



Planning Ahead

To help my loved ones when I'm gone.

What you need to know about my wishes, belongings, finances and more....

It's kind of like getting ready for tax season, or applying for a loan, or getting a will together. Quite simply, organizing financial details and making these kinds of decisions is, for most of us, tedious. No fun. That's why so many people put it off.

Getting things in order for your loved ones, however, is one of the most important and satisfying things you can do. And once you do the work of getting things down in this organizer, it's simple to make changes when you have updated information and new ideas.

So, bless you for putting things in order to help your loved ones. Gather the details they will need for the time when you are not there to help, whether due to illness or death... note where important financial and legal papers are kept, list doctors and important contacts, and guide them in what to do at the time of your passing.

Give yourself – and your loved ones – peace of mind.

What you need to know about end-of-life hospice care:

What is hospice?

Hospice care is palliative (comfort) care and pain management for individuals who have been diagnosed by their physician to have a life limiting disease or condition with an estimated 6 months or less to live if the disease were to progress on its natural course.

Hospice care can be provided wherever you call home; private residence, nursing home, or independent /assisted living facilities.

Medicare Part A covers hospice care, medications related to the hospice diagnosis, and medical equipment needed to care for the patient.

Private insurance may also cover hospice depending on policy coverage.

SIGNS TO LOOK FOR:

- Multiple medical problems that indicate a limited life expectancy
- Frequent trips to the emergency room and/or a physician's office to treat the pain or other symptoms of the illness
- Loss of interest in eating, weight loss, inability to maintain their usual physical activities, or mental deterioration
- Desire not to pursue aggressive treatment for the terminal illness
- Person's physician attests that there are no other curative treatments available
- Home health agencies can no longer keep patient on service due to declining status

A Little About Me...

This page of biographical information provides a quick reference for use in the future.

Full Legal Name: _____

Nickname (if any): _____

Place of Birth: _____

Date of Birth: _____

Parents Names: _____

Siblings: _____

Residence: _____

Places where you have lived: _____

Military Service: _____

Church Affiliation: _____

Education: _____

Occupation: _____

Awards and notable accomplishments: _____

Married (spouse's name, date): _____

Children, grandchildren, and close relatives (indicate those who are deceased with letter D):

Community involvement: _____

Hobbies: _____

Special interests: _____

Important beliefs and values that have guided your life: _____

Personal – Are there stories or statements about yourself that you would like to share with loved ones?
These can be serious, lighthearted, inspirational, funny – whatever best reflects you:

Photos – indicate your favorite photo of yourself. Include other favorite photos of your life also. Label them and include in this planner or note where they can be located: _____

My Personal Papers

For your privacy and security, do not write down passwords, PIN numbers and access codes, but simply note where your trusted helpers could find the information when needed or upon receiving your explicit permission.

Birth Certificate: _____

Social Security # / Papers: _____

Passport: _____

Marriage Certificate: _____

Wills, Medical, and Organ Donor Directives: _____

Employment and Pension Information: _____

Identification Card or Driver's License: _____

Bank & Investments Statements, pin # (s): _____

Tax Returns: _____

Computer Passwords and access codes: _____

Codes for Home Security System: _____

Location of Other Important Papers/Info: _____

Safety Deposit Box: _____

Location/Address: _____

Box #: _____

Person with Access: _____

Location of Keys: _____

Notes/Contents: _____

Websites & Online Records

List below any electronic files, documents or websites that would be helpful in your absence or in any emergency. "For your privacy and security, do not write down passwords. PIN numbers and access codes, but simply complete and copy this page and let your trusted helpers know where they could find the information when needed or upon receiving your explicit permission.

Co./Notes: _____	Co./Notes: _____
Website: _____	Website: _____
Username: _____	Username: _____
Password: _____	Password: _____

Co./Notes: _____	Co./Notes: _____
Website: _____	Website: _____
Username: _____	Username: _____
Password: _____	Password: _____

Co./Notes: _____	Co./Notes: _____
Website: _____	Website: _____
Username: _____	Username: _____
Password: _____	Password: _____

Important Contacts

	Contact:	Phone/Email:
Accountant:	_____	_____
Attorney:	_____	_____
Clergy:	_____	_____
Dentist:	_____	_____
Primary Care Physician:	_____	_____
Eye Doctor:	_____	_____
Specialist:	_____	_____
Hospice:	<u>Comforting Hands Hospice</u>	<u>Office: 580-225-1738</u>
Hospital:	_____	_____
Pharmacy:	_____	_____
Employee Benefits:	_____	_____
Employer:	_____	_____
Insurance Agent:	_____	_____
Mortgage Company:	_____	_____
Realtor:	_____	_____
Social Security Office:	_____	_____
Tax Preparation:	_____	_____
Trust Officer:	_____	_____
Veterans Admin.	_____	_____
Friends, Family,	_____	_____
Other:	_____	_____
	_____	_____
	_____	_____
	_____	_____

Insurance Policies

For your privacy and security, do not write down passwords, PIN numbers and access codes, but simply note where your trusted helpers could find the information when needed or upon receiving your explicit permission. If you need more room to list insurance policies simply photocopy this page:

Accident Insurance

Company/Agent/Address/Phone # _____

Policy # _____ Location of Policy _____ Coverage _____

Notes: _____

Auto Insurance

Company/Agent/Address/Phone # _____

Policy # _____ Location of Policy _____ Coverage _____

Notes: _____

Health Insurance

Company/Agent/Address/Phone # _____

Policy # _____ Location of Policy _____ Coverage _____

Notes: _____

Homeowners Insurance

Company/Agent/Address/Phone # _____

Policy # _____ Location of Policy _____ Coverage _____

Notes: _____

Life Insurance

Company/Agent/Address/Phone # _____

Policy # _____ Location of Policy _____ Coverage _____

Notes: _____

Long Term Care Policy

Company/Agent/Address/Phone # _____

Policy # _____ Location of Policy _____ Coverage _____

Notes: _____

Other

Company/Agent/Address/Phone # _____

Policy # _____ Location of Policy _____ Coverage _____

Notes: _____

Family Health History

Ask your family members to help reconstruct a record of your family's health history, such as chronic problems, serious illness, addiction, and, if relative is deceased, cause of death, include as much as you can about yourself, parents, siblings, aunts, uncles, and grandparents. This information can mean more timely diagnosis and treatment if symptoms develop, plus being an incentive for preventative care and screenings, for you and future generations. Photocopy this page for other family members to fill out.

Your Personal Health History:

List all health issues you have experienced, from allergies to arthritis, heart trouble to high blood pressure, etc.

Condition:	Date/Explanation	Outcome/Result:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Side:

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

Father's Side:

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

Notes: _____

Will, Advanced Directives and Other Legal Documents

If you have not done so, consult an attorney to make out a will and arrange other matters of your estate. To be sure your wishes regarding life-sustaining procedures are known, obtain your state's legal forms and follow directions. Share copies with your family members, doctors and others who may be involved in your care.

For your privacy and security, do not write down passwords, PIN numbers and access codes, but simply note where your trusted helpers could find the information when needed or upon receiving your explicit permission.

Will

Date: _____ Executor/Contact Info: _____

Attorney/Contact Info: _____

Original documents kept: _____

Trust Agreements (List trusts you have created, along with trusts created by others under which you possess any power, interests, or trusteeship).

Name/Address of Trust Institution: _____

Type of Trust: _____

Trustee/Contact Info: _____

Beneficiary: _____

Original documents kept: _____

Power of Attorney

Medical **Financial**

Date: _____ Name of person who has POA/Contact info: _____

Alternates: _____

Original documents kept: _____ Note: _____

Advanced Medical Directives (check all that apply)

Living Will Date: _____ Documents kept: _____

Notes: _____

Health Care Agent Form (Medical Durable Power of Attorney) Date: _____

Person Named POA/Contact: _____

Original documents kept: _____

Do Not Resuscitate (if you have made DNR directives post on your refrigerator and make copies for others).

Organ Donor Designation (have you designated on your driver's license/state I.D. card that you wish to be an organ donor?): _____

Organ Donation Form (if you have specific wishes about organ donation, obtain your state's donation form):

Notes: _____

Banking Information

For your privacy and security, do not write down passwords, PIN numbers and access codes, but simply note where your trusted helpers could find the information if needed or upon receiving your explicit permission.

Bank: _____

Address/Phone: _____

Name(s) on Account: _____

Account Number: _____

Type of Account: _____

Approx. Amount: _____

Additional Note: _____

Location of papers or certificate: _____

Bank: _____

Address/Phone: _____

Name(s) on Account: _____

Account Number: _____

Type of Account: _____

Approx. Amount: _____

Additional Note: _____

Location of papers or certificate: _____

Bank: _____

Address/Phone: _____

Name(s) on Account: _____

Account Number: _____

Type of Account: _____

Approx. Amount: _____

Additional Note: _____

Location of papers or certificate: _____

Notes: _____

Investments

Stocks, Bonds, Mutual Funds, IRA's. (Note where certificates or documents are located.)

Description/Account #	Contact/Phone	Number/Shares/Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Real Estate

	1	2	3
Property Name:	_____	_____	_____
Name(s) of Owners:	_____	_____	_____
Legal Description	_____	_____	_____
Location of Legal Documents:	_____	_____	_____
Mortgage Company:	_____	_____	_____
Amount Owed:	_____	_____	_____
Location of Payment Book:	_____	_____	_____
Life Insurance on Mortgage:	_____	_____	_____
Real Estate Taxes:	_____	_____	_____
Initial Cost of Property:	_____	_____	_____
Cost of Improvements:	_____	_____	_____
Location of itemized list of Improvements/bills:	_____	_____	_____
If Renting:			
Location of lease:	_____	_____	_____
Date lease expires:	_____	_____	_____
Household Contents:	_____	_____	_____
Location of inventory:	_____	_____	_____
Location of Receipts	_____	_____	_____
Warranties/Document:	_____	_____	_____

Vehicles

Year/Make/Model: _____

Identification # (VIN): _____

Location of title: _____

Names on title: _____

Lease/loan Information: _____

Notes: _____

Other Important Papers or information:

When my time comes...

If I have been diagnosed with an end stage terminal illness and two physicians agree that if the disease process should take its natural course, death would result within approximately 6 months, I would like palliative (comfort) care and pain management wherever I call home.

**Please call Comforting Hands Hospice
to start my individualize care plan today.**

www.ch-hospice.com



**Comforting Hands
Hospice**

580-225-1738

First things you need to do at the time of my passing...

1. Call friend or family member to help. _____ phone: _____
2. Call other close friends and family members:
contact: _____ phone: _____
contact: _____ phone: _____
contact: _____ phone: _____
4. Call my chosen funeral home: _____ phone: _____
5. Request at least 10 copies of the death certificate. Ask the funeral director to get them for you.
6. Call my attorney to begin the process of settling my will.
_____ phone: _____
7. Set up an appointment with the local Social Security office and file a claim immediately to avoid any possibility of losing any benefit checks. phone: _____
8. Notify the insurance company to start process of collecting benefits:
company: _____ phone: _____
company: _____ phone: _____
company: _____ phone: _____
9. Notify the lenders (mortgage, credit card companies, etc.) with which I have accident or death insurance. With insurance, the balance will be paid off free and clear.
company: _____ phone: _____
company: _____ phone: _____
company: _____ phone: _____
10. Cancel subscriptions/ memberships/phone/internet and services: _____

Burial/Cremation & Memorial Choices

Friends and Family Members to Help with Arrangements:

Contact/Phone:

Funeral Home/Director: _____

Burial/Funeral insurance: _____

Desires for Interment: Burial or Cremation? (note if plot, urn, casket, etc. have been purchased, and location/documentation).

(If you would like to be cremated and your ashes scattered, check your desired location in advance. Some waterways, parks and natural areas, for example, have legal restrictions).

Marker or Memorial Stone Description:

Favorite Charities/Choices for Memorial Donations: _____

Preferences for Gatherings

Wake, Viewing, Visitation: _____

Funeral, Memorial, Celebration of Life: _____

Graveside Services: _____

Reception: _____

VA Resources: _____

Preferences for Funeral/Memorial/Celebration of Life

(Please list alternates in case selected locations, or people, are unavailable)

Place: _____ Contact info: _____

Pastor/Officiator: _____ Contact info: _____

Guestbook: _____ Contact info: _____

Ushers: _____ Contact info: _____

People you want to be invited to sit in family section:

Preferences for Funeral/Memorial/Celebration of Life (Continued)

Pallbearers (Traditionally, about 8 men were named. In contemporary services, men and women can both serve. Honorary pall bearers, unable to perform the traditional physical duties, can be named):

Speakers/Readers:


Notes for Eulogy (in addition to the information on "About Me" page. You may also include information in the packet):

Favorite Readings & Scriptures (You may include in packet):

Military, Religious, and Other Rituals to Observe:

Favorite Musical Selections (Note if recorded, or list favorite vocalists and musicians to present the music):

Favorite Photos, Videos, Items to Display (Note where located or include in packet):

An illustration of two hands, one on the left and one on the right, with fingers curled to form a heart shape. The hands are rendered in a soft, painterly style with light green and grey tones.

“There are some who bring a light so great to the world, that even after they have gone their light remains”.

~Unknown

Thank you for choosing



www.ch-hospice.com

401 East 3rd Street Elk City, OK 73644