Planning for the End of Life: Making Sure Everything is in Order

Helping your Family when you aren't able

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YOUR PERSONAL AFFAIRS

As we look at our own lives or the lives of our loved ones we become aware of the many details that we do not have under control. Do you know the answers to the following questions or where the following information can be found? Do your children? Do you know the answers for your aging parents or relatives? Planning ahead will same you and your loved ones time and stress while giving everyone peace of mind.

Place photocopies or originals of important documents, as is appropriate: lists of credit cards, PIN numbers, combinations, letters, deeds, will, or copies of your living will, durable/financial power of attorney, healthcare power of attorney; in envelopes/files and keep in a safe place where loved ones can find them. **Do not wait until you have an emergency or lives are in a crisis situation.** Have these conversations now when there is time to talk.

Following are worksheets for putting your personal affairs in order:

Phone Number:

Health Insurance:		
Prescription Medication Insurance		
Long Term Insurance policies	Policy Number	Contact information
Home Owners Insurance:		
Family/Persons to be contacted	Address/Phone	Relationship

Sources of pensions	Address/Phone Number	Other Information
Name of Bank(s)	Account Number(s)	Contact Name/Number
Safety Deposit Box: Ye	s:No:	
Name on Account:		
Bank:		
Key: Location:		

Advisors: Lawyer: Accountant: Banker: Trust Officer: Financial Advisor: Investment Advisor: Insurance Agent: Beautician/Barber: Pharmacy: Other Key People:

Key Documents	Location .
Bank Statements	
Will:	
Durable/Financial Power of Attorney	
Healthcare Power of Attorney	
Original Stocks and Bonds:	
Savings Bonds:	
Life Insurance Policies:	
Property Deeds	
Mortgage Notes:	
Original Trust Agreements:	
Birth Certificates:	_
Marriage Certificates:	
Auto/Boat Titles:	_
Military Papers:	
Tax returns:	`
Address Book:	
Other Important Papers:	

Home Items:		
Mortgage/Rental:	Contact:	
<u>Utilities:</u>		
Electric Company		
Gas Company		
Cable/Internet:		
Phone:		
Cell Phone:		
		Days of pick-up
Credit Cards:	Account Numbers:	

Memberships to Cancel: (Club Memberships, book clubs, health clubs	s, recreation, etc)
Name	Contact: address/phone	

Other information	
Outing Assessed II.	
Online Accounts, Usernames and Passwords	

Funeral Arrangements
Prepaid Funeral Expenses: yes: no:
Funeral Home: Name Address Phone Number/Contact Persor
Casket picked out yes: no:
If yes, Model/Style name:
Cremation: yes: no:
If yes: Crematorium Name Address Contact name/phone number
Service preferences:

Special Instructions: clothing to wear, music, literary readings, spiritual readings, etc.

