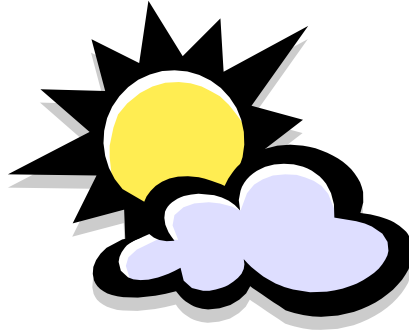


For the Family of

**Information you will need in
the event of
my disability or death.**



For the Family of

**Information you will need in
the event of
my disability or death.**

Workbook created by:

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Website: KirklandPlaza.com**

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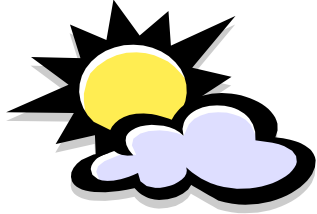


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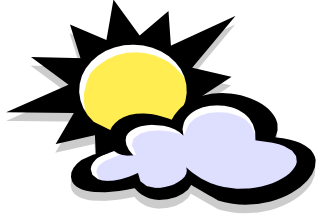
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E-mail: HayekServices@gmail.com | Website: KirklandPlaza.com



Dear Family...

Because a time will come, either from death or disability, when I may need your assistance regarding healthcare or management of my income, debts and property, I want to provide information that will help you deal with tasks you may face. I've listed some basic information below and provided directions about getting further information when the need arises.

Personal Information

Full legal name: _____ Date of birth: _____
Mailing address: _____ Ph: _____
City: _____ State: _____ Zip: _____
Social Security No.: _____ Driver's License No.: _____
Place of birth: _____ Citizenship: _____ Military service: _____
Spouse: _____ Spouse Social Security No: _____
Spouse military service: _____

Health Information

Health insurance co.: _____ Policy no.: _____
Medicare claim no: _____ Primary physician: _____
Physician's address: _____ Ph: _____

Additional Insurance

- Life insurance - Policy No. _____ Ph: _____
Insured by: _____
- Disability insurance - Policy No. _____ Ph: _____
Insured by: _____
- Long term care - Policy No. _____ Ph: _____
Insured by: _____
- Auto insurance - Policy No. _____ Ph: _____
Insured by: _____
- Homeowner's - Policy No. _____ Ph: _____
Insured by: _____

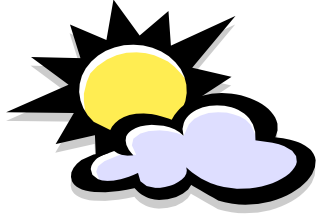
Professional Advisors

Attorney: _____ Ph: _____
Accountant: _____ Ph: _____
Investment Advisor: _____ Ph: _____

Assets

I have created a list of assets and liabilities which is:

- Attached In the possession of my attorney
- In my home in a notebook entitled **For My Family**
- In the possession of: _____



Family Letter, Page 2

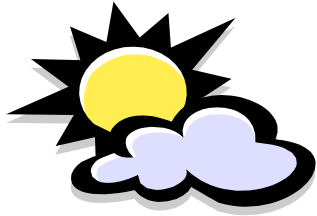
I have executed a number of legal documents to assist you in the event of my death or disability. The documents and dates of execution are listed below.

Disability

- General and Durable Power of Attorney, dated: _____
Attorney-in-fact: _____
Alternate Attorney-in-fact: _____
Location of original: _____ Recorded? Yes / No
Location of copy: _____
- Durable Power of Attorney for Healthcare, dated: _____
Healthcare Attorney-in-fact: _____
Location of original: _____
Location of copy: _____
- Living Trust, dated: _____
Trustee: _____
Location of original: _____
Location of copy: _____
- Advance Directive (Living Will), dated: _____
Location of original: _____
Location of copy: _____

Estate Planning Documents

- Last Will & Testament, dated: _____
Prepared by: _____ Executor: _____
Location of original: _____
Location of copy: _____
- Trust Agreement, dated: _____
Prepared by: _____ Trustee: _____
Location of original: _____
Location of copy: _____
- Community Property Agreement, dated: _____
Prepared by: _____ Recorded? Yes / No
Location of original: _____
Location of copy: _____
- Organ Donation Card, dated: _____
Registered with Living Legacy Registry? _____
Location of original: _____
Location of copy: _____



Family Letter, Page 3

The information on this page is intended to guide you in making the necessary arrangements at the time of my death.

Funeral Planning

I prefer that you deal with the following facilities/organizations:

Memorial Society: _____
Funeral Home: _____ Pre-paid? Yes / No
Cemetery: _____ Pre-paid? Yes / No
Location of receipts: _____
Church or other meeting place: _____

I would like the following arrangements made for me:

- Direct cremation (no viewing) Direct burial (no viewing)
 - Funeral/Memorial Service with/without body present:
 Speaker(s): _____
 Religious content? Yes/No Which religion? _____
 Type of service: ___ Celebration of life ___ Religious teachings
 - Casket should be: ___ minimal ___ modest ___ traditional
 - Viewing requested Party/reception/celebration
 - Graveside service Processional with motorcade to cemetery
 - Obituary to be placed in the following publications:

 - Printed memorial cards Floral decorations
 - Cremated remains should be ___ scattered ___ buried ___ interred
- The estimated cost of the above arrangements is: _____
The funds to pay these expenses should come from: _____

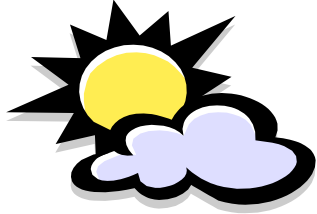
Memorial Gifts

If family or friends wish to make donations in my name, here are some of my favorite charities:

Organization	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for taking the time to review these instructions.

Signed: _____ Date: _____
Witness: _____ Witness: _____



Personal and Family Information

Personal Information

Full legal name: _____ Date of birth: _____
 Mailing address: _____ Ph: _____
 City: _____ State: _____ Zip: _____
 Social Security No.: _____ Driver's License No.: _____
 Place of birth: _____ Citizenship: _____ Military service: _____
 Dates of military service: _____ Honorable discharge? Yes/No
 Marital Status: Never married / married / widowed / divorced / other: _____
 Date of Marriage: _____ Place of marriage: _____

Spouse

Spouse: _____ Social Security No: _____
 Spouse date of birth: _____ Date of death: _____
 Spouse military service: _____ Honorable discharge? Yes/No

Other marriages

Former spouse and dates of marriage: _____

Biological and adopted children:

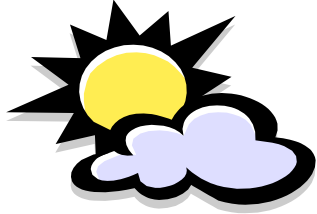
Name	Date of birth	Address	Phone	E-mail

Biological and adopted grandchildren:

Name	Date of birth	Address	Phone	E-mail

Other close relatives:

Name	Date of birth	Address	Phone	E-mail



Business & Community Contacts

Service Providers

Landlord: _____ Ph: _____

Mortgage holder: _____ Ph: _____

Electricity: _____ Acct. No.: _____ Ph: _____

Water: _____ Acct. No.: _____ Ph: _____

Cable TV: _____ Acct. No.: _____ Ph: _____

House cleaner: _____ Ph: _____

Yard maintenance: _____ Ph: _____

Homeowners association: _____ Ph: _____

Others: _____

Professional Advisors

Attorney: _____ Ph: _____

Accountant: _____ Ph: _____

Investment Advisor: _____ Ph: _____

Others: _____

Memberships

Organization: _____ Ph: _____

Address: _____

Organization: _____ Ph: _____

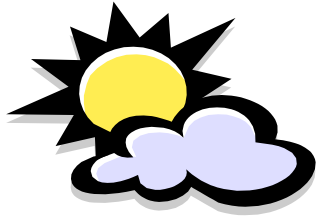
Address: _____

Organization: _____ Ph: _____

Address: _____

Organization: _____ Ph: _____

Address: _____



Important Documents

Disability

- General and Durable Power of Attorney, dated: _____
Location of original: _____ Recorded? Yes / No
- Durable Power of Attorney for Healthcare, dated: _____
Location of original: _____
- Living Trust, dated: _____
Location of original: _____
- Advance Directive (Living Will), dated: _____
Location of original: _____

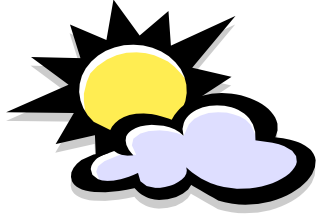
Estate Planning Documents

- Last Will & Testament, dated: _____
Location of original: _____
- Trust Agreement, dated: _____
Location of original: _____
- Community Property Agreement, dated: _____
Location of original: _____ Recorded? Yes / No
- Organ Donation Card, dated: _____
Registered with Living Legacy Registry? _____
Location of original: _____

Insurance Records

- Health insurance co.: _____ Policy # _____
Location of records: _____
- Life insurance co.: _____ Policy # _____
Policy location: _____
- Disability insurance co.: _____ Policy # _____
Policy location: _____
- Long term care co.: _____ Policy # _____
Policy location: _____
- Auto insurance co.: _____ Policy # _____
Policy location: _____
- Homeowner's insurance co.: _____ Policy # _____
Policy location: _____

Other Important Records



Care Providers

Caregivers of: _____ Date: _____

Healthcare Providers

Primary physician: _____ Ph: _____

Address: _____

Dentist: _____ Ph: _____

Address: _____

Eye doctor: _____ Ph: _____

Address: _____

Other: _____ Ph: _____

Address: _____

Preferred Facilities

Medical Office : _____ Ph: _____

Address: _____

Hospital : _____ Ph: _____

Address: _____

Optometry Office: _____ Ph: _____

Address: _____

Dental Office: _____ Ph: _____

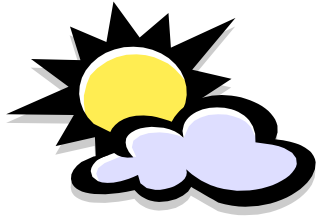
Address: _____

Residential Care Facility: _____ Ph: _____

Address: _____

Other: _____ Ph: _____

Address: _____



Medical History

Medical History of: _____ Date: _____

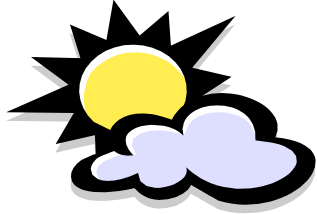
Allergies to medication _____
Other allergies: _____

Blood type: _____ Pacemaker? _____
Glasses? _____ Hearing aid? _____
Dentures? _____ Artificial joint? _____

Have you been treated for ...

	Yes: _____	No: _____	<i>Explanation</i>
Heart Disease.....	Yes: _____	No: _____	_____
Rheumatic Fever.....	Yes: _____	No: _____	_____
Abnormal Blood Pressure...	Yes: _____	No: _____	_____
Ulcers.....	Yes: _____	No: _____	_____
Tuberculosis/lung disease..	Yes: _____	No: _____	_____
Emphysema or COPD.....	Yes: _____	No: _____	_____
Diabetes.....	Yes: _____	No: _____	_____
Epilepsy.....	Yes: _____	No: _____	_____
Anemia.....	Yes: _____	No: _____	_____
Parkinson's Disease.....	Yes: _____	No: _____	_____
Nervous Disorders.....	Yes: _____	No: _____	_____
Jaundice.....	Yes: _____	No: _____	_____
Asthma or hay fever.....	Yes: _____	No: _____	_____
Broken bones.....	Yes: _____	No: _____	_____
Hepatitis.....	Yes: _____	No: _____	_____
Arthritis.....	Yes: _____	No: _____	_____
Stroke.....	Yes: _____	No: _____	_____
Glaucoma.....	Yes: _____	No: _____	_____
Macular Degeneration.....	Yes: _____	No: _____	_____
Prosthesis?.....	Yes: _____	No: _____	_____
Cancer.....	Yes: _____	No: _____	_____
Psychiatric problems.....	Yes: _____	No: _____	_____
Ear, nose or throat problems	Yes: _____	No: _____	_____
Other health problems:			_____

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Current Medications

Medical Treatment of: _____ Date: _____

Current Medications:

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

Where medications are kept: _____

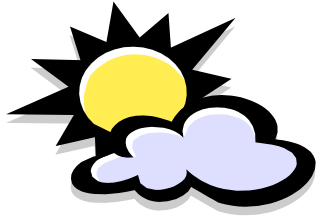
Preferred pharmacy: _____

Name of doctor or other person who prescribed medications:

Vitamins or other non-prescription products used regularly:

It is recommended that you carry with you a list of medications you are taking. A form to use for that purpose can be printed from: www.aarp.org/medicationrecord.

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Disability Decision-making

Explanation of documents

Durable Power of Attorney

This document is used to manage financial and real estate matters. An attorney-in-fact is named to act on behalf of a person who may become unable to act on his or her own behalf. An attorney usually draws the document to fit individual circumstances, but forms also can be obtained from an office supply store. The powers of the attorney-in-fact are spelled out in the documents and may be very broad or limited to specific circumstances. To be valid, the person executing a Durable Power of Attorney must be competent when the document is signed. The document may provide that it will remain in effect even if the person later becomes incompetent. It can be very useful to have a Durable Power of Attorney already signed well before the time a person begins to have problems managing their own affairs. The existence of the Power of Attorney can often avoid the need to go to court to have a Guardianship set up. In most cases, you cannot use a Power of Attorney after the person executing it has died. This form should be signed before a notary. A Power of Attorney is sometimes recorded with the county recorder and must be recorded if it is used to transfer title to real estate.

Durable Power of Attorney for Healthcare

This document is used for the specific purpose of naming a Healthcare Agent who is empowered to make healthcare decisions for someone unable to make them for him or herself. The document must be signed before the need to use it arises. This document should be notarized, although that is not required under Washington law. Medical facilities often provide forms for use by their patients or the document may be prepared by your attorney.

Advance Directive (Living Will)

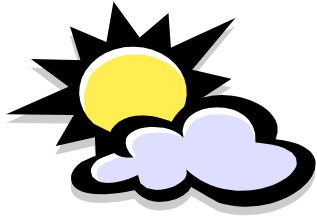
This document is used to provide written instructions to an attending physician regarding a person's wishes in relation to life-sustaining treatment, such as tube-feeding for hydration and nutrition. The document needs to be signed by two disinterested witnesses and should be included in the person's medical records. Medical facilities may provide these forms.

POLST—CPR Directive

In the case of someone in a deteriorated medical condition or suffering from a terminal illness, a physician may be requested to issue a Physician's Order for Life Sustaining Treatment or a Do Not Resuscitate Order. This order will contain instructions regarding resuscitation, medical treatment, use of antibiotics and administration of fluids and nutrition. This form allows the doctor to order the type of care that is appropriate when it appears you are near the end of your natural life. This form must be obtained from and signed by a physician.

Guardianship

Guardianship is a court proceeding in which an individual or a business is empowered to manage the person and/or property of an incompetent person. The powers of the guardian can be broad or limited depending on what the court finds appropriate. The court continues to monitor the activities of a guardian following the appointment. There can be considerable legal expense associated with guardianship proceedings. Most people prefer to avoid guardianships when possible.



Disability Decision-making

Page 2

Living Trust

Some people prepare for a time of disability by placing their assets in a living trust and naming a trustee to take over management of the assets when the person who created the trust is no longer able to do so. The living trust must be set up before the person becomes incompetent. In addition to allowing management of property during the period of disability, the trust can also continue in existence after a person's death, providing instructions to the trustee about how the property should be distributed after death. In this way, the Living Trust can avoid or minimize the need for probate proceedings in court. An estate planning attorney should be consulted for advice about whether a Living Trust is needed.

Disability Insurance

Many people are entitled to disability income from the Social Security Administration on account of payments to Social Security during a person's employment. Some employees receive a disability income benefit from their employer, either through a program of insurance or through an informal practice of continuing a person's salary during a time of illness or disability. Disability insurance can also be purchased privately, in which case the benefit continues to be available even if a person's employment changes. The purpose of disability insurance is to replace the income lost when a person is unable to earn their normal salary. Disability insurance will require the disability to continue for a designated length of time before payments are made.

Long-term Care Insurance

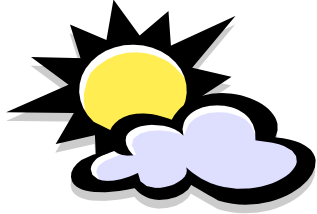
The purpose of long-term care insurance is to pay for the cost of hiring in-home caregivers or placement in a residential care facility. Long-term care insurance is almost always purchased privately and it can be quite expensive.

Medicaid

Nursing home or adult family home care can be paid for by the taxpayers through Medicaid for those who meet the financial guidelines. In order to qualify a person's assets and income must be minimal. Some families choose to give away substantial assets in order to meet the Medicaid guidelines. Other families use their own assets to pay for care until that is no longer possible. Senior Services agencies and elder law attorneys can help families decide whether Medicaid is a good option for them.

Hospice Care

Hospice care is medical and nursing care designed to keep a person as comfortable as possible during the last 6 months of life. When a family selects hospice care all treatment aimed at prolonging life will stop. Instead, the aim of treatment will be comfort and relief from pain. Hospice care can be provided in a hospital, other care facility or at home. Hospice workers pay attention to the needs of the family as well as those of the patient and can be of substantial assistance in helping everyone deal with the process of dying. If you think hospice care might be appropriate for your situation, ask your physician what the procedures are for arranging it.



Disability Decision-making

Page 3

Status of Documents for: _____ As of: _____

Durable Power of Attorney Executed on: _____
Location of original: _____ Copy: _____

Durable Power of Attorney for Healthcare Executed on: _____
Location of original: _____ Copy: _____

Advance Directive (Living Will) Executed on: _____
Location of original: _____ Copy: _____

POLST—CPR Directive Executed on: _____
Location of original: _____ Copy: _____

Guardianship Established: _____
Attorney: _____ Guardian: _____

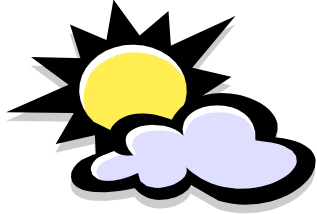
Living Trust Executed on: _____
Location of original: _____ Copy: _____

Disability Insurance Company: _____
Location of policy: _____ Ph: _____

Long-term Care Insurance Company: _____
Location of policy: _____ Ph: _____

Medicaid Date qualified: _____
For information contact: _____

Hospice Care Date qualified: _____
For information contact: _____



Death-related Concerns

Page 1

Explanation of Documents and Procedures

Organ or Body Donations

There is a great need in this country for donation of body parts. Many families take great comfort in knowing that their loved one lives on in tissue and organs others are able to use to have a better life. Because most organs and other body parts must be collected shortly after death, it is important to let your family know of your desire to be an organ donor and to sign the recommended authorization forms well before the end of your life. Residents of Washington and Montana can register their intentions with the Living Legacy Registry. Call 1-877-275-5269 for further information or e-mail info@donatelifetoday.com. When the family knows of and understands your wishes, there is a much higher likelihood those wishes will be carried out. After organs are taken from a body, the family is able to proceed with disposition of the body in their preferred manner, either through cremation or burial. Being an organ donor does not eliminate the need to do funeral planning.

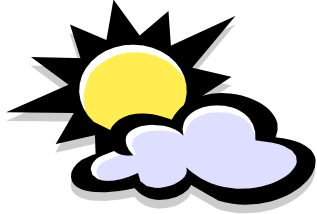
In the case of body donation, the procedures are different. You should first determine what facility is interested in receiving the body. In the Seattle area, most likely this would be the University of Washington Medical School. If the receiving institution says it is interested, there probably will be paperwork to complete prior to death. At the time of death, the facility would be called to arrange for pick up of the body. Even if arrangements are made in advance for donation of the body, it's possible it will not be accepted at the time of death. This could be because there is not a current need for bodies, because of the condition of the body, or because the body is at a location out of the area. Because of this possibility, a back-up funeral plan should be made.

Will

Ideally, every adult should have a will created for them by an attorney. The will would indicate how the person would like his or her property distributed at the time of death. It would also identify the person to act as Personal Representative to distribute the estate and settle any debts. If there are minor children, the will can be used to recommend who should serve as Guardian for the children. Wills can also set up trusts or other special procedures which may have the effect of saving money on taxes.

Some people create their own wills without the benefit of an attorney. This is risky, since the will may not be properly drafted for the individual situation or it may not be valid due to improper execution. Also, the individual may miss out on use of a legal procedure they did not know about due to lack of information.

If a person dies without a validly executed will, property will be distributed pursuant to state law, which varies from state to state. In Washington, all community property would pass to the spouse. Separate property would be divided between the spouse and any surviving children. If there is no spouse and no children, various other relatives are designated to receive the property. If none of the relatives designated by state law survive, the estate would go to the state. The property distribution provided by state law makes some sense for a traditional family, but can create substantial problems where there is a second marriage, where a couple is not married, where there is a substantial amount of separate property or where there are children from other relationships.



Death-related Concerns

Page 2

Living Trust

This document can designate how property should be managed during a time of disability as well as designating the distribution at the time of death. It can substitute for a will in many cases. However, a person should always have a will as a back-up to the Living Trust because it is likely there will be at least some items of property that are intentionally or unintentionally left out of the living trust. In some cases, use of a living trust will save on taxes and probate expenses. In other cases, people like to use a trust because of ease of management or privacy concerns. While attorneys should be used if you decide to have a living trust, the process of transferring your property to the trust will usually be left to the individual to complete. A living trust is of no benefit if the property it is intended to control is not transferred to the trustee designated in the trust. If you have a trust, make sure all property has been properly transferred!

Community Property Agreement

Washington law allows spouses to enter into contracts regarding the status of their property. These agreements can be used to transfer community property to a spouse at the time of death. These agreements can be very easy to use, but can have hidden problems depending on the particular situation in which they are used. Before deciding to use a community property agreement, you should review your individual situation with an attorney. For very small estates, this document may be a good way to transfer property at death. A back-up will should always be in place for property that might be left out of the community property agreement and to deal with the situation of no surviving spouse.

Other Non-probate Assets

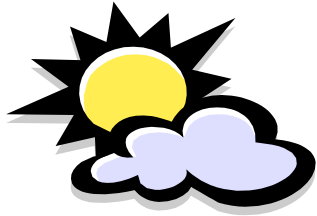
Some property passes to a beneficiary at death independent of the provisions that might be included in the documents described above. Non-probate assets include those that have a beneficiary designation other than a person's trust or estate or which are owned in joint tenancy with right of survivorship. The types of property most likely to pass directly to a named beneficiary rather than pursuant to the terms of a will are:

- life insurance
- jointly held bank accounts
- retirement account benefits, e.g. IRA accounts
- jointly held investment accounts

In most cases, the beneficiary designation can be changed (prior to death) to a trust or estate. The advisability of doing so should be reviewed with an estate attorney. After the death has occurred, a beneficiary can disclaim the gift, with the effect that the asset will go into the estate. The disclaimer procedure can be discussed with your attorney.

Memorial Society

Many people choose to join non-profit consumer organizations which assist in the planning for economical cremation or burial arrangements. In the Seattle area, People's Memorial Association is a group which has enrolled over 170,000 members. In other parts of the country, there are similar organizations which have joined together to form the Funeral Consumers Alliance, a national organization. Call 1-866-325-0489 or go to www.funerals.org or peoplesmemorial.org for more information. In most cases, a person must become a member during one's lifetime in order for the family to obtain membership benefits at the time the death occurs.



Death-related Concerns

Page 3

Mortuary or Funeral Home

In most cases, a mortuary or funeral home will be called at the time a death occurs. The call is often made under urgent conditions, because the death may have been unexpected or because the family was reluctant to think about this need while they were busy caring for the person who has died. There is a huge difference in the fees charged by various mortuaries, so it is very important to designate in advance which facility should be called. It is difficult and costly to change funeral homes once the initial call has been made. The local memorial society may have a price survey available to help in the decision-making or similar information may be available from a hospice organization or social workers associated with a care facility. Typical mortuary costs in the U.S. are around \$6,000, not including cemetery expenses. However, by careful planning, they can be kept under \$1,000.

Disposition Authorization Form

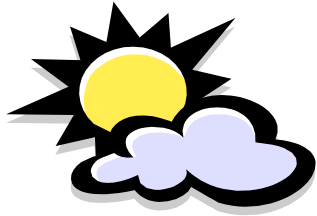
Under Washington law, the Disposition Authorization form allows an individual, during his or her lifetime, to designate a desire for either cremation or burial. Washington funeral homes are required to comply with wishes expressed in a validly executed Disposition Authorization form. In the case of cremation, the form can also be used to designate who will be allowed to pick up cremated remains. If this form has not been signed prior to death, Washington law requires that the surviving spouse sign a similar authorization form. If there is no surviving spouse, all children must agree and sign the required documents. Signing this form before death can be very helpful to the family, since it lets them know your wishes and avoids the need for signatures by family members. Also, sometimes signatures are difficult to obtain from the family. For example, a family member may be disabled, out of the area, estranged or simply difficult to deal with. Having the paperwork and instructions prepared in advance can be a valuable service to your family. When the proper paperwork cannot be obtained, the funeral home may require a court order to authorize them to proceed.

Cemetery, Mausoleum or Columbarium

When a body is cremated, the cremated remains may be scattered, kept at home or buried on one's own property. In other cases, people may choose to place cremated remains in a cemetery or columbarium. If the body is not cremated, it will be placed in a casket and the casket will either be buried in a cemetery or placed above ground in a mausoleum. Depending on the facility used and the type of containers selected, there is a huge variation in the cost of these procedures. Burying cremated remains may cost as little as \$2,000 or as much as \$5,000. Casket burial is likely to cost at least \$4,000 and could easily cost \$10,000 or more. Green burial is now an option in Washington State. Information is available from People's Memorial: <http://funeralscoop.org/choices/green>.

Veteran's Benefits

Most U.S. military veterans and their spouses are entitled to free burial and markers in national cemeteries, such as the Tahoma National Cemetery in Maple Valley. You can obtain information about this benefit prior to death, but national cemeteries do not reserve spaces until the death of either the veteran or the spouse, at which time space can be reserved for the surviving spouse. This benefit also includes use of a shelter at the cemetery to hold a brief funeral service at the time of burial. The national cemeteries can accommodate either casket burial or cremated remains. This is a very valuable benefit which should be considered by the family of any veteran. If the family chooses not to use the national cemetery, a marker and flag are still available. Under limited circumstances funds may also be available to pay all or some of the mortuary expenses.



Death-related Concerns

Page 4

Obituary

In today's world, most newspapers require a fee for publication of an obituary. It is very helpful to collect information in advance that can be used to create an obituary. Even if the family did not want to pay the expense of a newspaper obituary, a history of a person's life would be very useful in planning a memorial service or funeral. Also, organizations the person belonged to might like the information, as well as friends and relatives unable to attend the funeral or memorial service. Because of concern about the authenticity of obituaries, newspapers will often require that they be either submitted or confirmed by a funeral home. Payment may be required in advance of publication.

Memorial Service or Funeral

There are many things to decide concerning memorial services and funerals. The answers to the questions will have a big impact on the cost. The biggest question is whether the body will be present at the service and whether the body will be available for viewing. Having the body present and available for viewing will trigger the need for a presentable casket, embalming, cosmetology, dressing the body, and the assistance of a funeral director at the service. It may also result in the use of a hearse and the expense of a funeral procession. The alternative would be to have no service or to have a memorial service, with photos present, but no casket or body. While you may feel these decisions should be made by the survivors, it sometimes becomes a source of conflict when individuals compete with each other to show "respect" for the deceased by asking for more and more expensive funeral items. It is very helpful when the person has researched the options in advance and clearly stated his or her preferences.

Memorial Gifts

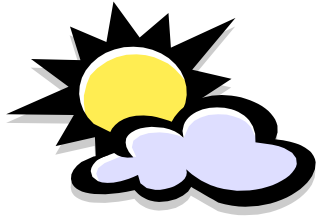
While it is traditional for friends and acquaintances to send flowers when a death has occurred, some people do not like flowers or feel the money would be better spent if it went to a lasting remembrance of some sort. If you have a favorite charity, it would be helpful to identify that to your family so that they know how to direct those who wish to make a memorial gift.

Social Security Benefits

It is important to notify Social Security when a death has occurred. Call **1-800-772-1213**. In most cases, no death benefit will be received. There is a small death benefit (\$255) for qualifying surviving spouses. Under limited circumstances a child can receive this payment if there is no surviving spouse. If there has been a prior direct deposit of monthly SS benefits, the bank needs to be notified to send the funds back, starting with the month of the death.

Probate Proceedings

It is important to contact an attorney soon after a death has occurred or prior to an anticipated death, to be clear about the procedures following death. In some cases, there may be things that need to be done prior to death that can still be taken care of if the contact is early enough. Not all deaths will require a probate proceeding. If substantially all the property is in a trust, held in joint accounts, or subject to a community property agreement, probate may not be needed, but steps will still need to be taken to make sure all transfers are properly made and all required tax returns filed. Also, Washington law allows for an affidavit procedure to transfer property in small estates (\$100,000) which do not include real estate. See [RCW 11.62.010](#). Alerting your family to the need to contact an attorney and letting them know which attorney is knowledgeable about your affairs can be of great help.



Death-related Concerns

Page 5

Status of Documents for: _____ As of: _____

Organ Donor Card Executed on: _____
Location of original: _____ Copy: _____
Filed with Living Legacy Registry on: _____

Body Donation Agreement Executed on: _____
Location of original: _____ Copy: _____
Contact person and institution: _____

Will Executed on: _____
Location of original: _____ Copy: _____
Prepared by: _____
Personal representative: _____

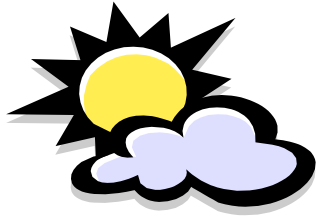
Living Trust Executed on: _____
Location of original: _____ Copy: _____
Prepared by: _____
Trustee: _____

Community Property Agreement Executed on: _____
Location of original: _____ Copy: _____
Prepared by: _____
Recorded?: _____

Life Insurance Policies

Company: _____ Face Value: _____
Beneficiary: _____ Agent: _____
Date of policy: _____ Policy no.: _____

Company: _____ Face Value: _____
Beneficiary: _____ Agent: _____
Date of policy: _____ Policy no.: _____



Death-related Concerns

Page 6

Status of Documents for: _____ As of: _____

Property with a Joint Owner or Beneficiary Designation

Bank 1: _____ Account No: _____
Joint Owner (s): _____

Bank 2: _____ Account No: _____
Joint Owner (s): _____

Retirement Account 1: _____ Account No: _____
Where located: _____
Named beneficiary: _____

Retirement Account 2: _____ Account No: _____
Where located: _____
Named beneficiary: _____

Investment Account 1: _____ Account No: _____
Where located: _____
Joint Owner: _____

Investment Account 2: _____ Account No: _____
Where located: _____
Joint Owner: _____

Memorial Society Membership

Date enrolled: _____

Organization: _____ Amount paid: _____

Contact person and phone: _____

Location of paperwork: _____ Member No: _____

Funeral Preferences

(Please see information placed in letter to family and contents of separate worksheet contained in this notebook.)

Disposition Authorization Form

Executed on: _____

Location of original: _____ Copy: _____

Contact person and institution: _____

Funeral/Memorial Planning Sheet

(to be shared with funeral home and clergy)

Plans of Name: _____
Address: _____
Phone: _____

Family contact
Name: _____
Address: _____
Phone: _____

Preferences
Clergy: _____
Location: Church Funeral Home Other: _____
Reception: Yes No Family to decide later
Type of Service: Memorial (body not present) Funeral with body present
Viewing: Yes No Family to decide later
Organ and tissue donation: Yes No
Newspaper notices: Yes No

Suggestions for the service
Readings:
Hymns:
Other music:
People to speak or perform:
Memorial designations:

Mortuary and director
Name of mortuary: _____
Preferences: Burial Entombment Cremation
 Medical science, school name: _____

If cremation: Cremated remains to cemetery listed below
 Cremated remains to be scattered, location:

Cemetery name: _____
 Lot owned in name of: _____
 Section: _____ Lot: _____ Block: _____
 Location of lot deed: _____

Vital Statistics Information

Legal Name: _____
Birth date: _____
Birthplace: _____
Country of citizenship: _____
Sex: _____ Race: _____ Religion: _____
Social Security No: _____ Doctor: _____
Doctor Address and Phone: _____

Marital Status: Single Married Widowed Divorced
Name of Spouse (s) - current and former: _____

Family members:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
-------------	---------------------	----------------	--------------

Occupation, or retired from: _____
Employed by: _____
Veteran? Yes No Rank & serial no: _____
Location of discharge papers: _____
VA Claim no: _____
Lived in county since: _____

Person(s) to be contacted in event of death:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
-------------	---------------------	--------------

Father's name: _____ Birthplace: _____
Mother's name: _____ Birthplace: _____
High school graduate? Yes / No Years of college or university: _____
Smoked in past 15 years? Yes / No Degrees earned: _____

I hereby authorize _____ to place this information in my personal file in order to assist my family and clergy in making arrangements for my Memorial/ Funeral service.

Signature: _____ Date: _____

Biographical Information

Name: _____

Early childhood and upbringing: _____

Adolescent years: _____

Early adulthood: _____

Educational accomplishments: _____

Proudest personal/family moments: _____

Career highlights: _____

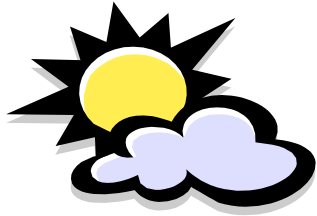
Community involvement: _____

Special honors or achievements: _____

Other favorite memories: _____

Favorite sayings, authors or role models: _____

Signature: _____ Date: _____



Assets Page 1

Asset Summary for _____ Dated: _____

Personal Property—Items valued at \$500 or more or with sentimental value

(Comments are intended to describe the value of the item, to explain where it is located, or to suggest an appropriate disposition.)

Item: _____ Value: _____

Comment: _____

Item: _____ Value: _____

Comment: _____

Item: _____ Value: _____

Comment: _____

Item: _____ Value: _____

Comment: _____

Item: _____ Value: _____

Comment: _____

Item: _____ Value: _____

Comment: _____

Item: _____ Value: _____

Comment: _____

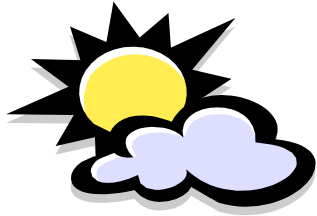
Safe Deposit Box

Location: _____ Box No.: _____

Contents: _____

Persons authorized to access: _____

Location of Key: _____



Assets Page 2

Asset Summary for _____ Dated: _____

Location of Bank Accounts

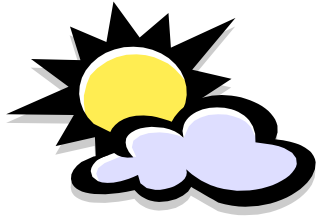
Name of Bank: _____ Acct. No.: _____
 Type of Account: _____
 Name of Bank: _____ Acct. No.: _____
 Type of Account: _____
 Name of Bank: _____ Acct. No.: _____
 Type of Account: _____
 Name of Bank: _____ Acct. No.: _____
 Type of Account: _____
 Name of Bank: _____ Acct. No.: _____
 Type of Account: _____

Real Estate Owned

Location: _____
 Owner as stated on the deed: _____
 Location of deed and related documents: _____

Securities Accounts

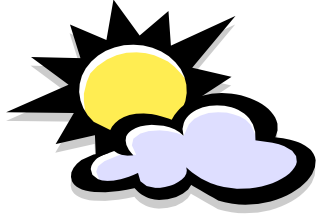
Name of institution: _____
 Name(s) on account: _____
 Account No.: _____ Approx. Value: _____
 Location of account records: _____
 Name of institution: _____
 Name(s) on account: _____
 Account No.: _____ Approx. Value: _____
 Location of account records: _____
 Name of institution: _____
 Name(s) on account: _____
 Account No.: _____ Approx. Value: _____
 Location of account records: _____



Assets Page 3

Other Assets

- Life Insurance—Name of company: _____
Describe: _____
- Employment death benefits—Name of employer: _____
Describe: _____
- Income as a beneficiary of a trust or estate: _____
Describe: _____
- Assets awarded in a court action but not received: _____
Describe: _____
- Interest in a partnership or limited partnership: _____
Describe: _____
- Contract rights under employment or other agreement: _____
Describe: _____
- Promissory note payable to you: _____
Describe: _____
- Cemetery property purchased: _____
Describe: _____
- Pre-paid funeral plan: _____
Describe: _____
- Other funds owed to you : _____
Describe: _____
- Vacation property: _____
Describe: _____
- Vehicles owned: _____
Describe: _____



Debts & Automatic Transfers

Automatic Payments and Transfers as of: _____

Accounts

Name of account: _____ Transfer amount: _____
 Transfer to/from: _____
 Purpose: _____ Day of month: _____

Name of account: _____ Transfer amount: _____
 Transfer to/from: _____
 Purpose: _____ Day of month: _____

Name of account: _____ Transfer amount: _____
 Transfer to/from: _____
 Purpose: _____ Day of month: _____

Name of account: _____ Transfer amount: _____
 Transfer to/from: _____
 Purpose: _____ Day of month: _____

Name of account: _____ Transfer amount: _____
 Transfer to/from: _____
 Purpose: _____ Day of month: _____

Passwords Needed to Access Accounts

Name of company: _____ Website: _____
 Account No.: _____ Customer Service Ph: _____
 User name: _____ Password: _____

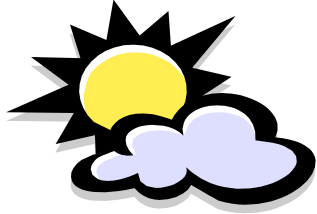
Name of company: _____ Website: _____
 Account No.: _____ Customer Service Ph: _____
 User name: _____ Password: _____

Name of company: _____ Website: _____
 Account No.: _____ Customer Service Ph: _____
 User name: _____ Password: _____

Name of company: _____ Website: _____
 Account No.: _____ Customer Service Ph: _____
 User name: _____ Password: _____

Name of company: _____ Website: _____
 Account No.: _____ Customer Service Ph: _____
 User name: _____ Password: _____

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Debts & Automatic Transfers

Debt Summary for _____ Dated: _____

Credit Card Accounts

Name of company: _____
 Account No.: _____ Customer Service Ph: _____

Name of company: _____
 Account No.: _____ Customer Service Ph: _____

Name of company: _____
 Account No.: _____ Customer Service Ph: _____

Name of company: _____
 Account No.: _____ Customer Service Ph: _____

Name of company: _____
 Account No.: _____ Customer Service Ph: _____

Name of company: _____
 Account No.: _____ Customer Service Ph: _____

Name of company: _____
 Account No.: _____ Customer Service Ph: _____

Name of company: _____
 Account No.: _____ Customer Service Ph: _____

Notes Secured by Mortgage or Deed of Trust

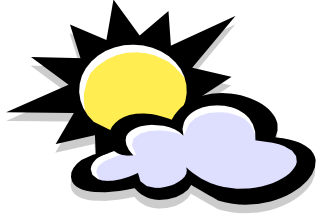
Name of company: _____
 Account No.: _____ Customer Service Ph: _____
 Description of security: _____

Name of company: _____
 Account No.: _____ Customer Service Ph: _____
 Description of security: _____

Other Debts

Owed to: _____
 Account No.: _____ Customer Service Ph: _____
 Description: _____

Owed to: _____
 Account No.: _____ Customer Service Ph: _____
 Description: _____



Community Resources

People's Memorial Association — <http://peoplesmemorial.org>

Ph: 1-866-325-0489

This website contains funeral price and planning information and end-of-life planning forms, which can be filled out electronically and stored with People's Memorial. If you wish to become a member of the association, you can enroll from the website. See the Planning Information section for links to legal information and Power of Attorney forms.

AARP — <http://www.aarp.org>

Ph: 1-888-687-2277

The American Association of Retired Persons website contains worksheets and information to help you with a variety of legal issues, such as creating a will, preparing a power of attorney, or entering into a contract with a care provider. Other sections of the website deal with estate planning, funeral planning, hospice care, guardianships, care giving, stress management and grief.

Veteran's Administration — <http://www.vba.va.gov/survivors>

Ph: 1-800-827-1000

The website explains the eligibility rules for burial in a national cemetery or receipt of a veteran's headstone or marker. On-line information is also available about healthcare and counseling benefits for veterans.

Social Security Benefits — <http://www.ssa.gov>

Ph: 1-800-772-1213

This website will allow you to calculate anticipated benefits at the time of disability, retirement or death. At the time of death it is important to call Social Security, on a business day (between 7AM and 7PM EST), to report the death. Have Social Security number and date of birth available when calling.

Senior Services of Seattle/King County — <http://www.seniorservices.org>

Ph: 1-888-435-3375

This agency is a great place to start when trying to determine what programs you might be eligible for, when looking for caregivers, or when looking for social activities to participate in.

Office of the Attorney General, Consumer Protection Division, State of Washington — <http://www.atg.wa.gov/ProtectingSeniors/default.aspx>

Ph: 1-360-753-6200 or 1-800-551-4636

The website of the Washington Attorney General has a very useful section on Dealing with Death, both from the standpoint of planning and what to do when death has occurred. Other areas of the website provide information to help you protect yourself against fraud, particularly those that target the elderly.

Washington State Bar Association — <http://www.wsba.org>

Ph: 206-443-WSBA (9722) or 800-945-WSBA (9722)

The state bar association provides brochures both on-line and by mail on a variety of legal issues, such as Revocable Living Trusts and Signing Documents.