

Planning for Your Loved Ones



WALKER
LAW PLLC



This book is intended to be an aid to those who are facing the loss of a loved one or the end of their own life. My hope is that you will find it valuable to go through these pages with your loved ones and find joy in reliving memories and find peace of mind knowing you have a plan for the work that is to come.

Thank you for your interest in this book. My goal is to provide something valuable. To that end, I welcome any feedback you might have. Fee free to email me at:

stephen@spwalkerlaw.com.

DISCLAIMER

This document is not a substitute to legal advice. If you have questions about the probate process, wills, or trusts or simply want to talk through it, call me.

This document is not a substitute for spiritual advice. If you have any questions about that there is a list of resources for you at the end of this document.



Checklist (Preparing for the Loss of a Loved One)

1. Go through your loved one's belongings. Spend the time to talk with them about photos, cards, letters, and mementos. This can be valuable time spent.
2. Store your loved ones valuables in a safe location. Make sure you have permission to do so. It is also valuable to do so along with other interested people so everyone is on the same page.
3. Store your loved ones valuables in a safe location. Make sure you have permission to do so. It is also valuable to do so along with other interested people so everyone is on the same page.
4. If your loved one has a cognitive disease, go through: pockets of all clothing, purses, bags, boxes, magazines, books, freezer, and any other odd place.
5. Dispose of all food in the house.
6. Properly dispose of medications.
7. If you are going to sell the house, make sure you keep the landscaper.
8. Remember to eat. This is a busy time and full of grief, schedule time for meals.
9. Let your friends and family help. They love you and you can give them an opportunity to show it.
10. Be patient.
11. If you are not the personal representative for the will or the trustee, you can question them about what they are doing and why. You can ask them for an accounting.
12. You must get a **permit** from the funeral director if you are going to keep any amount of your loved one's ashes.
13. Bring someone you trust with you to the mortuary to help you fill out paperwork. If you are grieving you will need someone to go over documents and make sure they are filled out correctly. You will be glad for the company as well.
14. **Save receipts.** Even if they took care of "everything," there will likely be expenses. Have your credit card or check book ready. The personal representative should reimburse you for any expenses.

My Information

Full Legal Name: _____

AKA: _____

Maiden Name: _____

DOB: _____ Place of Birth (City/State): _____

Mother's Name: _____

DOB: _____ Place of Birth (City/State): _____

Father's Name: _____

DOB: _____ Place of Birth (City/State): _____

Enrolled in Medicare (Y/N): _____ Medicare Number: _____

Effective Date: _____ Part A: _____ Part B: _____ Part D: _____

SSN: _____ Receiving Social Security Benefits (Y/N): _____

Start Date: _____ Monthly Benefit: _____

Spousal Benefits (Y/N): _____ Monthly Benefit: _____ Direct Deposit (Y/N): _____

Driver License Number: _____ State: _____ Expires: _____

U.S. Passport (Y/N): _____ Expires: _____ Restrictions: _____



Husband/Wife Information

Spouse Name: _____ **Anniversary:** _____

DOB: _____ **Place of Birth (City/State):** _____

SSN: _____

Former Spouse: _____ **DOB:** _____

Divorced: _____ **Date:** _____ **Died:** _____ **Date:** _____

Former Spouse: _____ **DOB:** _____

Divorced: _____ **Date:** _____ **Died:** _____ **Date:** _____

Former Spouse: _____ **DOB:** _____

Divorced: _____ **Date:** _____ **Died:** _____ **Date:** _____

Siblings

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Children

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

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Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Nieces/Nephews/Grandchildren

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____

Full Legal Name: _____

DOB: _____ Place of Birth (City/State): _____

Phone: _____ Email: _____



Notes:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Non-Emergency Contacts

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Emergency Contacts

Personal Representative (for Will or Trust):

Name: _____

Phone: _____ Email: _____

Financial Power of Attorney:

Name: _____

Phone: _____ Email: _____

Medical Power of Attorney:

Name: _____

Phone: _____ Email: _____

Attorney:

Name: _____

Phone: _____ Email: _____

Financial Advisor:

Name: _____

Phone: _____ Email: _____

Life Insurance Company:

Name: _____

Phone: _____ Email: _____

Mortuary:

Name: _____

Phone: _____ Email: _____

Medicare:Website: www.medicare.gov Phone: 1-800-MEDICARECMS: www.cms.gov

Medicare Number: _____

Medicare Username: _____

Medicare Password: _____

Social Security:Website: www.ssa.gov Phone: 1-800-772-1213

Social Security Number: _____

Social Security Username: _____

Social Security Password: _____

Veterans Affairs:Website: www.va.gov Phone: 1-800-698-2411

ID Number: _____





Information

Bank: _____

Banker: _____

Type of Account: _____

Account # _____

Address: _____

Phone: _____

Bank: _____

Banker: _____

Type of Account: _____

Account # _____

Address: _____

Phone: _____

Bank: _____

Banker: _____

Type of Account: _____

Account # _____

Address: _____

Phone: _____

Bank: _____

Banker: _____

Type of Account: _____

Account # _____

Address: _____

Phone: _____

Bank: _____

Banker: _____

Type of Account: _____

Account # _____

Address: _____

Phone: _____

Investment Accounts

401K-IRA-403B-457B-Roth-Annuities-&c

Company: _____

Account Number: _____ Type of Account: _____

Financial Advisor: _____

Beneficiary: _____

Company: _____

Account Number: _____ Type of Account: _____

Financial Advisor: _____

Beneficiary: _____

Company: _____

Account Number: _____ Type of Account: _____

Financial Advisor: _____

Beneficiary: _____

Company: _____

Account Number: _____ Type of Account: _____

Financial Advisor: _____

Beneficiary: _____

Company: _____

Account Number: _____ Type of Account: _____

Financial Advisor: _____

Beneficiary: _____

Credit Cards

Carrier: _____ **Account #** _____

Name on Card: _____

Carrier: _____ **Account #** _____

Name on Card: _____

Carrier: _____ **Account #** _____

Name on Card: _____

Carrier: _____ **Account #** _____

Name on Card: _____

Carrier: _____ **Account #** _____

Name on Card: _____

Carrier: _____ **Account #** _____

Name on Card: _____

Carrier: _____ **Account #** _____

Name on Card: _____

Carrier: _____ **Account #** _____

Name on Card: _____



Safe Deposit Box/Safe

Bank: _____ **Box Number:** _____

Address: _____

Phone: _____ **Location of Key:** _____

Contents: _____

Bank: _____ **Box Number:** _____

Address: _____

Phone: _____ **Location of Key:** _____

Contents: _____

Personal Safe:

Location: _____ **Combination:** _____

Contents: _____

Other People with Access:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Insurance Policies

Life Insurance Company: _____

Type of Policy: _____ Expires: _____

Coverage Amount: _____ Policy # _____

Claim Contact: _____ Phone: _____

Life Insurance Company: _____

Type of Policy: _____ Expires: _____

Coverage Amount: _____ Policy # _____

Claim Contact: _____ Phone: _____

Long Term Care Insurance Company: _____

Owner of Policy: _____ Expires: _____

Coverage Amount: _____ Policy # _____

Claim Contact: _____ Phone: _____

Health Insurance Company: _____

Type:

Individual ____ Group ____ Medicare ____ Medicare Advantage ____ Other ____

Effective Date: _____ Network Restrictions: Y ____ N ____

HMO ____ PPO ____

Deductible: _____ Max Out of Pocket: _____

Policy # _____ Phone: _____

Dental Insurance Company: _____

Effective Date: _____ Deductible: _____ Max. Coverage Amount: _____

Policy # _____ Phone: _____

Medicare Part D Rx Company: _____

Effective Date: _____ Premium: _____ Deductible: _____

Policy # _____ Phone: _____

Homeowner/Rental Insurance Company: _____

Effective Date: _____ Premium: _____ Deductible: _____

Policy # _____ Phone: _____

Auto Insurance Company: _____

Effective Date: _____ Premium: _____ Deductible: _____

Policy # _____ Phone: _____

Company: _____

Effective Date: _____ Premium: _____ Deductible: _____

Policy # _____ Phone: _____

Company: _____

Effective Date: _____ Premium: _____ Deductible: _____

Policy # _____ Phone: _____

Real Property Information

Personal Residence

Address: _____

Own: _____ Rent: _____

Mortgage Company: _____ Phone: _____

Account # _____ Loan Amount: _____

Name on Deed: _____

Property Management Company: _____

Name(s) on Rental Agreement: _____

Contact: _____ Phone: _____

Alarm Keypad Location: _____ Code: _____

Alarm Company: _____ Phone: _____

Password: _____

Addition Property

Address: _____

Date Purchased: _____ Purchase Price: _____

Name(s) on Deed: _____

Property Management Company: _____

Alarm Keypad Location: _____ Code: _____

Alarm Company: _____ Phone: _____

Password: _____

Address: _____

Date Purchased: _____ Purchase Price: _____

Name(s) on Deed: _____

Property Management Company: _____

Alarm Keypad Location: _____ Code: _____

Alarm Company: _____ Phone: _____

Password: _____

Address: _____

Date Purchased: _____ Purchase Price: _____

Name(s) on Deed: _____

Property Management Company: _____

Alarm Keypad Location: _____ Code: _____

Alarm Company: _____ Phone: _____

Password: _____

Address: _____

Date Purchased: _____ Purchase Price: _____

Name(s) on Deed: _____

Property Management Company: _____

Alarm Keypad Location: _____ Code: _____

Alarm Company: _____ Phone: _____

Password: _____

Utilities

Electric Company: _____ Account # _____

Name on Account: _____ Phone: _____

Gas Company: _____ Account # _____

Name on Account: _____ Phone: _____

Water Company: _____ Account # _____

Name on Account: _____ Phone: _____

Phone Company: _____ Account # _____

Name on Account: _____ Phone: _____

PIN: _____ Password: _____

Landscaper: _____ Account # _____

Days Scheduled: _____ Phone: _____

Pool Service: _____ Account # _____

Name on Account: _____ Phone: _____

Alarm Company: _____ Account # _____

Name on Account: _____ Phone: _____

Code/PIN: _____ Password: _____



Internet Provider: _____ **Account #** _____

Name on Account: _____ **Phone:** _____

WIFI PIN/Password: _____

Trash Company: _____ **Account #** _____

Name on Account: _____ **Phone:** _____

Cable Provider: _____ **Account #** _____

Name on Account: _____ **Phone:** _____



Income Sources

Social Security Benefit: \$ _____

SS Portal Name: _____

Password: _____

Employee Pension Company: _____

Employee ID: _____

Website: _____

Username: _____

Password: _____

Contact: _____

Phone: _____

Monthly Pension Amount: \$ _____

Beneficiary: _____

Employee Pension Company: _____

Employee ID: _____

Website: _____

Username: _____

Password: _____

Contact: _____

Phone: _____

Monthly Pension Amount: \$ _____

Beneficiary: _____

Company Residuals: _____

Employee ID: _____

Website: _____

Username: _____

Password: _____

Contact: _____

Phone: _____

Residuals Will Continue Through: _____



Vehicles

Make/Model/Year: _____

VIN: _____ License Plate # _____ State: _____

Name on Title: _____

Financing Company: _____ Account # _____

Payment Amount: _____ Due Date: _____

Phone: _____

Key Fob (Y/N): _____ Door Entry Code: _____ Location of Keys: _____

Make/Model/Year: _____

VIN: _____ License Plate # _____ State: _____

Name on Title: _____

Financing Company: _____ Account # _____

Payment Amount: _____ Due Date: _____

Phone: _____

Key Fob (Y/N): _____ Door Entry Code: _____ Location of Keys: _____

Make/Model/Year: _____

VIN: _____ License Plate # _____ State: _____

Name on Title: _____

Financing Company: _____ Account # _____

Payment Amount: _____ Due Date: _____

Phone: _____

Key Fob (Y/N): _____ Door Entry Code: _____ Location of Keys: _____

Make/Model/Year: _____

VIN: _____ License Plate # _____ State: _____

Name on Title: _____

Financing Company: _____ Account # _____

Payment Amount: _____ Due Date: _____

Phone: _____

Key Fob (Y/N): _____ Door Entry Code: _____ Location of Keys: _____

Make/Model/Year: _____

VIN: _____ License Plate # _____ State: _____

Name on Title: _____

Financing Company: _____ Account # _____

Payment Amount: _____ Due Date: _____

Phone: _____

Key Fob (Y/N): _____ Door Entry Code: _____ Location of Keys: _____

Location of Titles and Records:

It can make title transfer easier to store a signed copy of the title in a **safe location**. DO NOT EVER store a signed titled in your car.



Legal Documents

Financial Power of Attorney:

Name: _____ Phone Number: _____ Date: _____

Document Location: _____

Healthcare Power of Attorney:

Name: _____ Phone Number: _____ Date: _____

Document Location: _____

Mental Health Power of Attorney:

Name: _____ Phone Number: _____ Date: _____

Document Location: _____

Living Will:

Location: _____ Date: _____

DNR (Do Not Resuscitate):

Location: _____ Date: _____

Trust/Last Will & Testament:

Location: _____ Date: _____

Have any of the documents been registered with the Arizona Secretary of State's Office? _____

<https://azsos.gov/services/advance-directives>

User ID: _____ Password: _____



Medical Caregivers

Primary Care Physician: _____

Office: _____ Phone: _____

Specialist: _____

Office: _____ Phone: _____

Specialist: _____

Office: _____ Phone: _____

Specialist: _____

Office: _____ Phone: _____

Specialist: _____

Office: _____ Phone: _____

Home Health Care: _____

Office: _____ Phone: _____

Pharmacy: _____

Office: _____ Phone: _____

Caregiver: _____

Office: _____ Phone: _____

Caregiver Days: Sun ____ M ____ Tu ____ W ____ Th ____ F ____ Sat ____

Time: _____



Loans

Home Loan Company: _____

Account # _____ Balance: _____ Date: _____

Home Loan Company: _____

Account # _____ Balance: _____ Date: _____

Auto Loan Company: _____ Vehicle: _____

Account # _____ Balance: _____ Date: _____

Auto Loan Company: _____ Vehicle: _____

Account # _____ Balance: _____ Date: _____

Auto Loan Company: _____ Vehicle: _____

Account # _____ Balance: _____ Date: _____

Personal Loan Company: _____

Account # _____ Balance: _____ Date: _____

Judgment: _____ Case # _____

Court: _____ Contact: _____ Phone: _____

Date: _____ Amount: _____

Medical Bills: _____



Monies Owed Me

Personal Loan: _____

Loan Amount: \$ _____ Phone: _____

Personal Loan: _____

Loan Amount: \$ _____ Phone: _____

Judgment: _____

Judgment Date: _____ Case # _____

Amount: \$ _____ Phone: _____

Refund From: _____ For: _____

Mail: _____ Direct Deposit: _____

Visa: _____ Amex: _____ Discover: _____ Mastercard: _____

Refund From: _____ For: _____

Mail: _____ Direct Deposit: _____

Visa: _____ Amex: _____ Discover: _____ Mastercard: _____

Refund From: _____ For: _____

Mail: _____ Direct Deposit: _____

Visa: _____ Amex: _____ Discover: _____ Mastercard: _____

Items Borrowed/Loaned

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Item: _____ **Location:** _____

Who: _____ **Phone:** _____

Social Media/Email

Email: _____ Password: _____

Email: _____ Password: _____

Email: _____ Password: _____

Email: _____ Password: _____

Email: _____ Password: _____

Facebook Username: _____

Email: _____ Password: _____

Instagram Username: _____

Email: _____ Password: _____

Snapchat Username: _____

Email: _____ Password: _____

LinkedIn Username: _____

Email: _____ Password: _____

Other: _____

Email: _____ Password: _____

Other: _____

Email: _____ Password: _____

Other: _____

Email: _____ Password: _____

Firearms

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Firearm: _____ **Location:** _____

Safe Combination: _____ **Serial Number:** _____

Once you are through the initial stages and past the funeral you will need to settle the estate and tie up loose ends.

1. Request Death Certificates

Contact the office of Vital Statistics in the state where your loved one died. Get several copies of the death certificates. Here is a list of things that may require a death certificate:

- Taxes
- Social Security
- VA Benefits
- Auto/Boat/Trailer transfer
- Employment Benefits
- Real Property
- Insurance Claims
- Stock/401K/IRA Transfer
- Bank Accounts/Safety Deposit Box
- Credit Cards/Loans
- Mortgage Insurance
- Attorneys
- Welfare Benefits
- Power of Attorney
- Personal Representative

The funeral home or funeral director oftentimes will provide the death certificate.

2. Probate the Estate

If the decedent left a will then there should be a named personal representative whose has the responsibility of carrying out final wishes and distributing property. If your loved one died without a will, then state law provides who can serve as the personal representative. The personal representative should obtain letters of testamentary.

3. Notify Financial Institutions

- Insurance companies where decedent had a policy – Claim death benefits
 - Employer plans
 - Individually owned policies
 - Mortgage Insurance
 - Banks
 - Credit Card Companies

- Savings Accounts
- Investment Accounts
- Pension Accounts
- Health insurance
- Mortgage Company
- Loan Providers
- Credit Bureaus

Notifying these institutions may put a freeze on the account. Prepare for any hardship this might cause.

4. Contact Service Providers

Contact any utility companies to change or discontinue service.

- Television
- Internet
- Phone
- Electric
- Water
- Gas
- Lawn care

Review bank or credit card statements and look for any memberships that need to be cancelled (gym, Netflix, etc).

5. Notify Government Agencies

- Social Security – the surviving spouse or children may qualify for a death benefit.
- Veterans Administration – if the decedent was a veteran, again there may be benefits available.
- Motor Vehicle Division
- Medicaid
- Medicare
- Other



Task Checklist

1.	_____	Date Completed: _____
2.	_____	Date Completed: _____
3.	_____	Date Completed: _____
4.	_____	Date Completed: _____
5.	_____	Date Completed: _____
6.	_____	Date Completed: _____
7.	_____	Date Completed: _____
8.	_____	Date Completed: _____
9.	_____	Date Completed: _____
10.	_____	Date Completed: _____
11.	_____	Date Completed: _____
12.	_____	Date Completed: _____
13.	_____	Date Completed: _____
14.	_____	Date Completed: _____
15.	_____	Date Completed: _____
16.	_____	Date Completed: _____
17.	_____	Date Completed: _____
18.	_____	Date Completed: _____
19.	_____	Date Completed: _____
20.	_____	Date Completed: _____
21.	_____	Date Completed: _____
22.	_____	Date Completed: _____
23.	_____	Date Completed: _____
24.	_____	Date Completed: _____
25.	_____	Date Completed: _____
26.	_____	Date Completed: _____
27.	_____	Date Completed: _____
28.	_____	Date Completed: _____
29.	_____	Date Completed: _____
30.	_____	Date Completed: _____
31.	_____	Date Completed: _____
32.	_____	Date Completed: _____
33.	_____	Date Completed: _____
34.	_____	Date Completed: _____
35.	_____	Date Completed: _____
36.	_____	Date Completed: _____
37.	_____	Date Completed: _____
38.	_____	Date Completed: _____
39.	_____	Date Completed: _____
40.	_____	Date Completed: _____
41.	_____	Date Completed: _____

Resources

Legal:

Walker Law PLLC
Stephen Walker – Principal
(602) 540-6803
stephen@spwalkerlaw.com

Maricopa County Probate Court
201 West Jefferson Street
Phoenix, AZ 85003
<https://superiorcourt.maricopa.gov/llrc/resources/>

Spiritual:

Grace Bible Church
7440 South Priest Drive
Tempe, AZ 85283

(480) 968-6085
info@gbcnaz.org

<https://www.gbcnaz.org/our-leadership/pastor-elder-leadership/>

Northwest Community Church
16615 North 43rd Avenue
Phoenix, AZ 85053

(602) 978-2740
info@nccphx.org

<https://www.nccphx.org/leadership/>

