In Case Stuff Happens

Preparing for the worst, in order to live in the present

when a loved one DIES a checklist

Get a legal certification of death
Get 2-3 dozen copies of the death certificat
Notify immediate family, ask them to
contact others
Notify minister, pastor, or priest
Ask someone to look after pets, if any
Ask someone to stay at the house
—Choose or contact the funeral home
Begin the funeral arrangements
Schedule an obituary
Contact the lawyer and executor of the esta
Notify the Social Security Administration
Contact life insurance agency
Notify the DMV
Contact the Veterans or Civil Service
organization to see about benefits
—Cancel services and subscriptions

USURNSONLINE.COM

Planning for Death

"A will can save one's family from being put into a quagmired pit of legal conundrum, in case of death (which may even be untimely)." – <u>Henrietta Newton Martin</u>

Life Insurance
Will
Living Will
Health Care Directive
Health Care Proxy
DNR
Organ Donation
5 Wishes
Your Passwords, Accounts (checking, savings, student loans, etc)

Planning- Best Gift You Can Give

HEALTH CARE PROXY Appointing Your Health Care Agent in New York State

The New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend - to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

New York Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

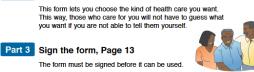


Part 1 Choose a medical decision maker, Page 3

A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself. This person will be your advocate.

They are also called a health care agent, proxy, or surrogate.

Part 2 Make your own health care choices, Page 7



You can fill out Part 1, Part 2, or both.

This form has 3 parts:

Fill out only the parts you want. Always sign the form in Part 3.

2 witnesses need to sign on Page 14.

Your Name



New York Last Will and Testament

Pursuant to State Law (EPT - Estates, Powers & Trusts)

, resident in the City of

County of _______, State of New York being of sound mind, not acting under duress or undue influence, and fully understanding the nature and extent of all my property and of this disposition thereof, do hereby make, publish, and declare this document to be my Last Will and Testament, and hereby revoke any and all other wills and codicils herefoltore made by me.

I. EXPENSES & TAXES

I direct that all my debts, and expenses of my last illness, funeral, and burial, be paid as soon after my death as may be reasonably convenient, and I hereby authorize my Personal Representative, hereinafter appointed, to settle and discharge, in his or her absolute discretion, any claims made against my estate.

I further direct that my Personal Representative shall pay out of my estate any and all estate and inheritance taxes payable by reason of my death in respect of all items included in the computation of such taxes, whether passing under this Will or otherwise. Said taxes shall be paid by my Personal Representative as if such taxes were my debts without recovery of any part of such tax payments from anyone who receives any item included in two computation.

II. PERSONAL REPRESENTATIVE

I nominate and appoint ______, County of _____, of _____, State of _______ as Personal Representative of my estate and I request that (he/she) be appointed temporary Personal Representative of the/she) applies. If my Personal Representative fails or ceases to so serve, then I nominate _______, of ______, County of _______, State of _______, to serve.

III. DISPOSITION OF PROPERTY

I devise and bequeath my property, both real and personal and wherever situated, as follows:

1st Beneficiary

è

[full name], currently of [address], as my ______ [relation] whose last four (4) digits of their Social Security Number (SSN) are xxx-xx _____ with the following property:

The Business of Death

'It is not length of life, but depth of life.' -Ralph Waldo Emerson

□ Funeral Arrangements

Religious Requirements

□ Anatomical Gift

□ Burial

□ Caskets

□ Cremation

D Eco- burials

□ Jewelry

Planning the Service

"There are some who bring a light so great to the world that even after they have gone, the light remains."- Unknown

□ Celebration of Your Life

Who speaks; where will it be held; music; readings; photos

□ The After Party

□ In Lieu Of Flowers

□ Obituary: Who are you? Name; Birthdate; Born where; went to school; accomplishments; Family preceding you in death; surviving family

BIOGRAPHICAL INFORMATION:

This space is for biographical information that will be of great assistance to your survivors who may wish detail information. Please include education, fraternal or professional organizations, civic organizations. Special honors or achievements, etc.. If additional space is needed - attach another page here.

INFORMATION AND INSTRUCTIONS AT THE TIME OF MY DEATH

(Please attach an additional sheet, if necessary.)

ABOUT MYSELF

Date of Birth ______ Birthplace _____

2

Ē

S. NO.

S.

DDRESS

NAME

Marital Status

Single _____ Married _____ Divorced _____ Widowed _____ Date Date Date Date

Occupation ______ How Long _____

Previous Employment _______ Member __Yes __ No
Church Address ______

Clergy to Notify ______Tel. NO._____

ABOUT MY SPOUSE

 Name ______

 Address ______
 Tel. No .______

Occupation ______

MY PARENTS

Father's Full Name _____

Mother's Full Name

Are both parents living? _____

SURVIVORS: List survivors giving full name, address, telephone no. and relationship to you. If more space is needed use an additional sheet.	VALUABLE PAPERS:
1,	Location of valuable papers i.e. birth certificate, marriage certificates list of accounts.
ADDTESS	_,
Name Yel No.	
Address	ABOUT MY BODY: (check one of the following)
Name Tel No.	Burial Entombment Cremation
Addrees	Have you filled out a Uniform Organ Donor Card? 🛛 Yes 🔲 No My card can be found
Name Vel Na	
Address	My body/ ashes are to be buried or entombed at
BOUT OTHERS: In case of emergency please notify the following people,	Cemetery Lot Number
- Tel No. Tel No.	ABOUT MY FUNERAL:
Name Tel No.	Name of funeral homeTel. No
ngaress 7NameTel No.	A Christian service shall be held at:
Address	The service will be held with / without (circle one) my body present.
/ETERANS	Specifics for the service:
Name of War Serial Number	Favorite Hymns:
ate and Place of Induction	Poem:
ate and Place of Discharge	Consistence
ranch of ServiceRank at Discharge	Dell Deserves
BOUT MY ESTATE	
ttorney's nameTel. No	Do you wish calling hours before the service?
ddress	Do you wish flowers? If you wish gifts to go to a memorial fund rather than sending flowers,
have executed the following	+
Will Living Will Health Care Proxy Power of Attorney They are located	
My executorTel. No	

Vital Contact Information

Minister:
Phone:
Email:
Address:

Primary Doctor:
Phone:
Email:
Address:

Insurance Agent:	
-	
Phone:	
Email:	
Address:	

Other:
Role:
Phone:
Email:
Address:

Other:	
Role:	
Phone	:
Email:	
Addres	55:

Benefits Provider: The Board of Pensions of the Presbyterian Church (U.S.A.) **Phone:** 800-773-7752 (800-PRESPLAN)

Instructions for the time of Decease

Contact List: List those who should be immediately informed.

Person:	Contact Information:
Person:	Contact Information:

Death Certificate

Request ______ copies of the Death Certificate from medical provider or funeral director (For legal purposes, insurance claims, social security reporting, etc.).

Funeral Arrangements

Funeral Home:	
Location:	

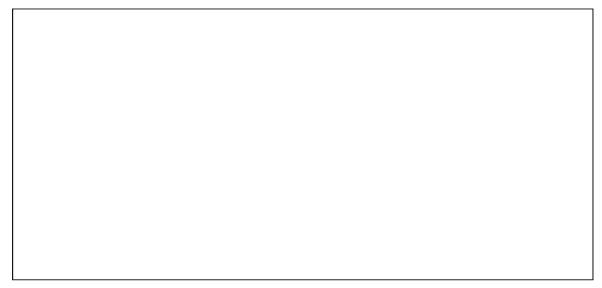
Disposition of Body

Burial	Cemetery:
Cremation	Crematory:
Documents of I	Paid Funeral Services Location:
Insurance Policy for Burial Expenses:	
	Contact:

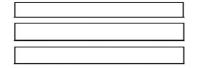
Religious Service

Clergy Person:
Church:
Contact:

Instructions for Printed Obituary:



Preferred Texts:



Preferred Hymns:

Sanctuary Arrangements Requested to Family:

Important Documents

Document	Location	Identification
Birth Certificate		Date of Birth:
Passport		Passport Number:
Driver's License		License Number:
Marriage Certificate		Marriage Date:
Social Security Card		Last 4 numbers of SS:
		· L
Address Book		Color:
Other Documents:		

Financial Records

Bank Accounts

Checking Account

Bank:
Account No.:
Online Username:
Password:

Savings Account

Bank:
Account No.:
Online Username:
Password:

Debit Card

Bank:
Account No.:
PIN:

Other Account

Bank:
Account No.:
Online Username:
Password:

Credit Cards

Creditor:	(i.e., Barclay's VISA
Account No.:	l
Online Username:]
Password:	1
Creditor:	
Account No.:	
Online Username:]
Password:	L
Creditor:	
Account No.:	
Online Username:	1
Password:	1
Creditor:	
Account No.:	J
Online Username:	L
Password:]
Creditor:	
Account No.:	
Online Username:]
Password:	-
	L

Safe Deposit Box

Bank and Address:

Key Location:

Contents:

Financial Commitments

Mortgage

Lender:
Contact:
Account Number:
Property Tax Information:
Location of Documents:

Car Loan

Lender:
Contact:
Account Number:
Location of Documents:

Personal Loan

Lender:
Contact:
Account Number:
Location of Documents:

Student Loan

Lender:
Contact:
Account Number:
Location of Documents:

Medical Bills

Creditor:
Contact:
Account Number:
Location of Documents:

Other Outstanding Accounts

Creditor:
Contact:
Account Number:
Location of Documents:

Creditor:
Contact:
Account Number:
Location of Documents:

Creditor:
Contact:
Account Number:
Location of Documents:

Information for Beneficiaries

Life Insurance Policy

Policy Carrier and Contact:	
Account Number:	
Amount:	
Beneficiaries:	
Location of Documents:	

Other Life Insurance Coverage

Policy Carrier and Contact:
Account Number:
Amount:
Beneficiaries:
Location of Documents:

Benefits

Benefits Provider:	(i.e., Board of Pensions)
Account Number:	
Contact Information:	
Location of Documer	ts:

Social Security

Account Number:	
Contact Information:	
Location of Documents:	

Retirement Savings Account

Account Name and Type:		
Account Number:		
Contact Information:		
Location of Documents:		

Retirement Savings Account

Account Name and Type:		
Account Number:		
Contact Information:		
Location of Documents:		

Retirement Savings Account

Personal Effects

List personal valuables (items) with location and handling instructions:

E-mail and Social Media

Other Social Media Apps

Name :	
Username:	
Password:	

E-mail

Email address :
Username:
Password:
Email address :
Username:
Password:
Email address :
Username:
Password:

Facebook Account

Name :
Username:
Password:

Twitter

Name :
Username:
Password:

Now What?

"Carve your name on hearts, not tombstones. A legacy is etched into the minds of others and the stories they share about you." – <u>Shannon L. Alder</u>

□ Legacies (words, advice and dreams for your loved ones)

□ Anniversaries (how/if /when you want others to remember you?)



References: <u>www.fpressf.com</u> <u>https://organized31.com/end-of-life-checklist/https://freewillstoprint.com/how-to-plan-funeral.html</u> <u>https://www.health.ny.gov/publications/1430.pdf</u> <u>https://ag.ny.gov/sites/default/files/advancedirectives.pdf</u> <u>https://www.legalzoom.com/personal/estate-planning/</u> PCUSA Board of Pensions