



# Things You Should Know Before I Go



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## About Us

In selecting a wealth management firm, we understand that professional expertise is of utmost importance. With more than 60 years of combined experience in wealth management and financial advising, our team of dedicated professionals can educate investors on how to make smarter, more informed decisions and achieve their financial objectives. We care about every individual with whom we work with and strive to develop practical, workable solutions for meeting and exceeding your goals.

## Private Wealth Management | Over the Life Course

A successful wealth management strategy requires the coordination of a comprehensive wealth plan.



### Investment Management

Estate planning can be as simple as utilizing the proper titling of assets and naming beneficiaries to avoid probate, or as complex as a full estate plan including numerous trusts. We work with Robert J. Mondo, Esq., one of our strategic partners specializing in estate planning, or we can work with any qualified attorney, when necessary, to ensure your legacy passes down according to your wishes. We provide written plans that are amount and date specific.



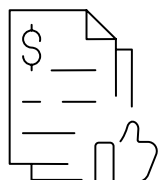
### Estate Settlement

When someone dies, we assist with settlement of the estate. We work with any tax, legal or financial professionals necessary to quickly and efficiently settle your family's affairs.



### Risk Management

James Flanagan, Jigar Doshi and Ken Norkus are dedicated insurance professionals that create customized risk management plans that are fully integrated with your wealth management plan. You are never just sold a product; you are educated on the role insurance can serve as a part of your complete plan.



### Tax Strategies

BFG Tax Services, Inc. and our CPA provide tax preparation services to minimize the effect of taxation on your retirement.

# Things You Should Know Before I Go

## A guide to getting your personal and financial house in order

Getting your financial house in order is easier said than done, but what about the essential non-financial documents? Where do you keep all of your very important stuff? What items should you have readily available at all times? Who should be called? What needs to happen so that your wishes are met? This guide was created to help you organize personal information, thoughts and values to assist your family after your passing or should lose the ability to manage your affairs.

Let's start by gathering your vital information:

### Personal Information (Individual A)

Full legal name: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where were you born?: \_\_\_\_\_

Location of Certified Birth Certificate: \_\_\_\_\_

Are you a US citizen?  Yes  No

Father's legal name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Marital Status: *Please select all that apply*

Married Date: \_\_\_/\_\_\_/\_\_\_\_\_

Location of original Marriage Certificate: \_\_\_\_\_

Divorced Date: \_\_\_/\_\_\_/\_\_\_\_\_

Location of original Divorce papers: \_\_\_\_\_

Name and Address of Ex: \_\_\_\_\_

Widower/Widow Date: \_\_\_/\_\_\_/\_\_\_\_\_

Name of deceased spouse: \_\_\_\_\_

Single  Never Married  Remarried  Life Partner

## Military Service

Branch: \_\_\_\_\_

Dates of Service: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Military Service #: \_\_\_\_\_ V.A. Disability #: \_\_\_\_\_

If available, do you wish to be buried with Military Honors?  Yes  No

Where are your military discharge papers (DD Form 214) located? \_\_\_\_\_

Were you an active member of an American Legion post?  Yes # \_\_\_\_\_  No

Were you an active member of a VFW post?  Yes # \_\_\_\_\_  No

Do you have serviceman's life insurance?  Yes \_\_\_\_\_  No

## Personal Information (Individual B)

Full legal name: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Where were you born?: \_\_\_\_\_

Location of Certified Birth Certificate: \_\_\_\_\_

Are you a US citizen?  Yes  No

Father's legal name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Marital Status: *Please select all that apply*

Married Date: \_\_\_/\_\_\_/\_\_\_

Location of original Marriage Certificate: \_\_\_\_\_

Divorced Date: \_\_\_/\_\_\_/\_\_\_

Location of original Divorce papers: \_\_\_\_\_

Name and Address of Ex: \_\_\_\_\_

Widower/Widow Date: \_\_\_/\_\_\_/\_\_\_

Name of deceased spouse: \_\_\_\_\_

Single  Never Married  Remarried  Life Partner

## Military Service

Branch: \_\_\_\_\_

Dates of Service: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Military Service #: \_\_\_\_\_ V.A. Disability #: \_\_\_\_\_

If available, do you wish to be buried with Military Honors?  Yes  No

Where are your military discharge papers (DD Form 214) located? \_\_\_\_\_

Were you an active member of an American Legion post?  Yes # \_\_\_\_\_  No

Were you an active member of a VFW post?  Yes # \_\_\_\_\_  No

Do you have serviceman's life insurance?  Yes \_\_\_\_\_  No

## Children (Individual A)

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

## Children (Individual B)

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current  Stepchild  Deceased

## Next of Kin (If no children are listed - Individual A)

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship: \_\_\_\_\_ Date of Death: \_\_\_/\_\_\_/\_\_\_

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship: \_\_\_\_\_ Date of Death: \_\_\_/\_\_\_/\_\_\_

## Next of Kin (If no children are listed - Individual B)

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship: \_\_\_\_\_ Date of Death: \_\_\_/\_\_\_/\_\_\_

Legal Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship: \_\_\_\_\_ Date of Death: \_\_\_/\_\_\_/\_\_\_

## Pets

Please document the following information for each of your pets.

Name: \_\_\_\_\_

Type/Breed: \_\_\_\_\_

Food/Frequency: \_\_\_\_\_

Age: \_\_\_ as of \_\_\_/\_\_\_/\_\_\_\_\_

Special Instructions for Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Type/Breed: \_\_\_\_\_

Food/Frequency: \_\_\_\_\_

Age: \_\_\_ as of \_\_\_/\_\_\_/\_\_\_\_\_

Special Instructions for Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Type/Breed: \_\_\_\_\_

Food/Frequency: \_\_\_\_\_

Age: \_\_\_ as of \_\_\_/\_\_\_/\_\_\_\_\_

Special Instructions for Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Type/Breed: \_\_\_\_\_

Food/Frequency: \_\_\_\_\_

Age: \_\_\_ as of \_\_\_/\_\_\_/\_\_\_\_\_

Special Instructions for Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health Information (Individual A)

Primary Care Physician: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone Number(s): \_\_\_\_\_

**My Prescription Drug List** As of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Drug	Dosage	Frequency	Prescribing Doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**My Vitamins/Supplements/Over-The-Counter Drugs**

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Health Insurance**

Are you enrolled in Medicare Part A?  Yes  No Part B?  Yes  No

Do you have a Medicare Supplement?  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Provide info on any significant health issues you might have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organ Donation  Yes, see instructions on my HC POA  No

Important facts about my family's medical history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Health Information (Individual B)

Primary Care Physician: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone Number(s): \_\_\_\_\_

**My Prescription Drug List** As of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Drug	Dosage	Frequency	Prescribing Doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**My Vitamins/Supplements/Over-The-Counter Drugs**

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Health Insurance**

Are you enrolled in Medicare Part A?  Yes  No Part B?  Yes  No

Do you have a Medicare Supplement?  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Provide info on any significant health issues you might have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organ Donation  Yes, see instructions on my HC POA  N

Important facts about my family's medical history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Important Legal Documents

Living Trust      Date: \_\_\_/\_\_\_/\_\_\_      Location: \_\_\_\_\_

Will      Date: \_\_\_/\_\_\_/\_\_\_      Location: \_\_\_\_\_

Power of Attorney for Finance      Location: \_\_\_\_\_

Power of Attorney for Healthcare      Location: \_\_\_\_\_

Living Will      Location: \_\_\_\_\_

Spouse/Partner Living Will      Location: \_\_\_\_\_

Bequeath of Special Gifts      Location: \_\_\_\_\_

Guardianship Appointment      Location: \_\_\_\_\_

Who is your executor or successor trustee? \_\_\_\_\_

Who is your Power of Attorney for property? \_\_\_\_\_

Who is your Power of Attorney for healthcare? \_\_\_\_\_

Where is/are the...

Title to vehicle #1: \_\_\_\_\_

Title to vehicle #2: \_\_\_\_\_

Deed to the house: \_\_\_\_\_

Deed to the summer home: \_\_\_\_\_

Deed to the trailer: \_\_\_\_\_

## Financial Information

### Retirement Plans

Do you have a company retirement plan?  Yes  No

Name of retirement plan: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Location of documents: \_\_\_\_\_

Does your spouse have a retirement plan?  Yes  No

Name of retirement plan: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Location of documents: \_\_\_\_\_

### Banking/Savings Accounts

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Type of account: \_\_\_\_\_

Names on the account: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Type of account: \_\_\_\_\_

Names on the account: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Type of account: \_\_\_\_\_

Names on the account: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Names on the account: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Names on the account: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Account Number: \_\_\_\_\_

### **Financial Liabilities**

Mortgage: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Account number: \_\_\_\_\_

Second mortgage or HELOC: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Account number: \_\_\_\_\_

Automobile loan: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Account number: \_\_\_\_\_

Automobile loan: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Account number: \_\_\_\_\_

Personal loan: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Account number: \_\_\_\_\_

## Financial Liabilities

Vacation home: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    )

Account number: \_\_\_\_\_

Rental real estate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    )

Account number: \_\_\_\_\_

Credit card: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    )

Account number: \_\_\_\_\_

Credit card: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    )

Account number: \_\_\_\_\_

Credit card: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    )

Account number: \_\_\_\_\_

Other debt: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    )

Account number: \_\_\_\_\_

Other debt: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    )

Account number: \_\_\_\_\_

## Money That Is Owed To You

If someone owes you money, list:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Amount: \_\_\_\_\_

Collateral: \_\_\_\_\_

Reason for the loan: \_\_\_\_\_

\_\_\_\_\_

Location of any documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If someone owes you money, list:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Amount: \_\_\_\_\_

Collateral: \_\_\_\_\_

Reason for the loan: \_\_\_\_\_

\_\_\_\_\_

Location of any documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If someone owes you money, list:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Amount: \_\_\_\_\_

Collateral: \_\_\_\_\_

Reason for the loan: \_\_\_\_\_

\_\_\_\_\_

Location of any documents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Investments

If you have a brokerage account, the statements you receive will detail your investments. Make a copy of your brokerage statement for this organizer. If you have purchased or inherited investments that your broker does not know about, list them below. If certificates have been issued to you, list where they are filed.

### Stocks

Name of stock	Number of shares	Location of certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Bonds

Name of bond	Maturity date	Location of bond
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Mutual Funds

Name of fund	Number of Shares	Location of Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Certificate of Deposit

Name of institution	Certificate # and location	Renewal Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Annuities

Name of the insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Annuity policy number: \_\_\_\_\_

Agent: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Location of the policy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Annuity policy number: \_\_\_\_\_

Agent: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Location of the policy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Other Financial Information

Are you the recipient of any trust funds?  Yes  No

Trustee: \_\_\_\_\_

Phone: (    )

Address: \_\_\_\_\_

Are any of the benefits transferable to your survivors?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where are the documents located? \_\_\_\_\_

\_\_\_\_\_

Are you owed any refunds: \_\_\_\_\_

Taxes: \_\_\_\_\_

Deposits: \_\_\_\_\_

Dues: \_\_\_\_\_

Subscriptions: \_\_\_\_\_

Where is your last tax return located? \_\_\_\_\_

\_\_\_\_\_

Who prepared your last tax return? \_\_\_\_\_

Phone: (    )

Location of your financial records: \_\_\_\_\_

Canceled checks: \_\_\_\_\_

Bank statements: \_\_\_\_\_

Bills: \_\_\_\_\_

Tax information: \_\_\_\_\_

## Real Estate

### Personal Residence

What is the address? \_\_\_\_\_

\_\_\_\_\_

Where is the deed located? \_\_\_\_\_

\_\_\_\_\_

### Your Vacation Home

What is the address? \_\_\_\_\_

\_\_\_\_\_

Where is the deed located? \_\_\_\_\_

\_\_\_\_\_

### Other Real Estate

What is the address? \_\_\_\_\_

\_\_\_\_\_

Where is the deed located? \_\_\_\_\_

\_\_\_\_\_

### Vehicles/Boats/Motor homes/RV's/Trailers

Type of Vehicle	Year	Make	Model	Location of Title
-----------------	------	------	-------	-------------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

## Life Insurance

Individual A

Name of insured: \_\_\_\_\_

Name of the insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Death benefits: \_\_\_\_\_

Location of policy: \_\_\_\_\_

## Group Life Insurance

Name of the insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact name: \_\_\_\_\_

Are you using an insurance trust?  Yes  No

Who drafted the trust? \_\_\_\_\_

Location of the document: \_\_\_\_\_

## Life Insurance

Individual B

Name of insured: \_\_\_\_\_

Name of the insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Death benefits: \_\_\_\_\_

Location of policy: \_\_\_\_\_

## Group Life Insurance

Name of the insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact name: \_\_\_\_\_

Are you using an insurance trust?  Yes  No

Who drafted the trust? \_\_\_\_\_

Location of the document: \_\_\_\_\_

## Disability Insurance

Individual A

Name of insured: \_\_\_\_\_

Name of the insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Death benefits: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Does the plan have a lump-sum death benefit?  Yes  No

If so, how much is the lump-sum? \_\_\_\_\_

Do you or your spouse have Medicare Supplement?  Yes  No

Do you have long-term care insurance?  Yes  No

Insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Do you have any records, genealogy information, or photographs that would be valuable to other family members?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## My Wish For How I Want People to Treat Me

\*Used with permission from 5 Wishes of Aging With Dignity

Please cross out anything you don't agree with.

### Individual A

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.
- I wish to be massaged with warm oils as often as I can be.
- I wish to have my favorite music played when possible until my time of death.
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my care-givers to do whatever they can to help me.
- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.
- I wish to have a cool moist cloth put on my head if I have a fever.
- I want my lips and mouth kept moist to stop dryness.
- I wish to know about options for hospice care to provide medical, emotional and spiritual care for me and my loved ones.
- I wish to have religious readings and well-loved poems read aloud when I am near death.
- I wish to have warm baths often. I wish to be kept fresh and clean at all times.

### Individual B

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.
- I wish to be massaged with warm oils as often as I can be.
- I wish to have my favorite music played when possible until my time of death.
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my care-givers to do whatever they can to help me.
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## My Wish For How I Want People to Treat Me

\*Used with permission from 5 Wishes of Aging With Dignity

Please cross out anything you don't agree with.

### Individual A

- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.
- I wish to be cared for with kindness and cheerfulness, and not sadness.
- I wish to have pictures of my loved ones in my room, near my bed.
- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.
- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as possible if they have been soiled.
- I wish to have others by my side praying for me when possible.
- I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me.
- I want to die in my home, if that can be done.

### Individual B

- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.
- I wish to be cared for with kindness and cheerfulness, and not sadness.
- I wish to have pictures of my loved ones in my room, near my bed.
- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.
- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as possible if they have been soiled.
- I wish to have others by my side praying for me when possible.
- I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me.
- I want to die in my home, if that can be done.



Have you prepaid for any expenses at a Funeral Home?  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you prepaid for any Cemetery expenses?  Yes  No \_\_\_\_\_

If yes provide details: \_\_\_\_\_  
\_\_\_\_\_

I would like to be  buried  cremated

The coffin is to be  wood  metal  fiberglass  rented (for viewing only)

What clothing do you want to be buried in? \_\_\_\_\_

Where is it located? \_\_\_\_\_

What jewelry? \_\_\_\_\_

Where is it located? \_\_\_\_\_

Pallbearers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Cemetery: \_\_\_\_\_

Do you own a plot or burial space?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

I am eligible for a veteran's marker:  Yes  No

I have already purchased a marker:  Yes  No

If yes, it is located: \_\_\_\_\_

Inscription should read: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Cremation**

Leave remains in the container for the cemetery:  Yes  No

I already have an urn. It is located: \_\_\_\_\_

Buy an urn  Have one made

Simple  Ornate

Wood  Ceramic

Metal

Upon my death please notify the following people immediately:

Name

Phone Number(s)


I would like the following people to attend my service:

Name

Phone Number(s)


I would like the following people **NOT** to attend my service:

Name

Phone Number(s)




Have you prepaid for any expenses at a Funeral Home?  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you prepaid for any Cemetery expenses?  Yes  No \_\_\_\_\_

If yes provide details: \_\_\_\_\_  
\_\_\_\_\_

I would like to be  buried  cremated

The coffin is to be  wood  metal  fiberglass  rented (for viewing only)

What clothing do you want to be buried in? \_\_\_\_\_

Where is it located? \_\_\_\_\_

What jewelry? \_\_\_\_\_

Where is it located? \_\_\_\_\_

Pallbearers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

I am eligible for a veteran's marker:  Yes  No

I have already purchased a marker:  Yes  No

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\_\_\_\_\_  
\_\_\_\_\_

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Upon my death, please notify the following people immediately:

Name

Phone Number(s)


I would like the following people to attend my service:

Name

Phone Number(s)


I would like the following people **NOT** to attend my service:

Name

Phone Number(s)


# Passwords

Individual A

Be sure that someone you trust will have access to all the passwords you use for shopping, social networking, banking, investing etc.

	Username	Password
Home computer	_____	_____
Email #1 (personal)	_____	_____
Email #2 (work)	_____	_____
Online Bank #1	_____	_____
Online Bank #2	_____	_____
Brokerage Account #1	_____	_____
Brokerage Account #2	_____	_____
Paypal	_____	_____
Ebay	_____	_____
Amazon	_____	_____
Home alarm system	_____	_____
Home safe	_____	_____
Online account #1	_____	_____
Online account #2	_____	_____
Facebook	_____	_____
Twitter	_____	_____
Instagram	_____	_____
Pinterest	_____	_____
Tumblr	_____	_____
Flickr	_____	_____
Vine	_____	_____
LinkedIn	_____	_____
iTunes	_____	_____
Blog	_____	_____
Videos/games	_____	_____
Medical Sites	_____	_____
Tax Returns	_____	_____
Lock screen for phone	_____	_____
Lock screen for ipad	_____	_____
Cellular Carrier:	_____ Cellular #:	_____ Voice Mail Password:

# Passwords

Individual B

Be sure that someone you trust will have access to all the passwords you use for shopping, social networking, banking, investing etc.

	Username	Password
Home computer	_____	_____
Email #1 (personal)	_____	_____
Email #2 (work)	_____	_____
Online Bank #1	_____	_____
Online Bank #2	_____	_____
Brokerage Account #1	_____	_____
Brokerage Account #2	_____	_____
Paypal	_____	_____
Ebay	_____	_____
Amazon	_____	_____
Home alarm system	_____	_____
Home safe	_____	_____
Online account #1	_____	_____
Online account #2	_____	_____
Facebook	_____	_____
Twitter	_____	_____
Instagram	_____	_____
Pinterest	_____	_____
Tumblr	_____	_____
Flickr	_____	_____
Vine	_____	_____
LinkedIn	_____	_____
iTunes	_____	_____
Blog	_____	_____
Videos/games	_____	_____
Medical Sites	_____	_____
Tax Returns	_____	_____
Lock screen for phone	_____	_____
Lock screen for ipad	_____	_____
Cellular Carrier:	_____	Cellular #: _____
		Voice Mail Password: _____

## My Wish For What I Want My Loved Ones To Know

\*Used with permission from 5 Wishes of Aging With Dignity

Please cross out anything you don't agree with.

### Individual A

- I wish to have my family and friends know that I love them.
- I wish for my family and friends and caregivers to respect my wishes even if they don't agree with them.
- I wish to be forgiven for the times I have hurt my family, friends, and others.
- I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life.
- I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me. This will help me live a meaningful life in my final days.
- I wish for my family and friends to know that I do not fear death itself. I think it is not the end, but a new beginning for me.
- I wish for my family and friends to get counseling if they have trouble with my death. I want memories of my life to give them joy and not sorrow.
- I wish for all of my family members to make peace with each other before my death, if they can.
- I wish for my family and friends to think about what I was like before I became seriously ill. I want them to remember me in this way after my death.

If anyone asks how I want to be remembered, please say the following about me:

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## My Wish For What I Want My Loved Ones To Know

\*Used with permission from 5 Wishes of Aging With Dignity

Please cross out anything you don't agree with.

### Individual B

- I wish to have my family and friends know that I love them.
- I wish for my family and friends and caregivers to respect my wishes even if they don't agree with them.
- I wish to be forgiven for the times I have hurt my family, friends, and others.
- I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life.
- I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me. This will help me live a meaningful life in my final days.
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If anyone asks how I want to be remembered, please say the following about me:

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I believe that the most important things in life are:

Individual A

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Individual B

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The most important thing I have done in my life is:

Individual A

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Individual B

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The most important facts about my family history are:

Individual A

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Individual B

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The most important values/traditions that I would like to pass on to my family are:

Individual A

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Individual B

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