LIVING TRUST

I have prepared a Living Trust: YES NO

If yes, an official copy is stored:

Date executed:

Attorney:

Address:

City:

State:

Zip:

Country:

Phone:

Email:

Notes:

LEGAL INFORMATION, CONTINUED

FINANCIAL POWER OF ATTORNEY:

I have a financial power of attorney: YES NO

If yes, a copy is stored:

Date executed:

Attorney:

Address:

City:

State:

Zip:

Country:

Phone:

Email:

Notes:

ADVANCE HEALTH CARE DIRECTIVES

Helpful Tip

Be sure to give copies of these important documents to those you authorize to act on your behalf. These are common tools, but not the only ones you can use. Ask your doctor or attorney to help you decide which to use.

Select those you have completed and indicate where the original signed copy can be found.

POLST

An official copy is stored:

Date executed:

Signed by:

Agent / Proxy:

Agent Email:

Home Phone:

Cell Phone:

Check if your POLST is part of your medical record at your local hospital.

Notes:

DURABLE POWER OF ATTORNEY FOR HEALTHCARE

An official copy is stored:

Date executed:

Signed by:

Agent / Proxy:

Agent Email:

Home Phone:

Cell Phone:

Check if your Durable Power of Attorney is part of your medical record at your local hospital.

Notes:

ADVANCED HEALTH CARE DIRECTIVE/FIVE WISHES

An official copy is stored:

Date executed:

Signed by:

Agent / Proxy:

Agent Email:

Home Phone:

Cell Phone:

Check if your Five Wishes/ACD is part of your medical record at your local hospital.

Specify Form Used and Notes:

IMPORTANT CONTACTS

ATTORNEY(S):

Name:

Address:

Phone:

Email:

This person has my will on file
and knows who else can access it.

YES

NO

ATTORNEY(S):

Name:

Address:

Phone:

Email:

This person has my will on file
and knows who else can access it.

YES

NO

TRUSTEE:

Name:

Address:

Phone:

Email:

This person has my will on file
and knows who else can access it.

YES

NO

SUCCESSOR TRUSTEE:

Name:

Address:

Phone:

Email:

This person has my will on file
and knows who else can access it.

YES

NO

EXECUTOR:

Name:

Address:

Phone:

Email:

This person has my will on file
and knows who else can access it.

YES

NO

OTHER:

Name:

Address:

Phone:

Email:

This person has my will on file
and knows who else can access it.

YES

NO

OTHER:

Name:

Address:

Phone:

Email:

This person has my will on file
and knows who else can access it.

YES

NO

OTHER:

Name:

Address:

Phone:

Email:

This person has my will on file
and knows who else can access it.

YES

NO

GENERAL NOTES

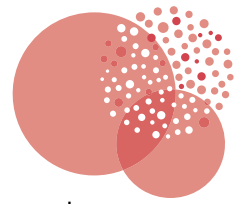
NOTES TO
MY FAMILY

MODULE 3: Health Information

Prepared By:

Date:

HEALTH INFORMATION



In this module, *Health Information*, you will be asked to document your important health information and your medical history, including past illnesses, surgeries, medications, and allergies. The more detailed and specific you can be, the better. This includes specifying diseases that have been in your immediate and extended families.

One of the most important discussions you should have with your physician centers on what type of care you want, measures you don't want, and how you wish to be treated in the event of a serious illness. Your doctor is there to take care of you and manage your illness, but you need to inform your doctor of your preferences. This module of *Notes to My Family* can guide you, and / or the person you dedicate to make health-care decisions for you, to be a better advocate.

There are two forms referenced in this section: the Advance Care Directive and the POLST (Physician Orders for Life-Sustaining Treatment). These are key documents that need to be completed with your physician and family members. Your local hospital can retain a copy of your POLST on file. Healthcare professionals recommend having a copy of your POLST in your car or displayed in a prominent place should an emergency arise. All of your emergency contacts should have a copy of your POLST. These forms should be reviewed annually and updated as needed.

Helpful Tip

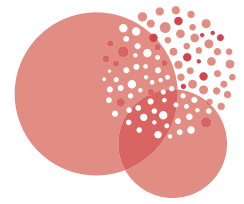
Review your past medical records and meet with your doctor to be sure all the information in this section is complete.

Health Information Document Finder List

- Durable Power of Attorney for Healthcare
- Advance Health Care Directive POLST (Physician Orders for Life Sustaining Treatment)
- Prescription medication list and current over-the-counter medications
- Current physicians' and / or caregivers' contact information
- Important medical records

Notes:

CURRENT LIST OF PHYSICIANS & HEALTH CARE PROVIDERS



LIST THE CONTACT INFORMATION FOR :

Primary and / or Specialist Physician(s)

Name:
Specialty:
Address:
Phone:
Email:

Name:
Specialty:
Address:
Phone:
Email:

Name:
Specialty:
Address:
Phone:
Email:

Name:
Specialty:
Address:
Phone:
Email:

Local Hospital

Name:
Address:
Phone:
Email:

Preferred Pharmacy

Name:
Address:
Phone:
Email:

Caregiver Agency

Name:
Address:
Phone:
Email:

Other

Name:
Address:
Phone:
Email:

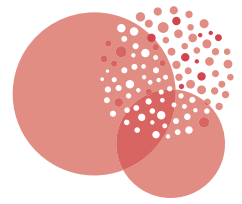
Other

Name:
Address:
Phone:
Email:

Other

Name:
Address:
Phone:
Email:

HEALTH INFORMATION FOR YOUR FAMILY



Do you have any life-threatening allergies? Be sure to list any medication allergies. Please be specific about reactions, complications, and current treatment.

Maintaining an accurate and up-to-date medication list is vital to your health care. Given that medications may change frequently, we recommend that you prepare a list that is kept with your POLST and in your medicine cabinet. It is very important to update your list whenever your medications or dosages change. Be sure to include the date each time you update your list so anyone who reviews it will know it is accurate.

Yes, I have prepared a list of my medications. It can be found:

Attached to my POLST

Inside my medicine cabinet

In the glove compartment of my car

I take it with me when I travel

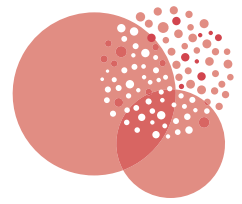
Other:

HEALTH INFORMATION FOR YOUR FAMILY, CONTINUED

Do you have any inherited or genetic conditions that family members should know about? Please explain:

Do you have any medical conditions, treatments, or surgeries that family members should know about? Please explain and include details such as when the surgery took place, are treatments ongoing, and where treatments are taking place:

ADVANCE CARE DIRECTIVES



The most valuable feature of advance healthcare directives is that they allow you to formally designate a decision-maker for medical affairs in the event you cannot speak for yourself. On page 15 in *Module 2: Assets, Financial, and Legal*, you are asked to document your completion of three specific documents. Here are some reminders about these forms.

Your health care directives take effect if your doctor determines that you lack the ability – often called the “capacity” – to make your own health care decisions. Practically speaking, lacking capacity usually means that you are so ill or injured that you cannot express your health care wishes in any way.

A POLST allows you to specify, in case you are unable to communicate, which treatments you would want to receive, such as CPR or a feeding tube. Your doctor with whom you discuss your POLST **must sign it in** order for it to become a legal document.

A Durable Power of Attorney for Healthcare is the document in which you appoint someone you trust to be your health care agent to make any necessary health care decisions for you and to see that doctors and other health care providers give you the type of care you wish to receive. You may also name a healthcare agent in your Advance Health Care Directive.

Five Wishes is a popular living will because it’s written in everyday language and helps people express their wishes in areas that matter most – the personal and spiritual in addition to the medical and legal. However, Five Wishes is not accepted at every mortuary or hospital. Be sure to ask if it is accepted or if additional documents are needed.

HERE IS YOUR CHECKLIST FOR PROPER USE OF THESE DOCUMENTS:

I have discussed it with my doctor and it is properly signed. (Signature required for POLST only)

My family members understand my wishes and we have discussed the treatments and interventions I want as well as those I do not want.

The document is located in an easily accessible place in the event of an emergency.

THE FOLLOWING HAVE A COPY OF THE DOCUMENT:

Family member(s), specify:

Primary physician, specify:

Local hospital, specify:

Healthcare agent, specify:

Notes:

ASSISTED LIVING OPTIONS

Helpful Tip

Discuss assisted living options (and their associated costs) with your family or friends before it comes time to implement these changes.

If my medical needs are such that I cannot remain safely/independently in my own home, I agree to:

Go to the assisted living residence listed below

Hire full-time in-home nursing care, for which resources have been reserved

Live with the following family member who has agreed to assume my care:

Name:

Phone:

Email:

I have spoken with the following family member or designated contact person about this:

Name:

Phone:

Email:

Caregiver or agency to provide in-home care

Contact:

Same as listed on page 3

Agency:

Address:

Phone:

Email:

I have contacted this person or agency about arrangements

YES

NO

Preferred assisted living facility

Contact:

Agency:

Address:

Phone:

Email:

I have contacted this person or agency about arrangements

YES

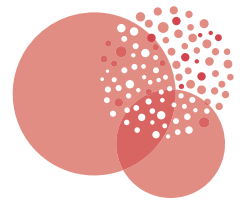
NO

I want my caregiver to know the following about me

(share any kind of personal detail or preference that you believe will help someone better understand your needs)

I have long-care insurance to assist with these costs. See policy info on *Module 2*.

HOSPICE CARE



Hospice care is considered the model for quality compassionate care for people facing a life-limiting illness. Hospice provides the patient with a team approach to medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well.

Hospice focuses on caring, not curing. In most cases, care is provided wherever the patient considers is home: their own home, that of a relative or friend, a retirement community, or a long-term care facility. Hospice services are available to patients with any terminal illness and an estimate of six months or less to live. Hospice is covered by insurance and Medicare. It is always recommended that you check your policy to determine what benefits you will have.

Hospice Care Provider:

Contact:

Provider:

Address:

Phone:

Email:

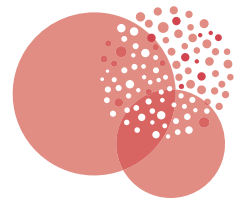
Notes:

I have contacted this
agency as my preferred
hospice care provider

YES

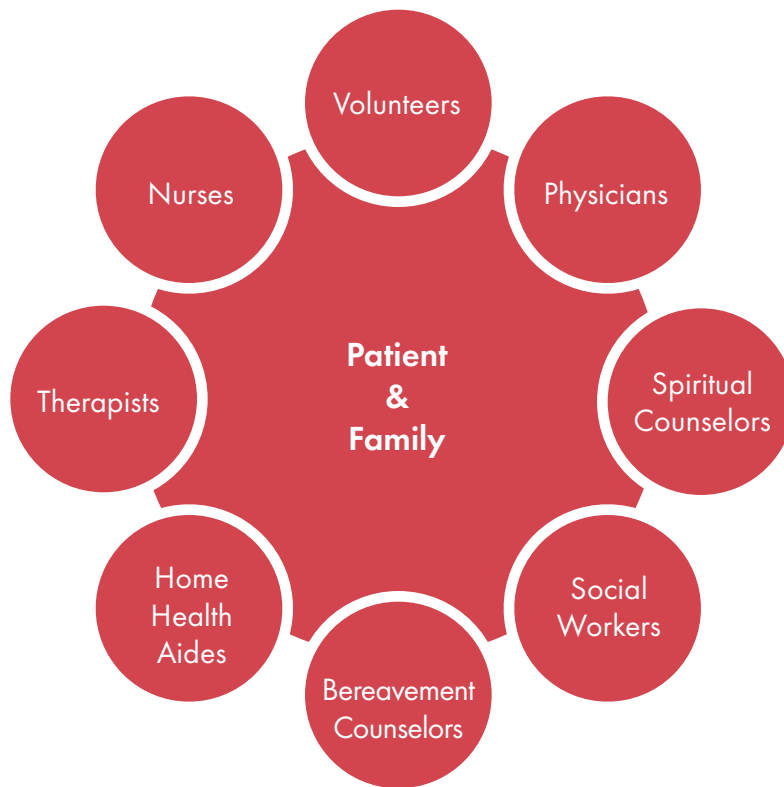
NO

PALLIATIVE CARE



Palliative care is different from hospice care as it is available to patients at any time during a serious illness. Patients can receive palliative care at the same time as they receive treatments that are meant to cure their illness. Palliative care is similar to hospice in that it involves a dedicated team who provide medical, emotional and spiritual support to the patient and his or her family. Its availability does not depend upon whether or not your condition can be cured.

The goal is to make patients as comfortable as possible and improve their quality of life. Patients do not have to be at the end of life to receive palliative care. There are increasing insurance plans that cover palliative care, including Medicare in select states.



Model of care for both hospice and palliative care.



NOTES TO MY FAMILY

MODULE 4: Wishes and Memories

Prepared By: _____

Date: _____

WISHES AND MEMORIES



In our final module, *Wishes and Memories*, you will be asked to answer sensitive questions including burial plans, who to notify upon your passing, and your intentions about organ donations. You will be encouraged to write your own obituary and to plan for your end-of-life celebration.

Wishes and Memories may help you find peace and solace by sharing information about your life and leaving messages for family members or loved ones and expressing your final wishes. It is a special section that when thoughtfully completed will allow others to fully honor your life.

Wishes and Memories Document / Media Finder List

- Funeral / service / celebration plan
- Your obituary / photo to be used
- Music (sheet or media file) to play at funeral /service / celebration
- Readings for funeral / service / celebration
- Burial plot / Cremation paperwork
- Organ Donor card or documentation

Notes:

YOUR WISHES



ORGAN DONATION

Are you an Organ Donor?	YES	NO
If so, have you indicated this on your Driver's License:	YES	NO
As part of your Advance Health Directive:	YES	NO
In a different document:	YES	NO

If yes, where:

OBITUARY

Have you composed your obituary:	YES	NO
----------------------------------	-----	----

If so, where is it stored:

In which publications or online platforms, if any, would you like the obituary to appear:

Is there a specific photo(s) you would like to use? If so, where is it stored:

If desired, insert a copy of your obituary below:

YOUR WISHES, CONTINUED

OBITUARY, CONTINUED

If you have not written your obituary, who should be responsible?

Name: Relationship:

Address: Phone:

Email:

Suggestions for basic information to include in your obituary:

First Name: Middle Name:

Last Name: Maiden Name:

Nick Name: Age: Gender:

City of Residence: Length of Time:

Date of Birth: Place of Birth:

Military Service:

Profession:

Training/Education/Skills:

Community Organizations and Connections:

Next of Kin, Survived by: See Module 1 for additional Information

Service / Celebration Information:

Mortuary Information:

Charitable Contributions:

Notes:

FUNERAL / SERVICE / CELEBRATION, CONTINUED

Photos to use (list filenames or subject and place of storage):

Music to use (list title and version of song):

Readings to use (list title and author):

Helpful Tip

It's an honor to be asked by someone to be a part of their memorial service. There are many ways to be involved, such as reading a passage, performing music, selecting flowers, or displaying photos. If you've asked special people to participate in your service, please be sure to share the details.

People I'd like to participate:

Name: Relationship:

Phone: Email:

Name: Relationship:

Phone: Email:

Name: Relationship:

Phone: Email:

FUNERAL / SERVICE / CELEBRATION, CONTINUED

Service / Celebration Notes:

VIEWING / DISPOSITION WISHES (CHECK ALL THAT APPLY)

<input type="checkbox"/> Inturnment	<input type="checkbox"/> Entombment	<input type="checkbox"/> Cremation	<input type="checkbox"/> No ashes to remain
If burial, plot location:		Deed location:	
If cremation, disposition of ashes as follows:			

WHO TO NOTIFY UPON YOUR DEATH



Name:
Relationship:
Phone:
Email:
Address:

Fill out this form listing those individuals who were not listed elsewhere in *Notes to My Family*.

Name:
Relationship:
Phone:
Email:
Address:

Name:
Relationship:
Phone:
Email:
Address:

Name:
Relationship:
Phone:
Email:
Address:

Name:
Relationship:
Phone:
Email:
Address:

Your contact information book is located:

Organizational Notification

Please notify the following organizations of my passing. You will find contact information in *Module 1: About You and Your Family*.

MEMORIES



Each of us has memories and reflections about our lives. Some we share openly, others are more private. This section of Notes to My Family invites you to share the stories and experiences that are meaningful to you.

Consider writing about experiences that helped shape your life. If it matters to you, write about different phases in your life (childhood, young adulthood, adult). The following sections and questions are provided to get you thinking, but you decide how what questions and information you want to share.

Lifestyle

What words best describe your life?

What was your daily routine like?

What makes you laugh or feel good?

MEMORIES, CONTINUED

Interests

What are your interests? How have your interests changed over the years?
Did you have favorite books, music, authors, movies, sports, etc?
Is there something you've always enjoyed doing?

MEMORIES, CONTINUED

Influences

Who influenced you?

What culture or heritage do you relate to and how does that impact you?

Was there a 'turning point' when you feel your life really changed?

MEMORIES, CONTINUED

Values

What do you value?

What gives you a sense of pride?

What are your hopes for our world? How do you want it to be for those that come after you?

MEMORIES, CONTINUED

Family

Describe your family.

How would you describe the impact of those relationships?

MEMORIES, CONTINUED

Memories

If you were to be interviewed by someone you admire, what questions would you like them to ask you?

What special memories would you like to share and have remembered?

What do you want others to remember about you?

Helpful Tip

One of the loveliest keepsakes we can leave a loved one is a letter expressing your feelings and your gratitude for that person in your life.

To whom will you write letters and where will they be kept?

Thank you for taking the time to complete *Notes to My Family*. We hope you have found value in this tool and we welcome your feedback and suggestions. If you wish to make a gift to Hospice Giving Foundation, please visit hospicegiving.org/donate.