

# In Case Stuff Happens

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

**WHAT TO DO**  
*when a loved one*  
**DIES**  
*a checklist*

- Get a legal certification of death
- Get 2-3 dozen copies of the death certificate
- 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 estate
- 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

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## 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).” – [Henrietta Newton Martin](#)

- 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.

This form has 3 parts:

### 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

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.



### Part 3 Sign the form, Page 13

The form must be signed before it can be used.

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

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 of

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

I, \_\_\_\_\_, 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 heretofore 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 such computation.

### II. PERSONAL REPRESENTATIVE

I nominate and appoint \_\_\_\_\_, of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_ as Personal Representative of my estate and I request that (he/she) be appointed temporary Personal Representative if (he/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:

#### 1<sup>st</sup> Beneficiary

\_\_\_\_\_, [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
- 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.

NAME \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
Last First MI

ADDRESS \_\_\_\_\_ S. S. NO. \_\_\_\_\_  
Street City State

**INFORMATION AND INSTRUCTIONS  
AT THE TIME OF MY DEATH**

(Please attach an additional sheet, if necessary.)

**ABOUT MYSELF**

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Marital Status  
Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Date Date Date

Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Previous Employment \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Member  Yes  No

Church Address \_\_\_\_\_

Clergy to Notify \_\_\_\_\_ Tel. NO. \_\_\_\_\_

**ABOUT MY SPOUSE**

Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Occupation \_\_\_\_\_

If your spouse predeceased you, what year? \_\_\_\_\_

**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.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_

4. \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_

**ABOUT OTHERS:** In case of emergency please notify the following people.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_

**VETERANS**

Name of War \_\_\_\_\_ Serial Number \_\_\_\_\_

Date and Place of Induction \_\_\_\_\_

Date and Place of Discharge \_\_\_\_\_

Branch of Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

**ABOUT MY ESTATE**

Attorney's name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address \_\_\_\_\_

I have executed the following \_\_\_\_\_  
 Will  Living Will  Health Care Proxy  Power of Attorney

They are located \_\_\_\_\_

My executor \_\_\_\_\_ Tel. No. \_\_\_\_\_

**VALUABLE PAPERS:**

Location of valuable papers i.e. birth certificate, marriage certificates list of accounts.

**ABOUT MY BODY:** (check one of the following)

Burial \_\_\_\_\_ Entombment \_\_\_\_\_ Cremation \_\_\_\_\_

Have you filled out a Uniform Organ Donor Card?  Yes  No My card can be found \_\_\_\_\_

My body/ ashes are to be buried or entombed at \_\_\_\_\_  
Cemetery Lot Number \_\_\_\_\_

**ABOUT MY FUNERAL:**

Name of funeral home \_\_\_\_\_ Tel. No. \_\_\_\_\_

A Christian service shall be held at: \_\_\_\_\_

The service will be held with / without ( circle one ) my body present.  
Specifics for the service:

Favorite Hymns: \_\_\_\_\_

Poem: \_\_\_\_\_

Scripture: \_\_\_\_\_

Pall Bearers: \_\_\_\_\_

Do you wish calling hours before the service? \_\_\_\_\_

Do you wish flowers? \_\_\_\_\_ If you wish gifts to go to a memorial fund rather than sending flowers, indicate the cause(s) you prefer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Vital Contact Information

Minister:   
Phone:   
Email:   
Address:

Attorney:   
Phone:   
Email:   
Address:

Primary Doctor:   
Phone:   
Email:   
Address:

Accountant:

Insurance Agent:   
Phone:   
Email:   
Address:

Other:   
Role:   
Phone:   
Email:   
Address:

Other:   
Role:   
Phone:   
Email:   
Address:

**Benefits Provider:** The Board of Pensions of the Presbyterian Church (U.S.A.)  
**Phone:** 800-773-7752 (800-PRESPLAN)  
**Email:** [memberservices@pensions.org](mailto:memberservices@pensions.org)

# Instructions for the time of Decease

## Contact List: List those who should be immediately informed.

Person:	<input type="text"/>	Contact Information:	<input type="text"/>
Person:	<input type="text"/>	Contact Information:	<input type="text"/>
Person:	<input type="text"/>	Contact Information:	<input type="text"/>
Person:	<input type="text"/>	Contact Information:	<input type="text"/>
Person:	<input type="text"/>	Contact Information:	<input type="text"/>
Person:	<input type="text"/>	Contact Information:	<input type="text"/>
Person:	<input type="text"/>	Contact Information:	<input type="text"/>
Person:	<input type="text"/>	Contact Information:	<input type="text"/>
Person:	<input type="text"/>	Contact Information:	<input type="text"/>

## 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 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
<b>Birth Certificate</b>		Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Passport</b>		Passport Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Driver's License</b>		License Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Marriage Certificate</b>		Marriage Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Card</b>		Last 4 numbers of SS:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Will</b>	<input type="text"/>	
<b>Address Book</b>		Color:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Documents:</b>	<input type="text"/>	

# 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.:

Online Username:

Password:

Creditor:

Account No.:

Online Username:

Password:

## Safe Deposit Box

Bank and Address:

Number:

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 Documents:

## 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

Account Name and Type:

Account Number:

Contact Information:

Location of Documents:

## Personal Effects

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

# E-mail and Social Media

## E-mail

Email address :

Username:

Password:

Email address :

Username:

Password:

Email address :

Username:

Password:

## Facebook Account

Name :

Username:

Password:

## Twitter

Name :

Username:

Password:

## Other Social Media Apps

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.” – [Shannon L. Alder](#)

- Legacies (words, advice and dreams for your loved ones)
- Anniversaries (how/if /when you want others to remember you?)



References:

[www.fpressf.com](http://www.fpressf.com)

<https://organized31.com/end-of-life-checklist/><https://freewillstoprint.com/how-to-plan-funeral.html>

<https://www.health.ny.gov/publications/1430.pdf>

<https://ag.ny.gov/sites/default/files/advancedirectives.pdf>

<https://www.legalzoom.com/personal/estate-planning/>

PCUSA Board of Pensions